



**PARENT TRANSITION WORKSHEET**

Name: \_\_\_\_\_

Age and DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

<b>MEDICAL</b>	
I understand my child's medical condition    Yes <input type="checkbox"/> No <input type="checkbox"/>	
My child:	
<input type="checkbox"/> Makes medical appointments	<input type="checkbox"/> Has adult primary care & specialty doctors
<input type="checkbox"/> Consents/Assents to medical care	<input type="checkbox"/> Can describe his/her medical condition
<input type="checkbox"/> Performs his/her medical care/daily treatments	<input type="checkbox"/> Talks to doctors alone
<input type="checkbox"/> Understands about insurance/Medicaid/KidCare coverage	
<input type="checkbox"/> Refills medications/supplies	
<b>INDEPENDENT LIVING</b>	
As an adult, my child will live with:	
<input type="checkbox"/> Self with no supports/assistance	<input type="checkbox"/> Self with supports/assistance <input type="checkbox"/> Friends
<input type="checkbox"/> Parents <input type="checkbox"/> Group home <input type="checkbox"/> Other (specify): _____	
My child will be able to:	
<input type="checkbox"/> Care for his/her own personal needs	<input type="checkbox"/> Care for his/her own personal needs with help
<input type="checkbox"/> Unable to provide self care, can direct others <input type="checkbox"/> Requires total personal care assistance	
My child's transportation will be provided by (check all that apply):	
<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Public transportation (bus or taxi)	<input type="checkbox"/> Medicaid transportation
<input type="checkbox"/> Other (specify): _____	
My child will need transportation for (check all that apply):	
<input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Recreation	
<b>EDUCATION</b>	
I know my child's interests, skills, and strengths in school    Yes <input type="checkbox"/> No <input type="checkbox"/>	
I know my child's educational goals on the transition plan    Yes <input type="checkbox"/> No <input type="checkbox"/>	

I understand my child's education rights (under IDEA, Section 504, ADA) Yes  No

I understand that my child participates in their IEP meetings by age 14 or sooner Yes  No

I am happy with the services that my child receives from school Yes  No

**FINANCIAL**

My child can manage by himself/herself (check all that apply):  A budget  Checking account  
 Paying bills  Financial decisions  Savings account

My child can manage with assistance (check all that apply):  A budget  Checking account  
 Paying bills  Financial decisions  Savings account

If my child needs some or total assistance with any of these in the future, they will be helped by:  
 Family member  Other (please specify) \_\_\_\_\_

**EMPLOYMENT/VOCATIONAL TRAINING**

I know my child's interests, skills and strengths for employment and a career

My child has prepared/is preparing for work by (check all that apply):  
 Household chores  Work/study program  Volunteering  Part-time or summer job  
 Job shadowing  Other (please specify) \_\_\_\_\_

After high school, my child will enter:  
 Post-secondary school (specify community college, university, or college) \_\_\_\_\_  
 College/University Disability Services  
 Vocational training program (please specify): \_\_\_\_\_  
 Other continuing education (please specify): \_\_\_\_\_  
 Supported employment – Full time  Part time   
 Full time employment without supports  Part time employment without supports  
 Apprenticeship program  Sheltered workshop

My child has spoken with the following people about employment and vocational training:  
 School guidance counselor  Vocational Rehabilitation  Waiver support coordinator  
 Other (please specify agency or organization): \_\_\_\_\_

**SOCIAL/RECREATION**

My child belongs to (check all that apply):  Scouts  Sports team  School club/activity  
 Church organization  Other (specify) \_\_\_\_\_

My child spends time with friends (outside of school or work): Yes  No

I would like my child to have more opportunities for social events and recreation: Yes  No

**TRANSITION INFORMATION STILL NEEDED**

- Insurance    Adult healthcare    SSI    Medicaid/Waivers    School    Employment  
 Independent Living    IDEA, Section 504, ADA rights and responsibilities    Transportation  
 Vocational Rehabilitation    Social/Recreation    College/University Disability Services  
 Other: \_\_\_\_\_