

YOUTH TRANSITION WORKSHEET



**WORK
ABILITY**
Opening Doors to Work

Name: _____

Age: _____

Date: _____

This worksheet is to help you plan for adulthood. Please check the boxes below that apply to you at this time.

Medical

Yes No I understand my disability/medical condition

I am able to: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Make my own appointments | <input type="checkbox"/> Consent/assent to medical care |
| <input type="checkbox"/> Perform my medical care/daily treatments | <input type="checkbox"/> Understand my Insurance/Medicaid/CHIP |
| <input type="checkbox"/> Talk to doctors alone | <input type="checkbox"/> Describe my medical conditions |
| <input type="checkbox"/> Refill my medications/supplies | <input type="checkbox"/> Manage my own 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, I will live with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Myself - no support/assistance | <input type="checkbox"/> Myself with support/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: _____ | | |

I will:

- | | |
|--|---|
| <input type="checkbox"/> Care for my personal needs | <input type="checkbox"/> Care for my 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 myself | <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 I know my interests, skills, and strengths

Yes No I have planned my courses through an SEOP with my school counselor/parents/special educator. It is reviewed yearly.

Yes No I know my educational rights under IDEA, Section 504, and ADA

Yes No I have been invited to, will attend, and participate in my IEP/504 meetings

I have 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 I know my interests, skills and strengths for employment and a career

I prepare for work with: (check all that apply)

CTE classes Volunteer work Doing chores
 Work/study programs Job shadowing Job sampling
 Part-time or Summer jobs Other: _____

I am working on the following job skills: (check all that apply)

Communication Social Employability (soft skills)
 Employment (interviewing, application, etc.) Other: _____

Yes No I am graduating from high school with a diploma

Yes No I know the entrance requirements to be admitted to the college or university I would like to attend (i.e., ACT/SAT tests, GPA, etc.)

Yes No I have documentation of my disability

Yes No I have contacted the resource office for people with disabilities at my college/university/technical school

Yes No I have applied for financial aid (FAFSA and college/university)

After high school, I will enter:

Post-secondary school (specify community college, university or college) _____
 Vocational training program (please specify) _____
 Other continuing education (please specify) _____
 Apprenticeship program Day Training program Other: _____
 Employment with assistance Full-time Part-time _____
 Employment without assistance Full-time Part-time _____
 Supported Employment Full-time Part-time _____

I have spoken with the following about employment and vocational training:

School counselor Vocational Rehabilitation
 Division of Services for People with Disabilities (DSPD)
 Other (please specify agency or organization) _____

Financial

I have money from: (check all that apply)

Employment Savings SSI/SSDI
 Gift(s) Trust(s) Other: _____

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

Paying bills Savings account Checking account
 A credit card A budget Financial management
 Other: _____

If I need some or total assistance with any of these in the future, I will be helped by:

Family member Other (please specify) _____

Financial (continued)

My medical care will be paid by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self (savings, SS, trusts, etc.) | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> CHIP | <input type="checkbox"/> Other (please specify) _____ | |

Social/Recreation

I belong 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, I enjoy: (please list)

I have 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: _____ | | |

I know 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 I spend time with friends (outside of school or work)

Yes No I am prepared for a family of my own

I Need 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"/> Adult health care | <input type="checkbox"/> Legal matters |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Personal assistance | |
| | <input type="checkbox"/> Other: _____ | |

Comments
