

Date of Assessment:	16 Years			17 Years			18 Years			20 Years		
	Reviewed	Reinforced	Verbalized understanding	Reviewed	Reinforced	Verbalized understanding	Reviewed	Reinforced	Verbalized understanding	Reviewed	Reinforced	Verbalized understanding
Job interest	*			*			*			*		
Assess school performance	*			*			*			*		
Assess extracurricular activities/peer involvement	*			*			*			*		
Are there financial resources for medical care?	*			*			*			*		
Does patient have a private primary physician?	*			*			*			*		
Refer to Care Coordination for current transition resources	*			*			*			*		
Assess family's support of patient's goals	*			*			*			*		
Vocational rehabilitation introduction or referral	*			*			*			*		
Assess transportation or driver's license	*			*			*			*		
Assess graduation or job status				*			*			*		
Assess goals for independent living	*			*			*			*		
Sexuality/reproduction	*			*			*			*		
Schedule first visit with private physician							*			*		
Referral to rehab to ensure adequate equipment												
Referral to O&P to ensure adequate assistive devices												
Legally competent patient to resign consent to treat at 18 years of age							*			*		

**\*Topics that need to be addressed**

**COMMENTS ON REVERSE SIDE ➔**

Key: CC = Care Coordination			O = Occupational Therapy			P = Physical Therapy		
Initials	Signature	Discipline	Initials	Signature	Discipline	Initials	Signature	Discipline

