

The Future Is Now
THINK BIG!!!

Taking Steps
Towards
Independence

PREPARING FOR TRANSITION PLANNING

FOR YOUTH AND YOUNG ADULTS 14-19 YEARS OLD

How to use this booklet:

Freedom is important and this booklet will help you find what freedom is for you. Work through these questions and ask yourself, "What do I want to do?" Not what someone else wants you to do.

Self-advocacy and understanding who you are and where you want to go is necessary if you are going to be the leader of your life. Surround yourself with people who share your vision for independence.

Believe in an independent future.

Challenge Yourself - Think Big!!!



Self-Advocacy	I can do this	Who/what can help me?	Done
Can I pronounce and write my disability and/or special health care needs (SHCN)?			
Do I explain the meaning of my disability/SHCN to my family, peers, doctors, or teachers?			
Do I understand my rights to privacy and making decisions regarding my disability/SHCN?			

Health & Wellness			
Do I exercise on a regular basis (about 30 min., 3 x per week)?			
Do I limit my daily computer time outside of class?			
Do I eat healthy snacks and limit junk food?			
Do I have someone I can talk to about sex?			
Do I know about birth control?			
Do I know how to prevent sexually transmitted diseases?			
Do I understand how my daily activities affect my health or disability/SHCN?			
Do I understand when changes in my health occur or when I may be sick?			
Can I list the names and dosages of my current medications?			
Can I take my own medications without help or reminders?			
Do I understand the side effects of my medication and what happens if I miss a dose?			
Does my disability/SHCN make me feel sad or frustrated?			
Is there someone I can talk to about my feelings and/or when I feel down or frustrated?			

Checklist continued...

I can do this Who/what
can help me? Done

Healthcare System

Do I know the name of my doctor?

Do I feel comfortable asking my doctor questions?

Do I know who to contact if my medication is running low?

Do I carry my insurance card?

Social & Recreation

Do I have friends I hang out with?

Do I know how to be safe when using the internet/Facebook to talk to my friends?

Have I ever felt like I was bullied?

How do I handle myself when I get harassed or teased?

Do I play sports or belong to a club?

Independent living skills

Do I make my own decisions on clothes and activities?

Do I have regular chores?

Can I cook a simple meal?

Do I know how to balance a checkbook or budget my money?

Do I have a bank account & know how to use a debit/credit card responsibly?

Do I want to drive a car someday?

School and Work

Do I attend my IEP meetings and share my ideas/thoughts?

Do I know how my disability/SHCN will affect me at school?

Do I know how to ask for help when I'm at school?

Have I thought about what I want to do after high school (work, college, vocational school, etc)?

Have I asked to job shadow a career that I am interested in?

Have I taken the ACT exam?

Have I visited a college?

What else do I want to know? _____



Notes: _____

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