



OCCYSHN

Community Connections Network

linking health, education and community services through a network of community-based teams

Transition Planning Checklist

Today's date:

| Name: | DOB: | Plan to start | Needs Work | Done |
|---|------|---------------|------------|------|
| 1. Health care | | | | |
| • 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 | | | | |
| 2. School program and transition | | | | |
| • Vocational options explored | | | | |
| • Post-secondary education explored | | | | |
| • Residential options explored | | | | |
| • Community skills (finance management/ transportation) explored | | | | |
| • Recreation/leisure opportunities explored | | | | |
| 3. Home/personal care skills | | | | |
| 4. Family knows about Supplemental Security Income/Social Security | | | | |
| 5. Family knows about the Division of Vocational Rehabilitation | | | | |
| 6. Guardianship needs | | | | |
| 7. Names/Agencies involved in supporting transition plan | | | | |

In Partnership with:

