How well can your students manage their own health?

- Keep the phone number of their primary care physician in their phone?
- Know where to get medical care when the doctor’s office is closed?
- Can they describe their medical history? Have a copy of their current plan of care?
- Do they know their medications…what they are, what they do, and how they are supposed to take them?
- Do they know what will cause their medical condition to cause problems? When it is unstable? When to ask for help?
- Do they understand their insurance? Have they copied and saved a picture of it in their phone?
- Do they know their allergies to medicines and medicines they should not take?
- Know their pharmacy and how to refill their meds?
- Know about discount programs like GoodRX or prescription co-pay discount cards?

This is your chance to make a difference.

How would your students rate themselves? If less than a 5, they are not engaged.
Go to [www.gottransition.org](http://www.gottransition.org) to print off this assessment and find other resources.

[https://www.gottransition.org/6ce/?leaving-readiness-assessment-youth](https://www.gottransition.org/6ce/?leaving-readiness-assessment-youth)

### THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

#### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

<table>
<thead>
<tr>
<th>Preferred name</th>
<th>Legal name</th>
<th>Date of birth</th>
<th>Today's date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TRANSITION IMPORTANCE & CONFIDENCE
Please circle the number that best describes how you feel now.

The transfer to adult health care usually takes place between the ages of 18 and 22.

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>very</td>
</tr>
</tbody>
</table>

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>very</td>
</tr>
</tbody>
</table>

#### MY HEALTH & HEALTH CARE
Please check the answer that best applies now.

<table>
<thead>
<tr>
<th>NO</th>
<th>I WANT TO LEARN</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- I can explain my health needs to others.
- I know how to ask questions when I do not understand what my doctor says.
- I know my allergies to medicines.
- I know my family medical history.
- I talk to the doctor instead of my parent/caregiver talking for me.
- I see the doctor on my own during an appointment.
- I know when and how to get emergency care.
- I know where to get medical care when the doctor's office is closed.
- I carry important health information with me every day (e.g., insurance card, emergency contact information).
- I know that when I turn 18, I have full privacy in my health care.
- I know at least one other person who will support me with my health needs.
- I know how to find my doctor's phone number.
- I know how to make and cancel my own doctor appointments.
- I have a way to get to my doctor's office.
- I know how to get a summary of my medical information (e.g., online portal).
- I know how to fill out medical forms.
- I know how to get a referral if I need it.
- I know what health insurance I have.
- I know what I need to do to keep my health insurance.
- I talk with my parent/caregiver about the health care transition process.

#### MY MEDICINES
**If you do not take any medicines, please skip this section.**

- I know my own medicines.
- I know when I need to take my medicines without someone telling me.
- I know how to refill my medicines if and when I need to.

#### WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

For intellectual or developmental disability: [https://www.gottransition.org/resource/?tra-iep-english](https://www.gottransition.org/resource/?tra-iep-english)

Go to [www.childrensmercy.org/transition](http://www.childrensmercy.org/transition) for more resources.