

# TRANSITION PLANNING CHECKLIST

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

	Plan to start	Needs Work	Done
<b>1. Health care</b>			
• Teen has knowledge of own health care needs			
• Teen has a list of medications			
• Teen has copies of recent health records/reports			
• Teen has access to health insurance in future			
• Adult provider identified			
<b>2. School program and transition</b>			
• Vocational options explored			
• Post-secondary education explored			
• Residential options explored			
• Community skills (finance management/ transportation) explored			
• Recreation/leisure opportunities explored			
<b>3. Home/personal care skills</b>			
<b>4. Family knows about Supplemental Security Income/Social Security</b>			
<b>5. Family knows about the Division of Vocational Rehabilitation</b>			
<b>6. Guardianship needs</b>			
<b>7. Names/Agencies involved in supporting transition plan</b>			