

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.

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my learning differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Medicines

Please check the box that applies to you right now.

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

