

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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



## Transition Checklist for Parents/Caregivers

The purpose of this **Transition Checklist for Parents/Caregivers** is to identify issues and create a greater understanding of the skills and abilities that will help your child transition to adulthood. This will be different for every child. Please complete this checklist by marking the box or boxes that describe you the best. If you do not understand a question, please ask the nurse or doctor for help.

<b>Early Transition Skills: Age 13-14</b>	<b>My child can do this on his/her own</b>	<b>I do this for my child</b>	<b>I want to learn how to do this and need more information</b>	<b>Someone else will need to help my child/family do this</b>	<b>N/A Will not be needed</b>
Do most of the speaking for my child in the doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule my child's doctor appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make health care decisions for my child with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate for my child's rights (health information privacy, accessibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe my child's health conditions/disabilities and how they affect his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include health goals on my child's Individualized Education Program (IEP) or transition plan at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help my child maintain a health lifestyle (diet, activity, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand effects of smoking, drinking, and/or using drugs on my child's health conditions (worsen symptoms, reactions to medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle Transition Skills: Age 15-17</b>					
Keep a list of my child's medicines and what each treats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give my child his or her medicines/treatments correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how my child's condition may affect sexuality (need for closeness, caring, and touch, sometimes involving sexual activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take care of or discuss reproductive concerns (genetics, pregnancy) and safe practices (birth control, safe sex) for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand my child's health insurance benefits (co-pays, referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find adult services for my child (transportation, assistive technology, personal assistant, job coach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a plan for what my child will do after completing high school (education, job, recreational options, volunteer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Late Transition: Age 18 and beyond</b>					
Keep my child's portable medical summary or care plan up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find an adult doctor for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find housing options for my child as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill my child's prescriptions or reorder supplies before they run out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know when to call for routine checkups, urgent care, when to go to the emergency room, and when to call 9-1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get health insurance coverage for my child as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call (insurance carrier, doctor, care coordinator) with questions about my child's insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get needed legal protections for my adult child (guardianship and alternatives, power of attorney for health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a plan for managing my adult child's finances (power of attorney, joint bank account, special needs trust, representative payee, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for government benefits that my child may qualify for as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

