



**SHRINERS HOSPITALS**  
**FOR CHILDREN**  
**INTERMOUNTAIN**

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Dear Young Adult,

Congratulations on entering the exciting, and oftentimes stressful, world of young adulthood. This is a time when many big changes begin to happen in your life. It is also a wonderful time to begin planning for your future as an independent, active adult.

This Young Adult Transition Assessment is designed to help you, the young adult, and your family to plan for the future together. **Please fill out this form as independently as possible,** but don't hesitate to ask your parent or guardian for help if you get stuck.

After you have completed the assessment, a Transitions Specialist will meet with you and your family to answer any questions and to help you develop a Transition Plan. This plan will be individually tailored to your unique needs and goals. Topics, such as adult healthcare, independent living, education, and employment will be addressed.

We look forward to assisting you in developing goals and plans for a bright future!

Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Staff Only	<b>STAYING HEALTHY</b>	YES	SOME-TIMES	NO
	1. Do you have a family doctor or clinic (medical home) that you can go to when you are sick or need a check up? Name of medical home or doctor: _____			
	2. Do you understand the dangers of smoking, drinking, and using drugs?			
	3. Do you know how to prevent pregnancy and contracting HIV/AIDS and sexually transmitted diseases?			
	4. Do you understand how your health condition may affect having children?			
	5. Do you understand how your health condition will affect your future?			
	<b>MANAGING YOUR OWN HEALTH CARE</b>			
	1. Can you describe your health condition? Please give a brief description: _____			
	2. Are you comfortable talking to your doctors?			
	3. Do you know how to manage your health care without help?			
	4. Are you responsible for taking your own medications?			
	5. Are you responsible for making your own doctor appointments and ordering your own medical supplies?			
	6. Do you know how to use your insurance or Medical Card?			
	7. Are you beginning to keep a record of your medical history, including conditions, operations, treatments (dates, doctors, recommendations)?			



Staff Only	<b>BECOMING INDEPENDENT</b>	YES	SOME-TIMES	NO
	1. Are you able to take care of your personal needs without help (bathing, dressing, toileting, eating, etc)?			
	2. If you are not able to take care of your personal needs without help, do you have a plan for having your personal needs taken care of as an adult (such as a personal assistant)? Briefly describe your plan: _____			
	3. Do you have your driver's license?			
	4. Do you have access to a vehicle?			
	5. Do you know how to use public transportation?			
	6. Are you satisfied with your ability to get around at home, school, and in the community?			
	7. Are you able to do things around the house (laundry, meal preparation)?			
	8. Do you know how to go grocery shopping (plan what to buy, find things in the store, pay for groceries)?			
	9. Do you manage your own money?			
	10. Do you plan on living independently (away from family home) in two to five years? If yes, where do you plan to live? _____ If no, what is your plan for adult living? _____			
	<b>EMOTIONAL HEALTH</b>			
	1. Can you describe things you are good at? Please name a few: _____			
	2. Do you know someone you can talk with when you feel sad, nervous, or things aren't going well? Who is this person? _____			
	3. Do you have friends that you spend time with at least once a week?			
	4. Are you involved in recreational activities? Please name a few: _____			
	5. Are you receiving any mental health services?			
	6. Do you feel that you have emotional support from your family?			
	7. Are you dating or thinking about starting to date?			
	8. Are you able to deal with the stress in your life?			
	9. Are you happy and satisfied with your life?			

Staff Only	<b>SCHOOL &amp; WORK</b>	YES	SOME-TIMES	NO
	1. Do you go to school regularly?			
	2. Do you think that your school assignments are at the right level for you?			
	3. Are you doing well in school?			
	4. Does your school give you the necessary time and space to take care of your health needs?			
	5. Do you have an Individual Education Plan or a 504 Plan?			
	6. Does your IEP or 504 Plan include transition services?			
	7. Do you take part in planning your education (like picking your classes)?			
	8. Is your school helping to address your needs for independent living?			
	9. Does someone at your school talk with you about your plans for the future?			
	10. Do you know what you are going to do after you complete high school?			
	11. Are you receiving the appropriate training for your chosen career?			
	12. Are you connected with Vocational Rehabilitation?			
	13. Do you have a volunteer or paying job?			
	14. Have you ever had a volunteer or paying job?			
	15. Do you know how to get into a college or university?			
	16. Do you know how to search for financial aid (loans, grants, scholarships) for college?			
	17. If you are attending college, do you know about their disability resource center?			

Staff Only	<b>COMMUNITY RESOURCES</b>	YES	SOME-TIMES	NO
	1. Do you plan to apply for SSI and Medicaid as an adult (age 18)?			
	2. Do you know about Social Security's work incentive programs?			
	3. Are you connected with the Division of Services for People with Disabilities?			
	4. Will your parents or another caretaker be applying for guardianship of you when you turn 18?			
	5. Do you know about your rights under the American Disabilities Act? Please name one: _____			
	<b>ADULT HEALTH CARE</b>			
	1. Do you know when you will be too old to keep seeing your current health care providers (doctors)? What is this age? _____			
	2. Have you found your adult health care providers (doctors)? Adult health care provider's name: _____			
	3. Have you had your first appointment with your adult health care provider (doctor)?			
	4. Have you transferred your records to your adult health care provider (doctor)?			
	5. Do you have a way to pay for your health care as an adult?			
	6. Do you have a way to get the medical supplies, equipment, and therapies that you will need as an adult (i.e., prosthetics, orthotics, etc.)?			
	7. Do you have everything you need from Shriners before you complete your last clinic visit? What else do you need before transitioning from Shriners into adult health care? _____			
	8. Would it be helpful to have a written Transition Care Plan?			
	9. Would you like to have a summary of your care before leaving the Shriners System?			

## INFORMATION OR SERVICES YOU WOULD LIKE TO HAVE

<input type="checkbox"/>	Assistance Programs (food, housing, etc)	<input type="checkbox"/>	Medicate/Health Insurance
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Sexual Development
<input type="checkbox"/>	Independent Living	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	School Services (IEP, 504)	<input type="checkbox"/>	Careers
<input type="checkbox"/>	Counseling/Mental Health/Support Groups	<input type="checkbox"/>	Colleges/Scholarships
<input type="checkbox"/>	Vocational Rehabilitation	<input type="checkbox"/>	Adult Health Care Providers
<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Recreation
<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	Disability Information
<input type="checkbox"/>	Guardianship Information		
<input type="checkbox"/>	Other _____		

