## Transition Planning Checklist

Today's Date:

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Plan to Start</th>
<th>In Progress</th>
<th>Done</th>
</tr>
</thead>
</table>

### 1. Health Care

- 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

### 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. Family knows about Supported Decision Making or Guardianship options

### 7. Names/Agencies involved in supporting transition plan

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