

TRANSITION TO ADULT CARE ASSESSMENT AND ACTION PLAN

INSTRUCTIONS: This transition plan will help your medical team help you get ready for moving on to adult healthcare. Please look at each statement and decide if you already do it ("I do"), if you need help to be able to do it ("I would like help with") or if the statement doesn't apply to you ("Doesn't apply"). Because we will be working on this plan over the next few years and because some of the activities build on each other, **stop** once you have checked 3-4 boxes in the "I would like help with" column in each section.

HEALTH CARE					
	Initial visit - _____			Action step/Responsible person	Date achieved
	I do	I would like help with	Doesn't apply		
Managing My Medical Condition					
I understand my medical condition.	☐	☐	☐		
I am able to describe my medical condition/disability.	☐	☐	☐		
I am able to describe changes/symptoms caused by my medical condition.	☐	☐	☐		
I know where to get more information about my medical condition.	☐	☐	☐		
I know how my medical condition affects my daily life.	☐	☐	☐		
I take care of my medical condition by myself at home.	☐	☐	☐		
I write down any questions I have for my doctor and take them with me.	☐	☐	☐		
I schedule and keep track of my own doctor's appointments.	☐	☐	☐		
I keep a list of my health care providers and their phone numbers.	☐	☐	☐		
I know how to get to the doctor's office by myself.	☐	☐	☐		
I keep a record of my medical information (such as clinic notes, test results, etc.)	☐	☐	☐		
I have had copies of my medical records sent to my home. I know how to keep my records organized.	☐	☐	☐		
I call my doctor/nurse when I am having problems or need to give a progress report.	☐	☐	☐		

HEALTH CARE					
	Initial visit - _____			Action step/Responsible person	Date achieved
	I do	I would like help with	Doesn't apply		
I know who to call in an emergency and carry the number with me.	☐	☐	☐		
I follow the plan of care recommended by my doctor.	☐	☐	☐		
I have a copy of a summary of medical information.	☐	☐	☐		
I know what I need to do to keep myself healthy.	☐	☐	☐		
I understand the basics of nutrition.	☐	☐	☐		
I understand the dangers of smoking, alcohol and other drug use.	☐	☐	☐		
I understand sexuality, pregnancy and birth control.	☐	☐	☐		
I manage my own menstrual needs.	☐	☐	☐		
Managing My Medications					
I know the name of my medicine(s), how and when to take them.	☐	☐	☐		
I know the purpose for my medicines.	☐	☐	☐		
I take my medicine(s) on my own without help from my parent.	☐	☐	☐		
I keep a list of my medicines.	☐	☐	☐		
I know the side effects of my medications and what to do if they occur.	☐	☐	☐		
I know how to get my medications filled without my parents.	☐	☐	☐		
I call the pharmacy when I need a refill of my medicine.	☐	☐	☐		
I call my doctor/nurse when I have no refills left on my prescription.	☐	☐	☐		
Managing My Equipment/Supplies					
I know how to care for any special equipment or supplies that I need.	☐	☐	☐		
I know how to order medical supplies.	☐	☐	☐		

HEALTH CARE					
	Initial visit - _____			Action step/Responsible person	Date achieved
	I do	I would like help with	Doesn't apply		
I know how to fix minor problems with my equipment.	☐	☐	☐		
I know how to find out if I am eligible for personal care assistant.	☐	☐	☐		
I know how to hire a personal care assistant.	☐	☐	☐		
Adult Decision Making	☐	☐	☐		
I write down questions for my doctor/nurse before my appointment.	☐	☐	☐		
I talk with my doctor/nurse during part of my appointment without my parent present.	☐	☐	☐		
I have had copies of my medical records sent to my home. I know how to keep my records organized.	☐	☐	☐		
I have talked with my doctor/nurse about potential adult doctors.	☐	☐	☐		
I have met my new adult doctor. I am comfortable with the doctor.	☐	☐	☐		
I have arranged for my medical records to be sent to my new doctor.	☐	☐	☐		
I know about having an Advanced Directive.	☐	☐	☐		
I know about signing a form that will allow my doctors to talk to my parents after I turn 18.	☐	☐	☐		

ADULT SERVICES					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I dress independently.	☐	☐	☐		
I manage basic household chores.	☐	☐	☐		
I know how to get a library card.	☐	☐	☐		

ADULT SERVICES					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I shop for groceries.	☐	☐	☐		
I cook for myself.	☐	☐	☐		
I know do my laundry.	☐	☐	☐		
I am able to speak up for myself.	☐	☐	☐		
I know who to call for basic household emergencies, such as power outages.	☐	☐	☐		
I know what the landlord's job is and how to contact a landlord.	☐	☐	☐		
I know how to contact utility services.	☐	☐	☐		
I know how to keep myself safe, such as being aware of strangers, using a seatbelt, being safe crossing the street, etc.	☐	☐	☐		
I know emergency telephone numbers, such as "911".	☐	☐	☐		
I know people who can help me take part in community activities.	☐	☐	☐		
I know what agencies can support me as I become an adult.	☐	☐	☐		
I know what nursing services I will need and how to get it.	☐	☐	☐		
I know what assistive technology I will need and how to get it.	☐	☐	☐		
I am working to become more independent.	☐	☐	☐		
I know how to let others know what I need.	☐	☐	☐		
I know how to find out what help I am eligible for and how it will be paid.	☐	☐	☐		
I know that I can call the Milwaukee office for Persons with Disabilities if I need help paying for services.	☐	☐	☐		
I have applied for Milwaukee County Long-Term Support Services 6 months before turning 18.	☐	☐	☐		
I know what Day Services Programs will be available after I turn 18.	☐	☐	☐		
I have toured Goodwill Industries or Curative.	☐	☐	☐		

FINANCIAL					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I know how to open a bank account.	☐	☐	☐		
I know how to manage money.	☐	☐	☐		
I know about a special needs trust fund.	☐	☐	☐		
I know what a having a guardian means to me.	☐	☐	☐		
I know how to apply for Social Security.	☐	☐	☐		
My parent has applied for guardianship 6 months before I turn 18.	☐	☐	☐		
Power of attorney issues for healthcare and finance have been addressed.	☐	☐	☐		
Financial trust issues have been addressed.	☐	☐	☐		
I know what SSI and SSI-E means to me.	☐	☐	☐		
I know that I have to apply for SSI-E before SSI.	☐	☐	☐		
I have applied for Social Security Income (SSI) and waiver programs.	☐	☐	☐		
I know my insurance company.	☐	☐	☐		
I know how to call them for a referral.	☐	☐	☐		
I always have my insurance card and other important information with me.	☐	☐	☐		

EDUCATION					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I understand how my disability affects my learning.	☐	☐	☐		
I take part in my IEP (Individualized Education Plan) meetings.	☐	☐	☐		
I have good time management and study skills.	☐	☐	☐		
I am able to tell my teachers what I need and want to learn about.	☐	☐	☐		
I know what services I should receive through the school (e.g. IEP, 504) to help me transition to adult life.	☐	☐	☐		
I know how to ask the school for a current evaluation/therapy report.	☐	☐	☐		
I am gathering information about my educational options after high school.	☐	☐	☐		
I have gone to college fairs or toured a college campus.	☐	☐	☐		
I know what paperwork I need to complete before starting school.	☐	☐	☐		
I know about taking the SAT or ACT. I know how to ask for special help taking the test.	☐	☐	☐		
I am able to talk about what I need to be successful.	☐	☐	☐		
I have contacted the Disability Services office at the college I plan to attend. I have talked to them about my needs.	☐	☐	☐		
I have requested an updated psychological evaluation prior to attending college.	☐	☐	☐		
I know to apply for college early in my senior year. I know to include letters of recommendation.	☐	☐	☐		
I have contacted my high school counselor for help applying to college.	☐	☐	☐		
I know how to apply for financial aid and scholarships.	☐	☐	☐		
I have contacted my counselor at the Department of Vocational Rehabilitation.	☐	☐	☐		

EMPLOYMENT					
	Initial visit -			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I have had a chance to see other people (family, relatives, friends) at work.	☐	☐	☐		
I have thought about possible careers and looked for information about those careers.	☐	☐	☐		
I have talked with other adults about what they do for work.	☐	☐	☐		
I have toured businesses to see what jobs they offer.	☐	☐	☐		
I know how to contact a DVR representative to find out what services are available through the Department of Vocational Rehabilitation.	☐	☐	☐		
I have attended classes about careers at my high school.	☐	☐	☐		
I have asked for help looking for jobs at my high school.	☐	☐	☐		
I have taken tests at my high school to find out to find out what careers might be best for me.	☐	☐	☐		
I have attended a job program at my high school.	☐	☐	☐		
I have volunteered or been paid for a job.	☐	☐	☐		
I have completed a work experience.	☐	☐	☐		
I know about people and organizations in the community who can help me. I know to contact them.	☐	☐	☐		
I can write a resume and complete a job application.	☐	☐	☐		

TRANSPORTATION					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I know how I will get from place to place.	☐	☐	☐		
I contact the transportation company to arrange a ride to my appointments.	☐	☐	☐		

RECREATION					
	Initial visit - _____			Action step	Date achieved
	I do	I would like help with	Doesn't apply		
I take part in leisure and recreational activities.	☐	☐	☐		
I take part in activities that keep me physically fit.	☐	☐	☐		
I take part in activities with a group of peers/friends.	☐	☐	☐		
I take part quiet activities that allow me to take time for myself.	☐	☐	☐		
I understand the safe use of computers and phones.	☐	☐	☐		
I invite friends over.	☐	☐	☐		
I attend school or work social functions.	☐	☐	☐		
I have joined a social group.	☐	☐	☐		
I attend a place of worship.	☐	☐	☐		

Other needs that I have: _____



PATIENT LABEL

Follow-up on action steps – date: _____ : _____

Follow-up on action steps – date: _____ : _____

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