

Adolescent's Name: \_\_\_\_\_

MRN #: \_\_\_\_\_

Adolescent's Age: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**I would like more information About the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> My Adolescent's medical Condition        | <input type="checkbox"/> Counseling Services        |
| <input type="checkbox"/> Designating a guardian for my Adolescent | <input type="checkbox"/> Community Mental Health    |
| <input type="checkbox"/> SSI/SSDI                                 | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Respite Services                         | <input type="checkbox"/> Safe Relationships         |
| <input type="checkbox"/> Public Transportation                    | <input type="checkbox"/> Safe Sex                   |
|   | <input type="checkbox"/> Smoking Cessation          |

**Health Care**

1. My Adolescent is able to care for him/herself.
    - NO
    - YES
  - My adolescent can describe his/her medical condition
  - My adolescent can perform daily medical care/treatments
  - My adolescent can manage his/her own medication schedule
  - My adolescent knows his/her health insurance carrier & carries a medical insurance card
2. My Adolescent's medical care will be paid for by:
    - Family Health Insurance
    - Medicaid/Medicare
    - Other \_\_\_\_\_
  - I have planned for my Adolescent's transition to adult primary medical care
  - I have not yet planned for my Adolescent's transition to adult primary medical care

**Financial/Income**

3. My adolescent is able to make financial decisions
  - NO
  - YES
4. My Adolescent will be able to be financially independent
  - NO
  - YES
5. As an adult, my adolescent's income will likely come from:
  - Employment

- Family
- SSI (Supplemental Social Security Income)
- SSDI (Social Security Disability Insurance)
- Other \_\_\_\_\_

**Functional Living Needs**

6. As an adult, my adolescent will likely live:
- by Self
  - with Parents
  - Group Home
  - Campus/Dormitory
  - Long term care facility
  - Assisted Living
  - Other \_\_\_\_\_

**Employment/Vocational**

7. My Adolescent presently or will participates in:
- Household Chores
  - Volunteering
  - Work Study
  - Internships/apprenticeship
  - Sheltered Workshop or other supported employment
  - Other \_\_\_\_\_

**Educational**

- My adolescent has received special education services and will continue to be eligible.
- My adolescent has not received special education services.

**Thank you for completing this Transition Worksheet. If there is any additional information that you would like regarding your Adolescent's transition, please add your notes here:**