



## Transition Health Plan for Youth with Disabilities and their Families

The purpose of this form is to help transition-age youth with disabilities and their families plan for youth to assume greater or full responsibility for their adult health care. Each section may be discussed separately at times that are convenient for you and your child.

**Directions:** It is recommended that parents and youth complete this checklist together. In the first three boxes, mark the one that describes your situation the best. Then prioritize which skills to work on first (“Support Needed” or “Some Support Needed”), and enlist the help of others if needed using the Action Steps.

|                                                                                                                          | Health Skills Assessment |                     |                | Action Steps     |                                           |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|----------------|------------------|-------------------------------------------|
| Basic Health Skills                                                                                                      | Independent              | Some support needed | Support needed | Practice at home | Discuss with IEP team or medical provider |
| Have health care information with you at all times (insurance card, people to call in emergency, medical alert bracelet) |                          |                     |                |                  |                                           |
| Include a medical alert on your state identification card or driver's license (if appropriate)                           |                          |                     |                |                  |                                           |
| Maintain a healthy diet                                                                                                  |                          |                     |                |                  |                                           |
| Perform daily exercise or activity                                                                                       |                          |                     |                |                  |                                           |
| Maintain good personal hygiene                                                                                           |                          |                     |                |                  |                                           |
| Get enough sleep                                                                                                         |                          |                     |                |                  |                                           |
| Understand how your disability and medications may affect puberty and sexual functioning                                 |                          |                     |                |                  |                                           |
| Know who to talk to about practicing safe sex                                                                            |                          |                     |                |                  |                                           |
| Understand the effects of smoking, drinking alcohol, or drugs on your health condition                                   |                          |                     |                |                  |                                           |
| Plan for managing stress and finding help if needed                                                                      |                          |                     |                |                  |                                           |
| Identify someone to talk to if you feel very sad or worried                                                              |                          |                     |                |                  |                                           |

|                                                                                                                                | Health Skills Assessment |                     |                | Action Steps     |                                           |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|----------------|------------------|-------------------------------------------|
| Self Advocacy                                                                                                                  | Independent              | Some support needed | Support needed | Practice at home | Discuss with IEP team or medical provider |
| Describe your condition or disability                                                                                          |                          |                     |                |                  |                                           |
| Explain your specific needs to others                                                                                          |                          |                     |                |                  |                                           |
| Explain how family customs and beliefs affect health care decisions                                                            |                          |                     |                |                  |                                           |
| Tell doctors when you disagree, can't follow health plan, or want another opinion                                              |                          |                     |                |                  |                                           |
| Advocate for all follow-up health information reports to be made understandable to you                                         |                          |                     |                |                  |                                           |
| Identify specific health goals for the Individualized Education Program (IEP) transition plan                                  |                          |                     |                |                  |                                           |
| Understand and explain how your disability will affect activities you want to pursue after high school                         |                          |                     |                |                  |                                           |
| Request accommodations needed in postsecondary education and employment                                                        |                          |                     |                |                  |                                           |
| Discuss workplace accommodations with doctor to ensure health needs are addressed (medication, food, stress breaks, or others) |                          |                     |                |                  |                                           |
| Identify organizations that provide information and training to help build advocacy skills                                     |                          |                     |                |                  |                                           |

|                                                                                         | Health Skills Assessment |                     |                | Action Steps     |                                           |
|-----------------------------------------------------------------------------------------|--------------------------|---------------------|----------------|------------------|-------------------------------------------|
| Managing Medical Appointments                                                           | Independent              | Some support needed | Support needed | Practice at home | Discuss with IEP team or medical provider |
| Keep reminder calendar for appointments                                                 |                          |                     |                |                  |                                           |
| Schedule own medical appointments                                                       |                          |                     |                |                  |                                           |
| Arrange for a ride or public transportation to appointments                             |                          |                     |                |                  |                                           |
| Develop list of questions to ask the doctor                                             |                          |                     |                |                  |                                           |
| Ask questions in the doctor's office                                                    |                          |                     |                |                  |                                           |
| Talk to the doctor alone for part of the appointment                                    |                          |                     |                |                  |                                           |
| Follow up with taking lab tests or making future appointments                           |                          |                     |                |                  |                                           |
| Participate in your own treatments                                                      |                          |                     |                |                  |                                           |
| Communicate about your allergies or medicines not to be taken                           |                          |                     |                |                  |                                           |
| Keep list of medicines (side effects, when and how to take them, and what they are for) |                          |                     |                |                  |                                           |
| Refill prescriptions and reorder supplies before they run out                           |                          |                     |                |                  |                                           |

|                                                                                                 | Health Skills Assessment |                           |                   | Action Steps        |                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------|---------------------------|-------------------|---------------------|----------------------------------------------------|
| <b>Adult Health Care<br/>after age 18</b>                                                       | Independent              | Some<br>support<br>needed | Support<br>needed | Practice at<br>home | Discuss with<br>IEP team<br>or medical<br>provider |
| Identify your adult primary care doctor, specialists, and providers                             |                          |                           |                   |                     |                                                    |
| Work with a care coordinator at clinic to manage appointments and coordinate care               |                          |                           |                   |                     |                                                    |
| Maintain a list of adult advocacy organizations to help you find additional support             |                          |                           |                   |                     |                                                    |
| Consider supported decision-making as an alternative to guardianship                            |                          |                           |                   |                     |                                                    |
| Put legal supports in place if needed (guardianship, power of attorney, etc.)                   |                          |                           |                   |                     |                                                    |
| Identify symptoms for which you should seek immediate attention (911, emergency or urgent care) |                          |                           |                   |                     |                                                    |
| Keep a short medical summary with you                                                           |                          |                           |                   |                     |                                                    |

|                                                                                                                                                                                               | Health Skills Assessment |                     |                | Action Steps     |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|----------------|------------------|-------------------------------------------|
| Independent Living                                                                                                                                                                            | Independent              | Some support needed | Support needed | Practice at home | Discuss with IEP team or medical provider |
| Create a health care plan including accommodations that need to be in place to live away from home ahead of time                                                                              |                          |                     |                |                  |                                           |
| Ensure accessibility and visit new environments (dorms, group homes, apartments, etc.)                                                                                                        |                          |                     |                |                  |                                           |
| Contact natural supports (friends, relatives) and contracted support staff to provide personal care and support decision-making                                                               |                          |                     |                |                  |                                           |
| Contact county services to provide personal and supportive care                                                                                                                               |                          |                     |                |                  |                                           |
| Keep a current contact list of service providers such as personal care attendants (PCAs), an adult rehabilitative mental health (ARMH) worker, independent living services (ILS) worker, etc. |                          |                     |                |                  |                                           |
| Develop your transportation plan to job, school, and recreational activities                                                                                                                  |                          |                     |                |                  |                                           |
| Carry an emergency medical record card                                                                                                                                                        |                          |                     |                |                  |                                           |
| Ensure that roommates, dorm advisor, building caretaker, or neighbors know who to call in an emergency                                                                                        |                          |                     |                |                  |                                           |

|                                                                                                                                | Health Skills Assessment |                     |                | Action Steps     |                                           |
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| Health Care Financing                                                                                                          | Independent              | Some support needed | Support needed | Practice at home | Discuss with IEP team or medical provider |
| Locate and provide key information on insurance card for co-pay and identification number                                      |                          |                     |                |                  |                                           |
| Understand your insurance guidelines (services allowed, referrals, etc.)                                                       |                          |                     |                |                  |                                           |
| Apply for appropriate government health care benefits                                                                          |                          |                     |                |                  |                                           |
| Develop plan for insurance coverage after age 18, or after age 26, if you have health coverage under your parents until age 26 |                          |                     |                |                  |                                           |
| Other:                                                                                                                         |                          |                     |                |                  |                                           |

## Resources:

### Got Transition

<http://www.gottransition.org>

### Family Voices

<http://www.familyvoices.org>