Transition Readiness Assessment

Children's National Medical Center

School-Based Health Center

Please fill out this form to help the School-Based Health Center see what you already know about your health and how to use health care and the areas that you need to learn more about.

Date: Date of Birth:
Name: Age:
Grade: Sex:

Transition Importance and Confidence ***On a scale of 0 to 10, please circle the number that best describes how you feel right now.***

How important is it to you to change from Roosevelt school health center to an adult doctor after graduation?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

How confident do you feel about your ability to change from Roosevelt's school health center to an adult doctor after graduation?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

My Health ***Please check the box that applies to you right now.***	*Yes, I know this*	*I need to learn*	*I am unsure about*
I know my health/medical needs.	☐	☐	☐
I can explain my health/medical needs to others.	☐	☐	☐
I know when I need to see my doctor for an urgent problem (rash, cold, fever).	☐	☐	☐
I know what to do in case I have a medical emergency (broken bone, trouble breathing).	☐	☐	☐
I know which medicines I need to take and take them without someone telling me.	☐	☐	☐
I know my drug allergies.	☐	☐	☐
I know my food allergies.			
I carry important health information with me every day (such as insurance card, allergies, medications, and emergency contact information).	☐	☐	☐
I understand I can make my own health care decisions at age 18 when legally an adult.	☐	☐	☐
I can express if my health care is not in line with my beliefs	☐	☐	☐
I know at least one other person to help me with my health goals.	☐	☐	☐
Using Health Care			
I know or I can find my doctor's phone number.	☐	☐	☐
I make my own doctor appointments.	☐	☐	☐
I have a way to get to my doctor's office.	☐	☐	☐
I know where to go to get medical care when the doctor's office is closed.	☐	☐	☐
I know how often I should go for a health check-up/physical.	☐	☐	☐
I know how often I should go for a dental check-up.	☐	☐	☐
If it applies to me, I know where to go if I have mental health needs.	☐	☐	☐
I have a place at home where I keep my own medical information.	☐	☐	☐
I know how to fill out medical forms.	☐	☐	☐
I know what a referral is.	☐	☐	☐
I know how to get a referral if I need it.	☐	☐	☐
I know where my pharmacy is and, if applies, how to refill my medicines.	☐	☐	☐
I know what health insurance I have.	☐	☐	☐
I have a plan so I can keep my health insurance after graduation.	☐	☐	☐
My family and I have discussed my ability to make my own health care decisions at age 18.	☐	☐	☐
I have a non-school photo ID card.	☐	☐	☐

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