



Ready?

Get Set.

Go!

“Guide to Becoming Independent!”

NH Family Voices
Youth Educating Adults on Healthcare Advisory Council (YEAH)
2009

“YEAH”
Youth Educating Adults on Healthcare
Advisory Council

Our Mission

We are here to assist you. We are here to help teens and young adults get the information they need to live independently, to live a successful life and make decisions about healthcare, to inform your doctors and physicians about your healthcare and general needs and make information easily accessible to teens who may lack parental guidance. Our purpose is to help the transition from childhood to adulthood, dependence to independence and pediatric medical care to adult medical care go more smoothly.

Thank-you for obtaining a copy of "Ready? Get Set. Go!... The YEAH Advisory Council thought that it was a useful tool and wanted to share it with other youth with chronic health conditions.

The council is made up of: Adam B, Nicole T., Mary D,
Zach H, Charles M, Jonathan H., and Kalie W.
Karin Harvey Olson is the facilitator.

The group comes together monthly to discuss issues involved in what it means to be a young adult with a chronic health condition, and how best to make the transition to the adult healthcare system. They work to educate other youth on how to handle their transition to adulthood, as well as educating the medical professionals about what they can do to facilitate the transition.

For more information contact YEAH
Website: www.yeah-councilnh.com
E-mail: yeahcouncil@yahoo.com

This publication is available on line at www.nhfv.org

If you would like additional copies please contact NH Family Voices
at (800) 852-3345 X 4525 or (603) 271-4525.

Instructions for My Life My Health Checklist... Ready? Get Set. Go!

1. My Life, My Health Checklists What are they?

It is a series of checklist: Ready? Get Set. Go!
Designed to help young people and families
develop skills for growing up and getting ready
for the future.



2. Why were the checklists developed?

The checklists were developed as part of a framework for transition planning. They help youth and their families begin preparations for adulthood at an early age by setting goals and making plans for all levels of development.

3. Who are the checklists for?

- ♦ The checklists are designed for all young people and their families.
- ♦ Professionals can play a key role in introducing the checklists to youth and families and supporting them in making action plans for the goals they identify.

4. How do young people and their families use the checklist?

- ♦ Young people and their families should answer the questions and use the checklists as tools to identify areas of learning and to provoke questions to explore as a young adult, a family, or with a healthcare provider.
- ♦ The intent is that young people and their families will keep, refer, and update them.
- ♦ When first getting started, parents may take a leadership role in using the checklists. When developmentally appropriate, the young person should gradually take an increasing responsibility for goal setting and planning.

★ Items in the checklist are designed to encourage conversation about growing up making choices and participating actively in life.

Some items may not seem relevant to all young people and their families. They may leave the item off their list. Or, parents may adjust the wording to suit their unique goal. Or, the item may simply serve as a reminder for parents to plan ahead for that aspect of growing up.

A Shared Management Model

This is an approach for transition planning and is the framework from which the checklists were based.

A therapeutic alliance between youth, families, schools, and service provider is essential to allow young people with special health care needs to develop into independent, healthy, functioning adults.

Roles of players in the alliance change as the young person grows up. Leadership is gradually shifted in the planned, systematic, and developmentally appropriate way from the parent and service providers to the young person.

(Bloorview Kids Rehab, Guidelines from Service Provider, 2007)

5. Service Providers Can:

- ◆ Encourage youth and families to use the check lists to set goals and make plans for developing skills for growing up.
- ◆ Assist families in making action plans to meet their identified goals; suggest workshops, services, resources, or strategies that may encourage and help them.
- ◆ Raise developmentally appropriate life skills in goal discussions if young people and their families do not.
- ◆ Incorporate life skills goals in service plans, 504 Plan, and Individualized Education Plan (IEP).
- ◆ Ask what goals they are currently working on.
- ◆ Reflect on how you can incorporate the shared management model into your work.

6. Which Checklists should the young person & family use?

- ◆ The checklists include a developmental progression of skills.
- ◆ The young person and family move from one checklist to another based on their level of preparation for adulthood. For example, an 11 year-old maybe using *Ready?* And another may be using *Get Set*.
- ◆ More than one may be used at a time.

7. Are there specific age ranges for these checklists?

Generally speaking, the checklists may be appropriate for the following age ranges.

| | |
|----------|-------------------|
| Ready? | Ages 7-12 |
| Get Set. | Ages 13-16 |
| Go! | Ages 17 and older |

Every young person will move through the checklists at his or her own pace. When you review goals and progress with the young person and their families, discuss with them if they feel they are ready for the next checklist in the series.



Ready? is for youth and families just starting to think about growing up and is to be used as early as possible.

As early as age 7, young people can think about the statement, "I ask at least one question during a health care visit".



Get Set is for those who have taken some steps in planning for the future and focus on next steps.

Young people can work on *"I ask my doctor questions during healthcare visits".*



Go! Is for those nearly ready to transition into adult services.

Young people address *"I ask most questions during a healthcare visit".*

8. Tips for service providers helping a young person transitioning to adulthood:

- ◆ Speak directly to the young person whenever possible. When appropriate, suggest meeting alone with the young person for a portion of the time.
- ◆ Direct questions to the young person. Ask the young person if they have any questions.
- ◆ Provide choice and discuss options with the young person, requesting their input.

Tips for building self-determination

Making Choices

- ◆ If you have a disability, learn about it.
- ◆ Find your strengths, interests, and think creatively about learning styles and methods.
- ◆ Have high expectations for yourself.
- ◆ Explore new activities; find positive, fun things to do with your friends. Learn from your mistakes.
- ◆ Have a say in things that are about you.
- ◆ Be open minded and listen to what people you trust have to say.

Self Advocacy

- ◆ Speak up.
- ◆ Take on a leadership role in something you are good at.
- ◆ Don't be afraid to ask for help.
- ◆ Learn to talk about your disability. Help others to understand you and your needs.
- ◆ Work on creating open, non-judgmental relationships.

Exploring the Possibilities

- ◆ Try to learn something new every day.
- ◆ Volunteer in something that interests you; find new hobbies.
- ◆ Find adult mentors who understand and relate to you.
- ◆ Talk about your future.

Strong Self-Esteem

- ◆ Write your thoughts down; describe yourself and your life.
- ◆ Take steps to feel part of your community; get involved by volunteering.
- ◆ Use your talents.
- ◆ Involve yourself in healthy, caring relationships.
- ◆ Surround yourself with people who are positive; find someone you look up to be your mentor.

Goals & Plans

- ◆ Understand what a goal is and why they are important.
- ◆ Think about what you want to do with your life, discuss this and other interests you have with people who are important to you.
- ◆ Make a list of your goals and the steps you need to take in order to reach them.
- ◆ Be flexible and realistic about your goals.

Understand Reasonable Risks

- ◆ Think about all of the benefits and consequences before you take action.
- ◆ Know your support network; those people who will be there for you unconditionally.
- ◆ Seek advice from others but keep in mind that sometimes the truth is not easy to hear.
- ◆ Mistakes are normal and an important part of learning.

Problem Solve

- ◆ Learn to take ownership of challenges.
- ◆ Accept the idea that problems are part of healthy development.
- ◆ Create a list of positives and negatives to help you make good decisions.
- ◆ Get advice from people you trust.

Surround yourself with people who are positive; find someone you look up to to be your mentor





Ready?

my life

my health

READY? is for young people who have begun to think about the future and the challenges that come with growing up. Items in this checklist will help you begin to develop the skills you need for growing up. It may be a good idea to work together with your family to complete this checklist. This may give you a chance to talk about how you can work together as a team to get ready for your future.

Along with the checklist you will find a description of the stages of healthy development; this chart outlines some typical feelings and behaviors youth experience during adolescence. These stages can be a challenge for adolescents, especially for those who develop early, later, or have special healthcare needs.

EACH STAGE OF LIFE BRINGS CHANGES THAT WE NEED TO ADJUST TO IN ORDER TO LIVE A HEALTHY, PRODUCTIVE, AND HAPPY LIFE. YOU HAVE ALREADY GONE THROUGH MANY CHANGES AS YOU HAVE GROWN FROM INFANCY, TO CHILDHOOD, TO EARLY ADOLESCENCE, WHERE YOU ARE TODAY.

MY LIFE, MY HEALTH IS A SERIES OF THREE CHECKLISTS: **READY? GET SET, GO!** THESE CHECKLISTS WILL HELP YOU PREPARE FOR THE FUTURE, THINK ABOUT WHAT YOU NEED TO WORK ON, AND PLAN HOW YOU WILL DO IT. **READY?** IS THE FIRST LEVEL OF THE SERIES.

My life, my health.... Ready?

There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|---|---|--------------------|--------|
| Self-Advocacy | | | |
| I think and talk about my future. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can talk about what I need and want. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Social & Recreation | | | |
| I spend time with my friends. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I go to programs in my community. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how to use the Internet safely. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Independent Living Skills | | | |
| I know my home phone number and address. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how to use the phone in an emergency. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how to get help in an emergency. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can make my own meals or if unable, I can tell someone how to make it for me. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am responsible for my chores. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I pick out my own clothes. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take care of my own belongings. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know my personal care routine (daily hygiene, grooming, etc.). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have an allowance and I know how to spend it responsibly. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what healthcare supplies I need (medications, sanitary, catheter, etc.). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know about assistive devices and technology. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|---|---|--------------------|-----------|
| School & Work | | | |
| I am responsible for getting my homework done. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I talk about what I want my career to be. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I go to IEP/504 meetings at school. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Health & Wellness | | | |
| I know my height and weight. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I exercise daily and try to eat healthy. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how puberty will affect me. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know when I am sick. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can explain my disability and how it affects me. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I meet alone with my doctor for part of the time during my visit. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I ask my doctor at least one question during my visits. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I answer at least one question during my visits. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have talked with my doctor about my health and setting goals. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have talked with my doctor about going to different doctors when I am an adult. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

The decision to move on to the next checklist is up to you. You can use the DONE column to help you decide. If you have a checkmark ✓ beside each item that you wanted to work on, move on to the next checklist: **GET SET.**

NOW THAT YOU HAVE COMPLETED THE FIRST CHECKLIST, TAKE SOME TIME TO THINK ABOUT WHAT YOU HAVE LEARNED ABOUT YOURSELF.

Did **READY?** help you to...

think more about your future?

find ways to be more responsible and develop decision making skills?

think about the things you need to work on?

feel okay about the changes happening to your body?

Adolescent Development Chart

PHYSICAL GROWTH

EARLY

- Your body and feelings grow and change.

EARLY

- Your body starts to look more like an adult's body than a kid's body.

LATE

- Growth begins to slow as you reach physical and reproductive maturity.

KNOWLEDGE AND UNDERSTANDING

EARLY

- You think mostly about the "here and now" and how you feel.

MIDDLE

- You notice things are more complicated than they used to be. Sometimes you need to work harder for the things you want and need.

LATE

- You are learning to think about things on many levels to see the big picture.
- You are able to understand, plan, and pursue long-range goals.

DEPENDENT/ INDEPENDENT

EARLY

- Your parents tell you to do more around the house. One minute they say "you're too old for that," the next they say "you're not old enough." You feel you've outgrown your toys/clothes/games.
- Your mood changes quickly, you go from happy to bored to sad.

MIDDLE

- You get into more conflicts with your parents and family members. You are more private and don't want to tell them everything. You feel your parents are over protective and don't understand you.

LATE

- You are free to make your own choices and decisions and that involves taking responsibility for any consequences.

BODY IMAGE

EARLY

- You compare your body to your friends'. You worry about how you look, and what people think of you.

MIDDLE

- You are okay with the physical changes but worry more about your personal "attractiveness." Sometimes you are full of energy and other times you just want lay around.

LATE

- You are much more comfortable with yourself and how you look.

PEER GROUP

EARLY

- Very close friendships tend to be with people of the same sex as you. Contact with the opposite sex usually happens in groups.

MIDDLE

- You tend to associate with a certain group, team, click, gang etc. You begin to explore your ability to attract a partner and date.

LATE

- Your friends do not influence your ideas and decisions as much. Your choice in a partner or friend is based on your individual ideas and values and not your friends preferences.

IDENTITY

EARLY

- You question "Am I normal?"
- You daydream a lot and think "no one understands me."
- You like to be alone.

MIDDLE

- You may start to explore new things - like new friends, jobs, intimate relationships, or try things that you aren't sure are safe or right.

LATE

- You start to see your family in a new way, you relate to them as an adult.
- You have your own ethical and moral values.
- You have realistic career goals and you know your limitations.
- You are more capable of intimate and complex relationships.

Get Set



my life *my health*

GET SET is for young people who have established some independence and are thinking about planning for their future. Items in this checklist can be used as a guide to thinking creatively about responsibility, growing up, and setting goals. It may be a good idea to work together with your family to complete this checklist. This may give you a chance to talk about how you can work together as a team to get ready for your future.

EACH STAGE OF LIFE BRINGS CHANGES THAT WE NEED TO ADJUST TO IN ORDER TO LIVE A HEALTHY, PRODUCTIVE, AND HAPPY LIFE. YOU HAVE ALREADY GONE THROUGH MANY CHANGES AS YOU HAVE GROWN FROM INFANCY, TO CHILDHOOD, TO EARLY ADOLESCENCE, WHERE YOU ARE TODAY.

Along with the checklist you will find a description of the stages of healthy development; this chart outlines some typical feelings and behaviors youth experience during adolescence. These stages can be a challenge for adolescents, especially for those who develop early, later, or have special healthcare needs. On the backside of the chart you will find some helpful tips on building self-determination, these tips may give you ideas on how to build the skills you need to transition from a child to an adult.

MY LIFE, MY HEALTH IS A SERIES OF THREE CHECKLISTS: READY? GET SET, GO!. THESE CHECKLISTS WILL HELP YOU PREPARE FOR THE FUTURE, THINK ABOUT WHAT YOU NEED TO WORK ON, AND PLAN HOW YOU WILL DO IT. GET SET IS THE MIDDLE LEVEL OF THE SERIES.

My life, my health.... Get set.

There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|---|---|--------------------|-----------|
| Self-Advocacy | | | |
| I know about my right to privacy, making decisions, and giving permission on certain things in my life. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know my legal rights as a person with a disability. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Social & Recreation | | | |
| I spend time with my friends outside of school. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know about dating and safe sex. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I pick my own programs and activities. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Independent Living Skills | | | |
| I make meals with my family. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I help with grocery shopping. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am responsible for a few chores. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I pick out my clothes. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take care of my belongings. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I manage my personal care routine. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can access my bank account. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can buy things I need (clothes, CD's, school supplies) and know where to get them. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am learning to safely get around my community. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am learning to use public transportation. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can be home alone. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how to get the healthcare supplies I need. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take responsibility for my equipment (wheelchair repair, ordering new supplies). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have tried assistive devices and technology. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what to do in an emergency. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I talk about where I would like to live in the future. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|--|---|--------------------|-----------|
| School & Work | | | |
| I do homework by myself. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how my disability affects my learning. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know the supports and strategies I need to be successful in school. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take part in planning for my education (guidance, IEP or 504 meetings). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what my skills and interests are related to my career choices. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I talk about my plans after high school. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I explore volunteer and/or part-time job opportunities. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Health & Wellness | | | |
| I try to exercise daily and eat healthy. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am happy with my body. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know the risks of smoking and using alcohol and drugs. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know who to talk to in difficult times. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I recognize the changes I am experiencing during puberty. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what medications I take and I know how much and when to take them. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I meet alone with my doctor. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have talked with my doctor about health & wellness goals. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I ask my doctor questions during my visit. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I answer questions during my visit. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take part in making medical decisions. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I keep a record of my healthcare information. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I talk with my doctor about adult services. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have talked with my doctor about the things I should think about when choosing an adult doctor/specialist. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have talked with older siblings or friends about healthcare transition. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Healthcare System | | | |
| I know the date and reason for my next doctor's appointment. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can call my doctor's office to make or change an appointment. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know the name of my health insurance and information about how it works. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know the difference between primary and specialty care providers. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

The decision to move on to the next checklist is up to you. You can use the DONE column to help you decide. If you have a checkmark ✓ beside each item that you wanted to work on, move on to the next checklist: **GO!**

NOW THAT YOU HAVE
COMPLETED THE FIRST
CHECKLIST, TAKE SOME
TIME TO THINK ABOUT
WHAT YOU HAVE LEARNED
ABOUT YOURSELF.

Did **GET SET** help you to...

think more about your future?

find ways to be more responsible and develop decision making skills?

think about the things you need to work on?

feel okay about the changes happening to your body?

Go!



my life

my health

GO is for young people who have established some independence and are thinking about planning for their future. Items in this checklist can be used as a guide to thinking creatively about responsibility, growing up, and setting goals. It may be a good idea to work together with your family to complete this checklist. This may give you a chance to talk about how you can work together as a team to get ready for your future.

EACH STAGE OF LIFE BRINGS CHANGES THAT WE NEED TO ADJUST TO IN ORDER TO LIVE A HEALTHY, PRODUCTIVE, AND HAPPY LIFE. YOU HAVE ALREADY GONE THROUGH MANY CHANGES AS YOU HAVE GROWN FROM INFANCY, TO CHILDHOOD, TO EARLY ADOLESCENCE, WHERE YOU ARE TODAY.

Along with the checklist you will find a description of the stages of healthy development; this chart outlines some typical feelings and behaviors youth experience during adolescence. These stages can be a challenge for adolescents, especially for those who develop early, later, or have special healthcare needs. On the backside of the chart you will find some helpful tips on building self-determination, these tips may give you ideas on how to build the skills you need to transition from a child to an adult.

MY LIFE, MY HEALTH IS A SERIES OF THREE CHECKLISTS: READY? GET SET. GO!. THESE CHECKLISTS WILL HELP YOU PREPARE FOR THE FUTURE, THINK ABOUT WHAT YOU NEED TO WORK ON, AND PLAN HOW YOU WILL DO IT. GO! IS THE FINAL LEVEL OF THE SERIES.

My life, my health.... Go!

There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|--|---|--------------------|-----------|
| Self-Advocacy | | | |
| I know about my role in the family will change when I become an adult. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know where to find support and information. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Social & Recreation | | | |
| I make plans to spend time with my friends | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I participate in youth or adult social and recreation activities. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know about safe sex and healthy relationships. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have adults in my life who care about me other than my parents (e.g. teacher, mentor, coach, uncle, religious leader). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Independent Living Skills | | | |
| I prepare meals or if unable, can tell someone how to do it. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can do my own laundry or if unable, can tell someone how to do it. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take care of my personal care needs or if unable, can tell someone how to do it. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I manage my budget. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I go out in my community on my own. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I take public transportation on my own. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can drive. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have assistive devices and the technology I need. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can describe how my disability affects my daily life. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I think about where I will live in the future. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

| | SOMETHING I WANT TO WORK ON | WHAT I NEED TO DO? | DONE ✓ |
|--|---|--------------------|--------|
| School & Work | | | |
| I have a plan for after high school. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have a volunteer position and/or summer or part-time job. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have a career goal. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what I need to do to be successful in college/education program, or a job. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how to make my disability known in a job interview or college/education program. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Health & Wellness | | | |
| I know about sexual health, family planning, and genetics. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I have personal health & wellness goals and understand the risks of an unhealthy lifestyle. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what medications to take for things like a cold, headache, and stomachache. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I refill my medications when it is time. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can explain my medical history. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I can contact my doctors to schedule appointments and can tell them about any changes in my health. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I go to my appointments alone or choose someone to assist me. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I decide what treatments I need with my doctor and I sign my medical consent forms. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| My doctor and I have talked about adult doctors and specialists. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am writing a Portable Medical Summary of my medical diagnosis, history, allergies, treatments, and emergency information. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Healthcare System | | | |
| I can tell someone about how my health insurance works like how much my co-pay is and about the services available to me. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know if I receive SSI (Supplemental Security Income) and if I will be eligible for SSI when I am 18. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know how long I will be covered under my parent's health insurance plan and what I need to do to keep my coverage (like be a full time student). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I know what my legal rights and responsibilities will be when I turn 18 years old (sign medical consent forms, make medical decisions by myself). | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| I am planning for my transfer to adult healthcare. | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

This publication was adapted from a number of sources. Credit is given to:
Division of Family Health, Rhode Island Department of Health, Office of Special Health Care
Needs; Bloorview Kids Rehab in Toronto, Canada; NCSET Research Practice Brief; and
The State Adolescent Health Resource Center, Konopka Institute.

Funding and support for this publication and the "YEAH Advisory Council is a collaborative
initiative between New Hampshire Family Voices NHDHHS Special Medical Services and
the Hood Center for Family Support.

