

## YOUTH ELEMENTS FOR SURVIVAL (YES)

	<b>Skills I already Know</b>  Rate your skills from 1 to 10 1 = not at all 10 = expert	<b>I want to learn the following</b>  1 = not at all 10 = very important	<b>What technology can help</b>	<b>How do I modify or adapt</b>
Do I know how to use.....?	<b>Kitchen</b> <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Can opener <input type="checkbox"/> Dishwasher <input type="checkbox"/> Dryer <input type="checkbox"/> Open Refrigerator <b>Communication</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Music (DVD / VCR, stereo, CD) <input type="checkbox"/> Internet / e-mail <b>Misc.</b> <input type="checkbox"/> Unlock the door <input type="checkbox"/> Vacuum <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Lawnmower	<b>Kitchen</b> <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Can opener <input type="checkbox"/> Dishwasher <input type="checkbox"/> Dryer <input type="checkbox"/> Open Refrigerator <b>Communication</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Music (DVD / VCR, stereo, CD) <input type="checkbox"/> Internet / e-mail <b>Misc.</b> <input type="checkbox"/> Unlock the door <input type="checkbox"/> Vacuum <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Lawnmower		

## YOUTH ELEMENTS FOR SURVIVAL (YES)

	<p style="text-align: center;"><b>Skills I already Know</b></p> <p style="text-align: center;">Rate your skills from 1 to 10 1 = not at all 10 = expert</p>	<p style="text-align: center;"><b>I want to learn the following</b></p> <p style="text-align: center;">1 = not at all 10 = very important</p>	<p style="text-align: center;"><b>What technology can help</b></p>	<p style="text-align: center;"><b>How do I modify or adapt</b></p>
Household tasks	<input type="checkbox"/> Set the table <input type="checkbox"/> Keep my room reasonably clean <input type="checkbox"/> Put my clean clothes away <input type="checkbox"/> Clean the kitchen when I am finished <input type="checkbox"/> Prepare a simple meal <input type="checkbox"/> Do the dishes <input type="checkbox"/> Make my bed <input type="checkbox"/> Change my sheets <input type="checkbox"/> Clean my bathroom <input type="checkbox"/> Take out the trash <input type="checkbox"/> Meal planning and grocery shopping <input type="checkbox"/> Keep track of my schedule/appoint-ments	<input type="checkbox"/> Set the table <input type="checkbox"/> Keep my room reasonably clean <input type="checkbox"/> Put my clean clothes away <input type="checkbox"/> Clean the kitchen when I am finished <input type="checkbox"/> Prepare a simple meal <input type="checkbox"/> Do the dishes <input type="checkbox"/> Make my bed <input type="checkbox"/> Change my sheets <input type="checkbox"/> Clean my bathroom <input type="checkbox"/> Take out the trash <input type="checkbox"/> Meal planning and grocery shopping <input type="checkbox"/> Keep track of my schedule/appoint-ments		
Household repairs	<input type="checkbox"/> Unclog the toilet or sink <input type="checkbox"/> Change light bulbs <input type="checkbox"/> Mending (torn clothes)	<input type="checkbox"/> Unclog the toilet or sink <input type="checkbox"/> Change light bulbs <input type="checkbox"/> Mending (torn clothes)		

## YOUTH ELEMENTS FOR SURVIVAL (YES)

	<b>Skills I already Know</b>  Rate your skills from 1 to 10 1 = not at all 10 = expert	<b>I want to learn the following</b>  1 = not at all 10 = very important	<b>What technology can help</b>	<b>How do I modify or adapt</b>
Emergency	<input type="checkbox"/> Do I know what to do in case of fire or injury <input type="checkbox"/> Can I turn the water / gas off? <input type="checkbox"/> Do I know basic first aid? <input type="checkbox"/> Do I know who to call if there is a fire, injury or I need help.	<input type="checkbox"/> Do I know what to do in case of fire or injury <input type="checkbox"/> Can I turn the water / gas off? <input type="checkbox"/> Do I know basic first aid? <input type="checkbox"/> Do I know who to call if there is a fire, injury or I need help.		
Budget	<input type="checkbox"/> Balance a check book <input type="checkbox"/> Pay my bills <input type="checkbox"/> Go to the bank	<input type="checkbox"/> Balance a check book <input type="checkbox"/> Pay my bills <input type="checkbox"/> Go to the bank		

## YOUTH ELEMENTS FOR SURVIVAL (YES)

	<p style="text-align: center;"><b>Skills I already Know</b></p> <p style="text-align: center;">Rate your skills from 1 to 10 1 = not at all 10 = expert</p>	<p style="text-align: center;"><b>I want to learn the following</b></p> <p style="text-align: center;">1 = not at all 10 = very important</p>	<p style="text-align: center;"><b>What technology can help</b></p>	<p style="text-align: center;"><b>How do I modify or adapt</b></p>
Health	<input type="checkbox"/> Make medical / dental appointments <input type="checkbox"/> Get a prescription filled / refilled <input type="checkbox"/> Keep myself clean <input type="checkbox"/> Shower/bath <input type="checkbox"/> Brush teeth <input type="checkbox"/> Other personal <input type="checkbox"/> Hygiene <input type="checkbox"/> Have safe sex <input type="checkbox"/> Eat healthy foods <input type="checkbox"/> Exercise <input type="checkbox"/> Do I know who my health care providers are? <input type="checkbox"/> Do I know how to take cold or other over-the-counter medications? <input type="checkbox"/> Do I know what to do if I am sick?	<input type="checkbox"/> Make medical / dental appointments <input type="checkbox"/> Get a prescription filled / refilled <input type="checkbox"/> Keep myself clean <input type="checkbox"/> Shower/bath <input type="checkbox"/> Brush teeth <input type="checkbox"/> Other personal <input type="checkbox"/> Hygiene <input type="checkbox"/> Have safe sex <input type="checkbox"/> Eat healthy foods <input type="checkbox"/> Exercise <input type="checkbox"/> Do I know who my health care providers are? <input type="checkbox"/> Do I know how to take cold or other over-the-counter medications? <input type="checkbox"/> Do I know what to do if I am sick?		

## YOUTH ELEMENTS FOR SURVIVAL (YES)

	<p style="text-align: center;"><b>Skills I already Know</b></p> <p style="text-align: center;">Rate your skills from 1 to 10 1 = not at all 10 = expert</p>	<p style="text-align: center;"><b>I want to learn the following</b></p> <p style="text-align: center;">1 = not at all 10 = very important</p>	<p style="text-align: center;"><b>What technology can help</b></p>	<p style="text-align: center;"><b>How do I modify or adapt</b></p>
<p>Safety / transportation</p>	<p><input type="checkbox"/> Can I ride public transportation</p> <p><input type="checkbox"/> Can I call for transportation?</p> <p><input type="checkbox"/> Do I have or want a driver's license?</p> <p><input type="checkbox"/> Can I ask for / follow directions</p> <p><input type="checkbox"/> Do I know how to get to the library, post office, grocery store, church or other places?</p>	<p><input type="checkbox"/> Can I ride public transportation</p> <p><input type="checkbox"/> Can I call for transportation?</p> <p><input type="checkbox"/> Do I have or want a driver's license?</p> <p><input type="checkbox"/> Can I ask for / follow directions</p> <p><input type="checkbox"/> Do I know how to get to the library, post office, grocery store, church or other places?</p>		
<p>What do I do for fun?</p>	<p><input type="checkbox"/> Ride my bike</p> <p><input type="checkbox"/> Watch TV or movies</p> <p><input type="checkbox"/> Go roller skating</p> <p><input type="checkbox"/> Go bowling</p> <p><input type="checkbox"/> Call my friends</p> <p><input type="checkbox"/> Go for walks / run</p> <p><input type="checkbox"/> Go to a gym</p> <p><input type="checkbox"/> Read a book</p> <p><input type="checkbox"/> Work in the garden</p>	<p><input type="checkbox"/> Ride my bike</p> <p><input type="checkbox"/> Watch TV or movies</p> <p><input type="checkbox"/> Go roller skating</p> <p><input type="checkbox"/> Go bowling</p> <p><input type="checkbox"/> Call my friends</p> <p><input type="checkbox"/> Go for walks / run</p> <p><input type="checkbox"/> Go to a gym</p> <p><input type="checkbox"/> Read a book</p> <p><input type="checkbox"/> Work in the garden</p>		

Developed by the Youth Advisory Group

Sponsored by the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

