

Pediatric to Adult Health Care Transition Tool

Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

Personal Care *(related to dressing, eating, bathing, and moving)*

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

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

**The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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How confident do you feel about your ability move to a doctor who cares for adults by age 22*?

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

Please check the box that applies to you right now.

- I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).
- I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.
- Before a doctor's visit, I prepare questions to ask.
- I know to ask the doctor's office for accommodations, if needed.
- I have a way to get to my doctor's office.
- I know the name(s) of my doctor(s).
- I know or I can find my doctor's phone number.
- I know how to make my doctor's appointments.
- I carry my health information with me every day (e.g. insurance card, emergency phone numbers).
- I know my food allergies.

Yes I want to learn No

My Medicines

Please check the box that applies to you right now.

- I know the name of the medicines I take.
- I know the amount of the medicines I take.
- I know when I need to take my medicines.
- I know how to read and follow the direction labels on my medicines.
- I know what to do when I run out of my medicines.
- I know my medicine allergies.

Yes I want to learn No

