



TRANSITION READINESS CHECKLIST FOR PARENTS OF YOUTH WITH COMPLEX SPECIAL NEEDS

Use the following scale to rank your answers to the statements below:
 1 = No Way 2 = I Am Thinking About It 3 = I Don't Know
 4 = I'm Getting There 5 = Done N/A= Not Applicable To My Teen

	1	2	3	4	5	N/A	Comments
We suggest that you reflect on your readiness:							
1. I know the types of doctors and other health care providers my teen will need to see as an adult in addition to family doctor							
2. My teen is developing an understanding of their disability & health condition(s).							
3. I understand how my teen's condition(s) may be affected by puberty.							
4. My teen has friends who are understanding and are good to him/her.							
5. My teen is involved in activities that he/she likes							
6. I am aware of respite options and of housing and long-term care placement.							
7. I understand my teen's right to confidentiality and to informed consent.							
8. I know who can help me cope with personal life changes during my teen's transition.							
9. My teen goes to a school that meets his/her needs.							
10. I know what activities/day programs my teen can go to once he/she has finished school.							
11. I know what choices for education my child has after high school.							
12. I know how to help my teen find volunteer or job opportunities in the community.							
13. I am aware of transportation options for my teen (accessible public transportation, adaptive driving, accessible parking permit).							
14. My teen is involved in activities that will help him/her stay strong and flexible.							
15. My teen eats enough to support his/her activity level.							



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16. My teen is developing independence related to their health and wellness.							
Suggested actions to prepare for transition:							
17. My teen has a summary of his/her condition(s), medication(s), and treatment plan in case of an emergency (e.g. MyHealth Passport).							
18. My teen has his/her personal health insurance information (provincial and private coverage).							
19. There is a plan for my teen to have a family doctor he/she will keep seeing as an adult as they will take the lead.							
20. My teen has a person(s) who will help with health management if family is not available.							
21. My teen has been given information on sexual health to meet his/her level of understanding.							
22. I have applied for funding for financial supports before my teen turns 18.							
23. I know about references and resources that can support my teen as they transition to adult and have applied to access these services (e.g. DSO, ODSP).							
24. I understand when/if my teen needs a legal guardian, Power of Attorney (POA), Wills and Trusts, and how to access these services.							
25. I am working with my teen on goals for their future.							
Additional Comments:							

Adapted with permission from

“Setting the TRAC - A Resource for Healthcare Providers” & Alberta Health Services

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