

PARENT TRANSITION WORKSHEET



Name: _____
Age: _____
Date: _____

This worksheet is to help prepare your child for adulthood. Please check the boxes that apply to them at this time.

Medical

Yes No My child understands their disability/medical condition

My child is able to: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Make own appointments | <input type="checkbox"/> Consent/assent to medical care |
| <input type="checkbox"/> Perform their medical care/daily treatments | <input type="checkbox"/> Understand Insurance/Medicaid/CHIP |
| <input type="checkbox"/> Talk to doctors alone | <input type="checkbox"/> Describe medical conditions |
| <input type="checkbox"/> Refill medications/supplies | <input type="checkbox"/> Manage their medications |
| <input type="checkbox"/> Find adult primary care/specialty doctors | <input type="checkbox"/> Find dental care |
| <input type="checkbox"/> Other: _____ | |

Independent Living

As an adult, my child will live with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alone with no assistance | <input type="checkbox"/> Alone with assistance | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Friends | <input type="checkbox"/> Roommates in a dormitory |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Supported living group home | <input type="checkbox"/> Residential Care Facility |
| <input type="checkbox"/> Other: _____ | | |

My child will:

- | | |
|--|--|
| <input type="checkbox"/> Care for their personal needs | <input type="checkbox"/> Care for their personal needs with help |
| <input type="checkbox"/> Be unable to provide self care, can direct others | <input type="checkbox"/> Require total personal care assistance |
| <input type="checkbox"/> Advocate for self | <input type="checkbox"/> Other: _____ |

Transportation will be provided by: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Family members | <input type="checkbox"/> Co-workers/friends |
| <input type="checkbox"/> Public transportation (bus, taxi) | <input type="checkbox"/> Medicaid transportation | <input type="checkbox"/> Adapted van |
| <input type="checkbox"/> Car pool | <input type="checkbox"/> Other: _____ | |

Education

Yes No My child can explain interests, skills, and strengths

Yes No My child has planned school courses through an SEOP with their school counselor/special educator. It is reviewed yearly.

Yes No My child understands educational rights under IDEA, Section 504, and ADA

Yes No My child has been invited to, will attend, and participate in IEP/504 meetings

My child has transition goals that include: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Post-secondary training and education |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Community participation |
| <input type="checkbox"/> Other: _____ | |

Employment and Training

Yes No My child understands interests, skills and strengths for employment and a career

My child will prepare for work with: (check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> CTE classes | <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Doing chores |
| <input type="checkbox"/> Work/study programs | <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Job sampling |
| <input type="checkbox"/> Part-time or Summer jobs | <input type="checkbox"/> Other: _____ | |

My child is working on the following job-related skills: (check all that apply)

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social | <input type="checkbox"/> Employability (soft skills) |
| <input type="checkbox"/> Employment (interviewing, application, etc.) <input type="checkbox"/> Other: _____ | | |

Yes No My child is graduating from high school with a diploma

Yes No My child knows the entrance requirements to be admitted to a college or university of choice (i.e., ACT/SAT tests, GPA, etc.)

Yes No My child has documentation of his/her disability

Yes No My child has contacted the resource office for people with disabilities at college/ university/ technical school of choice

Yes No My child has applied for financial aid (FAFSA and college/university)

After high school, my child will enter:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Post-secondary school (specify community college, university or college _____) | | |
| <input type="checkbox"/> Vocational training program (please specify) _____ | | |
| <input type="checkbox"/> Other continuing education (please specify) _____ | | |
| <input type="checkbox"/> Apprenticeship program | <input type="checkbox"/> Day Training program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employment with assistance | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Employment without assistance | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

My child has spoken with the following about employment and vocational training:

- | | |
|---|--|
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Division of Services for People with Disabilities (DSPD) | |
| <input type="checkbox"/> Other (please specify agency or organization) _____ | |

Financial

My child has money from: (check all that apply)

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Savings | <input type="checkbox"/> SSI/SSDI |
| <input type="checkbox"/> Gift(s) | <input type="checkbox"/> Trust(s) | <input type="checkbox"/> Other: _____ |

My child can manage the following without assistance: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Paying bills | <input type="checkbox"/> Savings account | <input type="checkbox"/> Checking account |
| <input type="checkbox"/> A credit card | <input type="checkbox"/> A budget | <input type="checkbox"/> Financial management |
| <input type="checkbox"/> Other: _____ | | |

If my child needs some or total assistance with any of these in the future, he/she will be helped by:

- | | |
|--|---|
| <input type="checkbox"/> Family member | <input type="checkbox"/> Other (please specify) _____ |
|--|---|

Financial (continued)

My child's medical care will be paid by:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Their self | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> CHIP | <input type="checkbox"/> Other (please specify) _____ | |

Social/Recreation

My child belongs to: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Scouts | <input type="checkbox"/> Sports team | <input type="checkbox"/> School club/activity |
| <input type="checkbox"/> Church organization | <input type="checkbox"/> Other (please specify) _____ | |

For fun, my child enjoys: (please list) _____

My child has the social skills to: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Plan an event | <input type="checkbox"/> Request assistance | <input type="checkbox"/> Register a complaint |
| <input type="checkbox"/> Talk on the phone/text message | <input type="checkbox"/> Place an order | <input type="checkbox"/> Be interviewed |
| <input type="checkbox"/> Other: _____ | | |

My child knows the right way to relate to: (check all that apply)

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Employers | <input type="checkbox"/> Spouse/Significant other |
| <input type="checkbox"/> Strangers | <input type="checkbox"/> Friends | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Clerks | <input type="checkbox"/> Other: _____ | |

Yes No My child spends time with friends (outside of school or work)

Yes No My child is prepared for a family of their own

My Child Needs Information on the Following

- | | | |
|---|--|---|
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Assistive Technology Services | <input type="checkbox"/> Colleges/Universities |
| <input type="checkbox"/> Div. of Services for People with Disabilities (DSPD) | <input type="checkbox"/> Housing | <input type="checkbox"/> School resource offices for people with disabilities |
| <input type="checkbox"/> Social Security (SSI/SSDI) | <input type="checkbox"/> Employment | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Dept. of Workforce Services | <input type="checkbox"/> IDEA/Section 504/ADA | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Benefits Planning Assistance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Social/Recreational |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Health care providers | <input type="checkbox"/> Legal matters |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Personal assistance | |
| | <input type="checkbox"/> Other: _____ | |

Comments
