



YOUNG ADULT TRANSITION NEEDS ASSESSMENT FOR AGES 18-21yrs

Name: _____

Date of Birth: _____ Cell Phone _____

Consent form for 18 years or older for disclosure to family member and /or personal representative completed Yes No N/A

MEDICAL

I understand my medical condition Yes No

I can:

- | | |
|--|--|
| <input type="checkbox"/> Make medical appointments | <input type="checkbox"/> Find adult primary care & specialty doctors |
| <input type="checkbox"/> Consent/Assent to medical care | <input type="checkbox"/> Can describe my medical condition |
| <input type="checkbox"/> Perform my medical care/daily treatments | <input type="checkbox"/> Talk to doctors alone |
| <input type="checkbox"/> Understand my insurance/Medicaid coverage | <input type="checkbox"/> Refill medications/supplies |

INDEPENDENT LIVING

As an adult, I will live with:

- Self with no supports/assistance
 Self with supports/assistance
 Friends
 Parents
 Group home
 Other (specify): _____

I will be able to:

- Care for my own personal needs
 Care for my own personal needs with help
 Unable to provide self care, can direct others
 Require total personal care assistance

My transportation will be provided by (check all that apply):

- Self
 Family
 Public transportation (bus or taxi)
 Medicaid transportation
 Other (specify): _____

I will need transportation for (check all that apply):

- Medical appointments
 Shopping
 School
 Work
 Recreation

EDUCATION

- I know my interests, skills, and strengths in school Yes No
 I know my educational goals on the transition plan Yes No
 I understand my education rights (College Resources) Yes No
 I am happy with the services that I receive from school Yes No N/A

FINANCIAL

I can manage by myself (check all that apply): A budget Checking account

Paying bills Financial decisions Savings account

I can manage with assistance (check all that apply): A budget Checking account

Paying bills Financial decisions Savings account

If I need some or total assistance with any of these in the future, I will be helped by:

Family member Other (please specify) _____

EMPLOYMENT/VOCATIONAL TRAINING

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

I have prepared/am preparing for work by (check all that apply):

Household chores Work/study program Volunteering Part-time or summer job

Job shadowing Other (please specify) _____

I am currently enrolled in:

Community college, University, or College _____

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

I have spoken with the following people about employment and vocational training:

School guidance counselor Vocational Rehabilitation Waiver support coordinator

Other (please specify agency or organization): _____ N/A

SOCIAL/RECREATION

I belong to (check all that apply): Sports team School club/activity Volunteerism

Church organization Other (specify) _____

I spend time with friends (outside of school or work): Yes No

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

I know how to speak to and behave with (check all that apply): Teachers Employer

Co-workers Store clerks Healthcare providers Police/Fire fighters Friends

Peers Adults they know Strangers

TRANSITION INFORMATION NEEDED

Insurance Adult healthcare SSI Medicaid School Employment

Independent Living IDEA, Section 504, ADA rights and responsibilities Transportation

Vocational Rehabilitation Social/Recreation Other: _____ N/A

Signature _____ Patient Guardian

Date _____