Phase 1 – Transition Readiness Assessment			
Please check the box that applies to you right now.	Yes, I know this	I need to learn	Someone needs to do this… who?
I know and can explain my medical condition to others.			
I know my symptoms and when I need to quickly see a doctor.			
I know when and how to ask for help.			
I know or can find my doctor's phone number.			
I have a plan in place for medical emergencies.			
I know why, when, and how to take my medication.			
I know my allergies to medicines and medicines I should not take.			
I ask and answer questions directly with the doctor during visits.			
I am able to follow instructions from healthcare providers.			
I know if I qualify for an Individualized Education Program (IEP) or 504 plan at school.			
I participate in my IEP meetings at school.			
I know of opportunities to make friends and meet new people.			
I know how to obtain a driver's license and/or use public transportation services.			
I have transportation for medical appointments			
I know the values of U.S. coins and paper money.			
I know who can help with transition planning.			

Planning for the future

Prioritized Goals	Issues or Concerns	Actions	Person Responsible	Target Date	Date Complete

Phase 2 – Transition Readiness Assessment			
Please check the box that applies to you right now.	Yes, I know this	I need to learn	Someone needs to do this… who?
I make my own doctor's appointments.			
I have a way to get to my doctor's office.			
I know where to get medical care when the doctor's office is closed.			
I have a copy of my medical information and treatment plan.			
I know how to fill out medical forms.			
I know what services are covered by my insurance.			
I have a plan so that I can keep my health insurance after 18 or older.			
My family and I have discussed my ability to make my own health care decisions.			
I have a plan with my doctor's office to see an adult provider.			
I know the difference between a primary care doctor and a specialist.			
I know when I need to see a specialist.			
I have identified an adult provider.			
I know how to make healthy choices.			
I know when and how to ask for needed accommodations.			
I have employment and education goals.			
I have a plan to meet my employment and education goals.			
I can develop a household budget (food, utilities).			
I understand how to pay bills.			

Planning for the future

Prioritized Goals	Issues or Concerns	Actions	Person Responsible	Target Date	Date Complete