



In order to live a healthy and productive life, you will need to adjust to many changes. You and your family have already gone through many changes as you have grown from infancy to the stage you are at today.

This booklet is a series of three checklists: Ready? Get Set, and Go!. These checklists will help you

- look at how ready you are for the future
- think about what you need to work on, and
- plan how you will do it.

It is a good idea to work together with your care team to complete these checklists. This will give you a chance to talk about how you can work together as a team to get ready for your future.

Note to Parents: A child's cognitive abilities affect how he or she plans for the future, and how he or she is involved with these plans. The skills your child will require for adult life will depend on his or her goals. Even if your child is not able to be independent, he or she will eventually transition to adult programs and services.

WYLIE, WY HEALTH.

READY? is for you as you begin to think about adult life and the challenges that come with growing up. This checklist will help you to begin to develop the skills you will need for your future. There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.

Self-Advocacy I think and talk about my future. I can talk about what I need and want. If I have a disability, I'm learning about it. Social and Recreation I spend time with my friends. I go to programs in my community. I know how to use the Internet safely. Independent Living Skills I know my home/cell phone number and address. I know how to use the phone to get help in an emergency. I can make my own snack or, I can tell someone how to make it for me. I am responsible for a household chore. I pick out my own clothes. I take care of my own stuff. I know my personal care routine (washing, flossing and brushing teeth, trimming fingernalls, tampons/pads, etc.). I have an allowance and I know how to spend it responsibly. I know what medical and healthcare supplies I need (medications, nebulizer, catheter, etc.). I know about assistive communication devices and technology. School and Work I am responsible for getting my homework done.		SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE
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I am responsible for getting my homework done.	School and Work			
	I am responsible for getting my homework done.			
I talk about what I want to be when I grow up.	I talk about what I want to be when I grow up.			
I go to IEP 504 meetings at school because they are important.				

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE
Health and Wellness			
I know my height and weight.			
I exercise daily and try to eat healthy.			
I know my body will begin to change.			
I know when I am sick.			
I understand my disability and how it affects me.			
I meet alone with my doctor for part of the time during my visit.			
I ask my doctor at least one question during my office visits.			
I answer at least one question during my office visits.			
I have talked with my doctor about my health and setting goals.			
I have talked with my doctor about going to different doctors when I am an adult.			

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 (\checkmark) beside each item that you wanted to work on, move on to the next checklist: **GET SET.**

Did READY? help you to ...

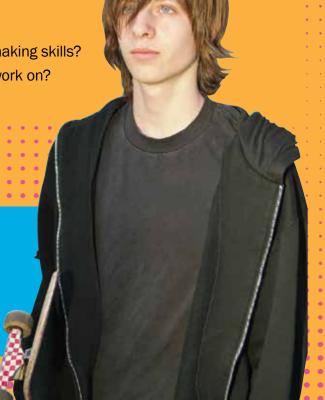
► Think more about your future?

Find ways to be more responsible and develop decision-making skills?

▶ Think about the things on the checklist that you need to work on?

Feel okay about the changes happening to your body?

Now that you have completed the first checklist, take some time to think about what you have learned about yourself.



GET SET is for young people who have established some independence and are thinking about and planning for their future. The items on the checklist can be used as a guide to thinking creatively about responsibility, growing up, and setting goals. 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 DO I NEED TO DO?	DONE
Self-Advocacy			
I know my rights to privacy, making decisions, and giving consent about my life.			
I know my legal rights as I am a person with a disability.			
Social and Recreation			
I spend time with my friends outside of school.			
I know about dating and safe sex.			
I choose programs and activities to be involved in.			
Independent Living Skills			
I make meals with my family.			
I help with food shopping.			
I am responsible for a few chores.			
I pick out my clothes.			
I take care of my belongings.			
I am aware of my personal appearance and clean up regularly.			
I can access my bank account.			
I can buy things I need (clothes, iPod, school supplies) and know where to get them.			
I am learning to safely get around my community.			
I am learning to use public transportation.			
I can be home alone.			
I know how to get the healthcare supplies I need.			
I take care of my equipment (wheelchair, nebulizer, insulin pumps/syringes).			
I have tried assistive devices and technology.			
I know what to do in an emergency.			
I talk about where I would like to live in the future.			
School and Work			
I do homework by myself.			
If I have a disability, I know how it affects my learning.			
I know what I need and who I should talk to to be successful in school.			

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE
I talk about my plans after high school.			
I know what my skills and interests are, and how they are related to my career choices.			
I take part in planning for my education (guidance, IEP, or 504 meetings).			
I explore volunteer and/or part-time job opportunities.			
Health and Wellness			
I try to exercise daily and eat healthy.			
I am comfortable with my body.			
I know the risks of smoking and alcohol and drug use.			
I know who to talk to in difficult times.			
I recognize the changes I am experiencing during my teenage years.			
I know what medications I take, how much I need to take, and when to take them.			
I meet alone with my doctor.			
I have talked with my doctor about health and wellness goals.			
I ask my doctor questions during my office visits.			
I answer questions during my office visits.			
I take part in decisions about my healthcare.			
I keep a record of my healthcare information.			
I talk with my doctor about adult services.			
I have talked with my care manager and doctor about the things I should think about when choosing an adult doctor.			
I have talked with other adults I know about going to the doctor as an adult.			
Healthcare System			
I know the date and reason for my next doctor's appointment.			
I can call my doctor's office to make or change an appointment.			
I know the name of my health insurance and have information about how it works.			
I know the difference between primary and specialty care providers.			

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 (\checkmark) beside each item that you wanted to work on, move on to the next checklist: **GO!.**

GO! is for young people who have developed many of the skills needed for growing up and are preparing to become independent adults. The items in the checklist focus on the skills that will help you transition into the adult world, specifically related to your health. The skills you require for adult life will depend on your vision and goals for the future.

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE
Self-Advocacy			
I know how my role in my family will change when I become an adult.			
I know where to find support and information.			
Social and Recreation			
I make plans to spend time with my friends.			
I participate in youth or adult social and recreation activities.			
I know about safe sex and healthy relationships.			
I have adults in my life who care about me other than my parents (teacher, mentor, coach, religious leader, and other family members).			
Independent Living Skills			
I prepare meals, follow a recipe, or if unable, can tell someone how to do it.			
I can do my own laundry or, if unable, can tell someone how to do it.			
I take care of my personal care needs or, if unable, can tell someone how to do it.			
I manage my budget.			
I go out in my community on my own.			
I take public transportation on my own.			
I can drive.			
I have assistive devices and the technology I need.			
I understand and can describe how my strengths and weaknesses affect my daily life.			
I explore where I will live in the future.			
School and Work			
I have a plan for after high school.			
I have a volunteer position/internship and/or summer or part-time job.			
I have a career goal.			
I know what I need to do to be successful in school or at work.			
I know when it is appropriate to talk about my disability (job interview, college application).			

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE	
Health and Wellness				
I know about sexual health, family planning, and genetics.				
I have personal health and wellness goals and understand the risks of an unhealthy lifestyle.				
I know what medications to take for things like a cold, headache, stomachache, or fever.				
I refill my medications when it is time.				
I can explain my medical history.				
I can contact my doctors to schedule appointments and can tell them about any changes in my health.				
I go to my appointments alone or choose someone to assist me.				
I decide what treatments I need with my doctor and I sign my medical consent forms.				
My doctor and I have talked about doctors and specialists for adults.				
My care manager and I are writing a Portable Medical Summary of my medical diagnosis, history, allergies, treatments, and emergency information.				
Healthcare System				
I can tell someone about how my health insurance plan works (co-pays, services covered), and I carry a copy of my insurance card.				
I know if I receive SSI (Supplemental Security Income) and how to apply to be eligible for SSI when I am 18.				
I know how long I will be covered under my current health insurance plan and what I need to do to keep my coverage (like be a full time student).				•
I know what my legal rights and responsibilities will be when I am 18 (sign medical consent forms, make medical decisions by myself).				
I am planning for my transfer to adult healthcare, including continued dental care.				

Now that you have completed GO!, the last level of the checklist series, take some time to think about all you have accomplished throughout your transition from childhood to adulthood.

NOTES TO MYSELF

Who do I need to talk to? Write down the names of people you think you should talk to (parents, healthcare professionals, teachers, friends, mentors, coaches).

NOTES TO MYSELF

Where do I need to go? Write down the places you need to visit or resources that you can use (local community center, websites).

TIPS FOR BUILDING SELF-DETERMINATION

MAKING CHOICES

If you have a disability, learn about it.

Find your strengths and 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

Voice your opinion in decisions 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.

If you have a disability, learn to talk about it.

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 doing 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 in a journal or diary.

Take steps to feel part of your community.

Volunteer.

Use your talents.

Involve yourself in healthy, caring relationships.

Surround yourself with positive people.

Find someone you trust and respect, to be your mentor.

GOALS & PLANS

Understand what goals are 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 always be there for you.

Get advice from others, but keep in mind that sometimes the truth is not easy to hear.

Forgive yourself when you make mistakes. They 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 and will help you to develop your talents and interests.

HEALTHY ADOLESCENT DEVELOPMENT CHART

PHYSICAL GROWTH

EARLY

Your body and feelings grow and change.

MIDDLE

Your body starts to look more like an adult's body.

LATE

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

KNOWLEDGE & UNDERSTANDING

EARLY

You think mostly about the "here and now" and how you feel. Example: "I don't want to go to the doctor, he'll give me a shot and I hate shots."

MIDDLE

You notice things are more complicated then they used to be. Sometimes you need to work harder for the things you want and need. Example: "It's a good idea to go to the doctor and have a physical so you can play sports and go to camp, but I still hate shots."

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. Example: "When I go to the doctor now, I don't need my parents in the room, and I know shots are important."

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 abruptly; for example, you quickly go from happy to bored or to sad.

You begin to avoid affection from parents, but you still need it!

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 the 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 physical changes but worry more about your personal "attractiveness." Sometimes, you are full of energy and other times you just want to lie 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 certain groups, teams, cliques, or gangs.

You begin to think about boyfriends or girlfriends in a one-to-one relationship.

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, or 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, and 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.

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 or late or who have special healthcare needs.

IT'S MY FUTURE!

NAME:

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