

# Transition Planning Checklist

Today's Date:

Name:	DOB:	Plan to Start	In Progress	Done
<b>1. Health Care</b>				
Youth has knowledge of own health care needs				
Youth has a list of medications				
Youth has copies of recent health records/reports				
Youth has access to health insurance in future				
Adult health care 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. Family knows about Supported Decision Making or Guardianship options</b>				
<b>7. Names/Agencies involved in supporting transition plan</b>				

