

**TRANSITION READINESS
CHECKLIST FOR PARENTS**

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

	1	2	3	4	5	Comments
1. My teen and I take part in health care discussions that are about him/her						
2. I encourage my teen to personally ask at least one question at each clinic visit						
3. I provide my teen time alone with their health care provider at each visit						
4. My teen and I have discussed how his/her health history will affect the way he/she develops through puberty						
5. I have discussed whether my teen has resources (other than his/her friends) who he/she can get sexual information from						
6. I have discussed with my teen ways to avoid risks to his/herself; like abuse, STD's or unwanted pregnancy and provide the opportunity for ongoing discussion						
7. I have provided my teen with the opportunity to hang out with friends who believe in him/her and are good to him/her						
8. I have provided the opportunity for my teen to be involved in clubs, groups, sports and activities that he/she likes						
9. I have supported and encouraged my teen to continue to work towards something in school and/or work						
10. I have helped my teen set short & long term goals						
11. I have discussed with my teen the risks if he/she uses alcohol, drugs or cigarettes and provide the opportunity for ongoing discussions						
12. I feel comfortable that my teen knows how to properly take their medication						
13. I have discussed with my teen the activities he/she is not to do because they put him/her at risk and have also discussed the activities that he/she can do.						

Additional Comments:

Adapted with permission from B.C. Children's Hospital and the Hospital for Sick Children
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