Youth’s Name: ________________________________

Youth’s Age: ________________________________

Date Sent: ________________________________

DSCC #: ________________________________

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

## YOUTH

### Medical

- [ ] I understand my medical condition

**I have planned for my:**

- [ ] Specialty care
- [ ] Primary medical care
- [ ] Dental care

**I am able to:**

- [ ] Make my appointments
- [ ] Refill my medications/supplies
- [ ] Manage my medications
- [ ] Describe my medical condition
- [ ] Perform my own medical care/daily treatments
- [ ] Consent to medical care (guardianship)

### Independent Living

**As an adult, I will live with:**

- [ ] Self
- [ ] Parents
- [ ] Other family members
- [ ] Group home
- [ ] Campus/dormitory
- [ ] Long-term care facility

**I am able to:**

- [ ] Care for my personal needs
- [ ] Advocate for myself

**Transportation will be provided by:**

- [ ] Self
- [ ] Agencies
- [ ] Family members
- [ ] Public transportation
- [ ] Medicar
- [ ] Adapted van

**Transportation will be provided for:**

- [ ] Shopping
- [ ] School
- [ ] Medical appointments
- [ ] Recreation
- [ ] Work

### Education

- [ ] I know my interests, skills, strengths
- [ ] I know my education goals on my transition plan
- [ ] I understand my educational rights:
  - (504, IDEA, ADA)
- [ ] I am happy with the services I am receiving
**Financial**

**I plan for my medical care to be paid by:**
- [ ] Self
- [ ] Insurance
- [ ] Medicaid/Medicare
- [ ] CHIP
- [ ] SSI
- [ ] Trust/Will

**I can manage:**
- [ ] Paying bills
- [ ] Credit card
- [ ] Checking account
- [ ] Budget
- [ ] Savings account
- [ ] Financial decisions

**Employment/Vocational**

- [ ] I know my interests, skills, strengths

**I have prepared for work by:**
- [ ] Household chores
- [ ] Work study program
- [ ] Volunteering
- [ ] Part-time job
- [ ] Job shadowing
- [ ] Odd jobs

**After high school, I will enter:**
- [ ] Full-time employment
- [ ] Apprenticeships
- [ ] Continuing education
- [ ] Part-time employment
- [ ] Supported employment
- [ ] Sheltered workshop

**Social Recreational**

- [ ] For fun, I enjoy:

**I have the social skills to:**
- [ ] Request assistance
- [ ] Plan an event
- [ ] Register a complaint
- [ ] Talk on phone
- [ ] Place an order
- [ ] Be interviewed

**I know the right way to relate to:**
- [ ] An employer
- [ ] Significant Other
- [ ] Clerk
- [ ] Teacher
- [ ] Peers
- [ ] Friends
- [ ] Strangers

- [ ] I am prepared for a family of my own

**Information I Would Like To Have**

- [ ] Insurance
- [ ] Independent Living
- [ ] Vocational Rehab
- [ ] Medicaid
- [ ] Transportation
- [ ] College Disability Support Services
- [ ] SSI
- [ ] School
- [ ] Social/Recreational

**Comments:**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________