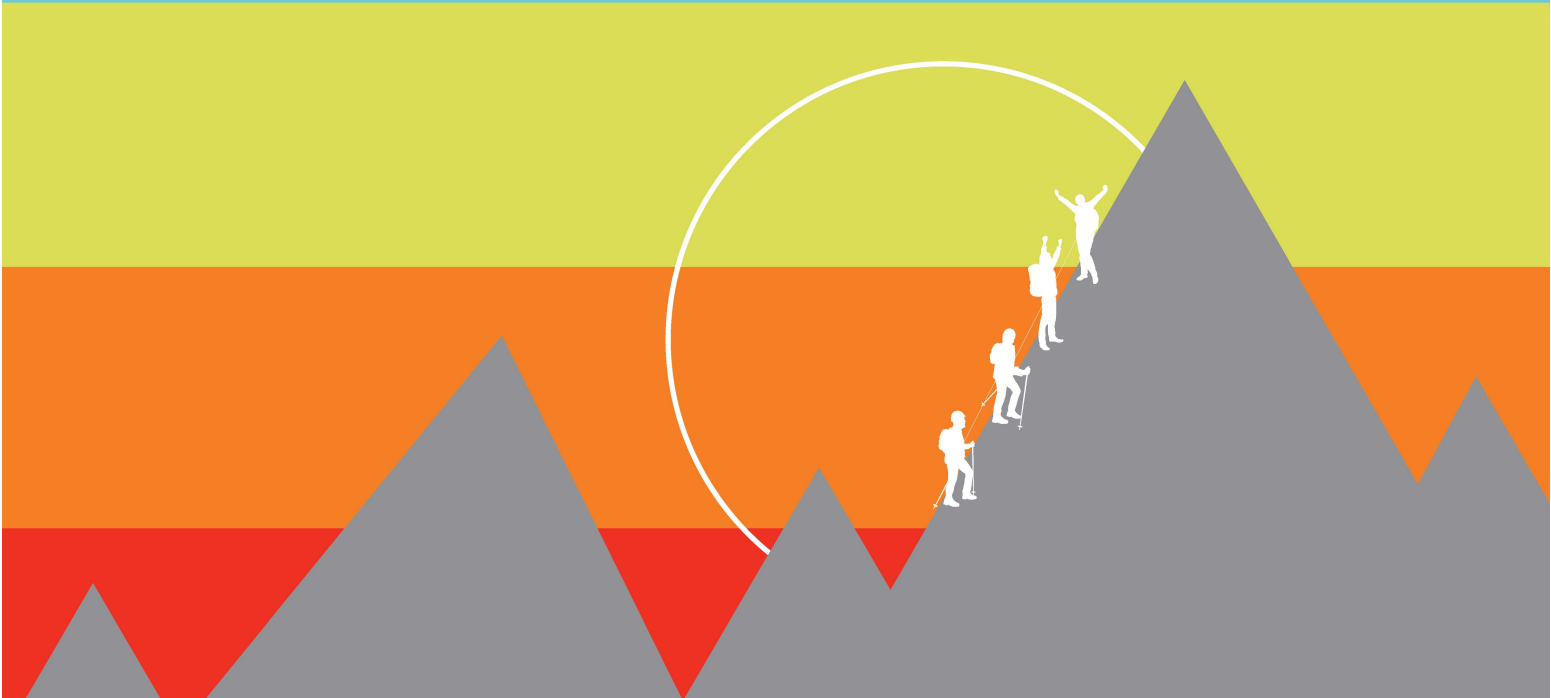


# Youth Transition

## Summit : A View From the Top



**April 17-18 2021**



Department of  
**Health**

FAMILY  VOICES  
of Tennessee

## LET'S GET STARTED!!

### What is transition exactly?

Definition: The process of changing from one thing to another.

Examples:

- 1) Aging from teen to adulthood
- 2) Going from a pediatric to adult health care provider
- 3) Getting your driver's license
- 4) Going from high school to college

Adulthood is not about age but about the transition happening in your life. Think of transitioning to adulthood as preparing yourself to be as independent as possible. It is important to know what supports and resources are needed to help you succeed. The biggest part of adulthood is knowing what you need and making sure those needs are met. Services you get now will change. Your doctor will change. Many things will change, but transition is about handling those changes. This workbook is a guide to help navigate through your transitions.



## Getting Started

### List your Strengths:

- 1) A time I felt really proud of myself was when...
  
- 2) My best friend would describe me as a person who is...
  
- 3) One thing that my teacher, boss, or parents have always liked about me is that I...
  
- 4) One thing that I am interested in is...
  
- 5) One skill that I hope to use in my work is...
  - A \_\_\_\_\_ is your ability to do something well.
    - a) Skill
    - b) Goal
    - c) Condition

<b>I CAN DO THIS</b>	<b>I NEED TO WORK ON THIS</b>	<b>I NEED HELP WITH THIS</b>	<b>Checklist: Your self-advocacy skills.</b>
			<b>Talking about my disability or issues.</b>
			<b>Knowing what my strengths are.</b>
			<b>Setting goals for myself.</b>
			<b>Working with others.</b>
			<b>Sharing my ideas with others.</b>
			<b>Knowing what I need to complete a task.</b>
			<b>Knowing who I can trust to ask for help.</b>
			<b>Speaking up politely when I disagree with something.</b>
			<b>Asking questions when I do not understand something.</b>
			<b>Taking part in my IEP and transition planning meetings.</b>
			<b>Knowing when I need to go to the doctor.</b>
			<b>Talking to my doctor about my healthcare.</b>

## What is most important to you?

Rank in order (1, 2, 3, etc.) the areas you want to work on now for your future:

\_\_\_\_\_ Job/ Career

\_\_\_\_\_ Housing

\_\_\_\_\_ Social/Free time

\_\_\_\_\_ Finances

\_\_\_\_\_ Education (high school/ college program)

\_\_\_\_\_ Transportation

\_\_\_\_\_ Support System

\_\_\_\_\_ Other: \_\_\_\_\_

**A \_\_\_\_\_ means 1-4 years.**

Identify one long-term goal for the area that you chose. For example, in the area of "social" my long-term goal before I graduate is to make two new friends that I share common interests with and do not "hang out" with now.  
Long-Term Goal (1-4 years or more)

---

---

---

**A \_\_\_\_\_ means less than 3 months.**

Identify two short-term goals related to your long-term goal.  
For example, a possible short-term for meeting new friends could be "in the next three months I will introduce myself to three new students."

Short-Term Goal

---

---

---

Short-Term Goal

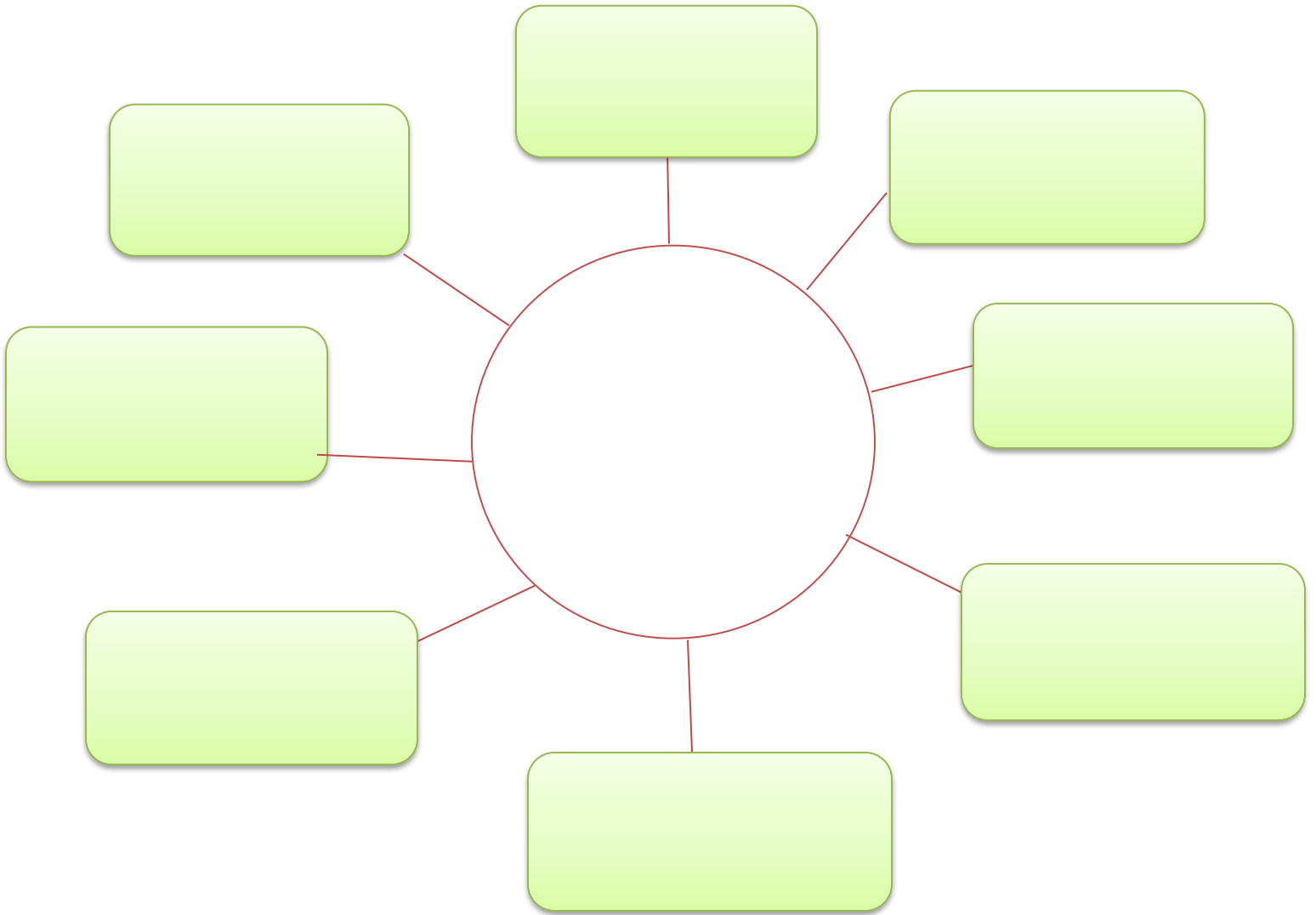
---

---

---

## My Support System

The way in which two or more ideas, objects, or people are connect is called a - \_\_\_\_\_.



Examples of people or places that you may want to add to your support system:

\*Parents

\*Close Friends

\*Place of Worship

\*Crises Hotline

\*Siblings

\*Teacher

\*Counselor

\*Youth line

\*Family Members

\*Dating Partner

\*Youth Center

\*Health Clinic

\*Co-worker

\*School

\*Other: \_\_\_\_\_

\*Other: \_\_\_\_\_

## Types of Social Relationships

### Answer Choices:

**Romantic   Acquaintances   Friendship   Family**

- \_\_\_\_\_ is the type of relationship that includes siblings, parents, or other relatives like cousins, aunts, uncles, and grandparents.
- \_\_\_\_\_ is the type of relationship made up of people who we are not related to, but people we choose to interact with. These are people that we trust, respect, and care about.
- \_\_\_\_\_ are people you may see often but are not friends or family. The person may be a neighbor or a classmate that you say hello to if you are passing by.
- \_\_\_\_\_ is the type of relationship where you really like the person or may use the term 'in love.'

My teacher provides:

\_\_\_\_\_

\_\_\_\_\_

My family provides:

\_\_\_\_\_

\_\_\_\_\_

My friends provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Online Safety Quiz

- 1) \_\_\_\_\_ is the state of being free from public attention.
  - a) Transition
  - b) Privacy
  - c) Condition
  
- 2) When you post a photo online, it can stay there for:
  - a) 6 months
  - b) 1 year
  - c) Until you take it down
  - d) Possibly forever- other people could have copied it.
  
- 3) When you use social media (Facebook, Twitter, Snap Chat), they will protect your privacy.
  - a) True
  - b) False
  
- 4) It is okay to share your name, age, location, and address with everyone on social media.
  - a) True
  - b) False
  
- 5) It is okay to share your password and usernames with your best friends.
  - a) True
  - b) False
  
- 6) You are being bullied online through social media, what should you do?
  - a) Launch a nuclear war against the enemy.
  - b) Destroy all your phones, computers, and tablets.
  - c) Get help from your parents or other trusted adult.
  
- 7) It is okay to enter private chat rooms with people you do not know.
  - a) True
  - b) False



## Healthcare: YOU are in charge

It is up to you and your family to choose who will participate in your care and decision-making process. The purpose of your doctor is to help you stay safe and healthy.

### The most important ideas behind Person and Family Centered Care are:

- **Dignity and Respect-** Health care providers listen and honor the patient's choices about their healthcare.
- **Patient and Family Knowledge-** Healthcare providers understand values, beliefs, and cultural background of the patient.
- **Participation-** Health care providers encourage full participation in your health care process.
- **Collaboration-** Healthcare providers, patients, and families work together to determine the best options for care.

### Question:

Think of a time where you did not feel like you were in control of your healthcare. How did that make you feel?

---

---

What are things that you would have wanted to see done differently in that situation?

---

---

### Notes:

## Cheat Sheet: Allergies and Emergencies

I am allergic to:

---



---

This is how I may react:

---



---

Reactions	Yes	No
My eyes will water.		
I will sneeze		
My behavior will change.		
I will break out into a rash.		
I will have swelling.		
I will have a hard time breathing.		

If I have an allergic reaction, you can help me by:

---



---

### Tip:

- It's important that you share this with your friends and coworkers and tell them what to do if that happens.

### Circle One

I carry an EpiPen	Yes	No
I carry an Inhaler	Yes	No
I wear a Medical Alert Bracelet	Yes	No

### Do you have an In Case of Emergency (ICE) Person?

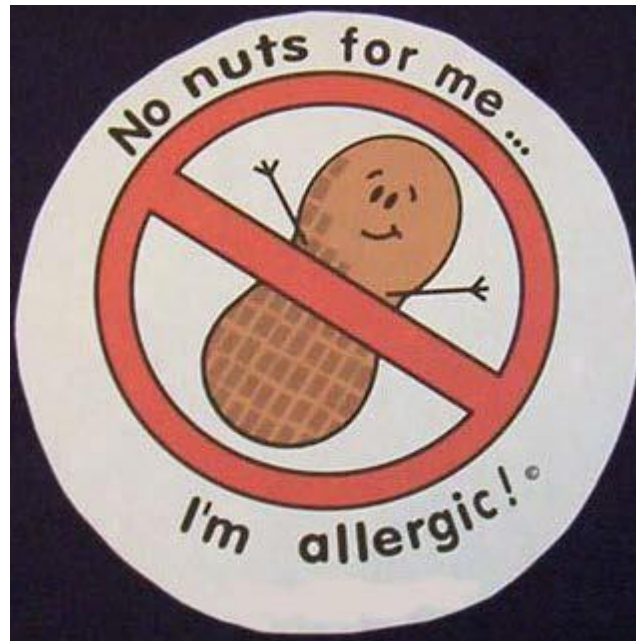
If you carry a cellphone, choose the contacts you would want to be called in case you have an emergency. Next to their phone number, put the letters "ICE" and rescue workers or medical personnel will know who to call.

### **Do you have a Food Allergy?**

Tell your friends and coworkers about your food allergies. Don't give in and try a food that might make you sick. Suggest restaurants that are less likely to serve food that you are allergic to (for example if you are allergic to shellfish, stay away from seafood restaurants). Tell food servers about your food allergy. Explain the medical need to avoid the food. Ask for a list of ingredients before placing your order.

### **Tips:**

- Choose simple items from the menu that do not have sauces and spices
- Test the food before eating it: look at the food, smell it, and take small bites first.



<b>Checklist: Your Health Care</b>	<b>Yes</b>	<b>Someone Else Does This</b>	<b>I Need to Learn This</b>
I understand my healthcare needs and can explain them to others.			
I can explain to others how my customs or beliefs might affect my health care decisions.			
I call for my own doctor appointments.			
I prepare questions for my doctor before the appointment.			
I call in my own prescriptions.			
I know when I need to refill my prescriptions.			
I know my symptoms that need quick medical attention.			
I know where my medical records are.			
I help monitor my medical equipment so that it is working well.			
I carry my health insurance card every day.			
I have a plan for health insurance when I become an adult.			
I know how to find a doctor for adults.			

## Emergency Plan

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

<b>Parent/Caregiver:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Parent/Caregiver:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone:</b>

<b>Diagnosis:</b>
<b>Allergies or Dietary Restrictions:</b>
<b>Relevant Health History:</b>
<b>Medical Records are on File at:</b>
<b>Phone:</b>
<b>Fax:</b>

Medications	Dose	Time

## Hospital Information:

<b>Preferred Hospital:</b>  <b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Doctor to call in an emergency:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Primary Care Doctor:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Specialist:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Specialist:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Vision:</b>  <b>Dental:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Preferred Pharmacy:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Insurance Provider:</b>	<b>ID#</b>	<b>Phone:</b>

<b>Additional Health Information:</b>
<b>Medical Equipment:</b>
<b>Important Things to Know About Me:</b>
<b>Things to Calm Me Down:</b>

# Let's Talk



- 1) **What does the term “mental health” mean?**
  - a) A change in your doctor
  - b) A combination of colors and shapes
  - c) A person’s condition focusing on emotional or mental well-being
  
- 2) **There are NEVER any warning signs with Mental Health**
  - a) True
  - b) False
  
- 3) **Warning signs of Mental Health issues include:**
  - a) Poor school performance
  - b) Anxiety
  - c) Poor sleep patterns
  - d) All of the above
  
- 4) **Who can you ask for help if you feel that you have mental health issues?**
  - a) Teacher
  - b) Parent
  - c) Dog
  - d) Both A and B
  
- 5) **There are several treatment options to help you with mental health concerns.**
  - a) True
  - b) False
  
- 6) **If you are not feeling your best, you should keep it to yourself.**
  - a) True
  - b) False
  
- 7) **You can learn more about mental health from the following agencies:**
  - a) Mental Health and Substance Abuse Services
  - b) TN Disability Pathfinder
  - c) Centerstone
  - d) All of the above

## LEGAL TRANSITION GUIDE



- 1) A series of relationships and agreements used to help a person with a disability talk to others about decisions in their life.
  - A) Conservatorship
  - B) Supported Decision Making
  - C) Power of Attorney
  
- 2) The permission from **YOU** for another person to handle all legal, medical, or financial situations for you.
  - A) Power of Attorney
  - B) Conservatorship
  - C) Supported Decision Making
  
- 3) An appointment from the **COURT** to give legal responsibility over an adult. They can handle medical, financial, and mental health needs for the adult.
  - A) Supported Decision Making
  - B) Power of Attorney
  - C) Conservatorship

Mark the best response to the questions below:

Question	Conservator	Power of Attorney	Supported Decision -Making
This method is used to help me tell others about the decisions I want to make for my life.			
If I needed someone to make important decisions <b>FOR ME</b> , the courts will appoint this person.			
If I feel that no one is listening to the choices I want for my future, I can ask for resources about this....			
If I wanted someone to <b>HELP ME</b> make important decision in my life, I could have a....			

**ADDITIONAL NOTES:**



## Financial Planning

A \_\_\_\_\_ account is used for daily costs and writing checks.

A \_\_\_\_\_ account is used to put money away that you are not ready to use.

➤ I know how to open a bank account.

1 2 3 4 5

➤ I know what a credit card is.

1 2 3 4 5

➤ I know how to use online banking.

1 2 3 4 5

➤ I know how to write a check.

1 2 3 4 5

➤ I know how to save money.

1 2 3 4 5

➤ I know how to find a bank.

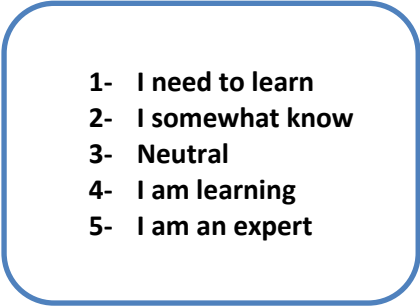
1 2 3 4 5

➤ I know what an emergency fund is.

1 2 3 4 5

➤ I know how to budget when I shop for things.

1 2 3 4 5

- 
- 1- I need to learn
  - 2- I somewhat know
  - 3- Neutral
  - 4- I am learning
  - 5- I am an expert

Notes:

## Employment Transition Guide

Job Search Plan:	Yes	No
I know how to search for a job online or in person.		
I know how to properly fill out an application for a job.		
I know the correct way to dress for an interview.		
I have a resume or know how to create one.		
I have a cover letter or know how to create one.		



**List 3 jobs that you are interested in either now or in the future:**

<b>Job #1</b>	<b>Job #2</b>	<b>Job #3</b>
---------------	---------------	---------------

**What should you wear to a job interview?**

Males:

---

Females:

---

**List 2 Personal References: (friends, family)**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**List 2 Professional References: (mentor, teacher, coach)**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Independent Living Checklist

### How will you get to work or school after high school?

<input type="checkbox"/>	My own car	<input type="checkbox"/>	Car Pool
<input type="checkbox"/>	Family Car	<input type="checkbox"/>	Public Transportation
<input type="checkbox"/>	Parent/Guardian will drive you	<input type="checkbox"/>	Pay others for transportation

### Check Mark what you would like to do after high school.

<input type="checkbox"/>	College, 4 year	<input type="checkbox"/>	Military Service
<input type="checkbox"/>	College, 2 year	<input type="checkbox"/>	Supported Employment (Job Coach)
<input type="checkbox"/>	Career	<input type="checkbox"/>	Day Program
<input type="checkbox"/>	Adult Education Classes	<input type="checkbox"/>	Other:

### Check the items that you currently have.

<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>	Checking or Savings Account
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	State of Georgia ID	<input type="checkbox"/>	Auto Insurance
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Green Card (Immigration Papers)

### Where do you want to live after you graduate high school or college?

<input type="checkbox"/>	My own apartment	<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	Dorm	<input type="checkbox"/>	With Roommates
<input type="checkbox"/>	Continue living with family	<input type="checkbox"/>	RV
<input type="checkbox"/>	Supported Living	<input type="checkbox"/>	Other:

### What are Services that you would like more information about?

<input type="checkbox"/>	In-School Job Placement	<input type="checkbox"/>	Career Education
<input type="checkbox"/>	Community Work Experiences	<input type="checkbox"/>	Vocational Rehabilitation
<input type="checkbox"/>	Summer Jobs	<input type="checkbox"/>	College Entrance Exams (SAT, ACT)
<input type="checkbox"/>	Job Shadowing	<input type="checkbox"/>	Counseling Services
<input type="checkbox"/>	Time Management	<input type="checkbox"/>	First Aid Training
<input type="checkbox"/>	Interviewing/ Job Skills	<input type="checkbox"/>	Self- Advocacy Training
<input type="checkbox"/>	Speech Services	<input type="checkbox"/>	Community Activities
<input type="checkbox"/>	Study Skills	<input type="checkbox"/>	Managing Healthcare
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Insurance and Benefits
<input type="checkbox"/>	Goal Setting	<input type="checkbox"/>	Money Management

**What are your hobbies?**

Arts and Crafts	Hunting	Hanging out with friends
Collecting Items	Watching T.V	Bowling
Music	Shopping	Swimming
Video Games	Skating	Other:
Computer Programs	Cooking	Other:
Bicycling	Reading	Other:
Fishing	Exercise	Other:

**What will help you be successful after you graduate from high school?**

---



---



---

**What will help you be successful after you graduate from college?**

---



---



---

**What does a successful future look like for you?**

---



---



---



## Education Transition Plan

**Current School:** \_\_\_\_\_

**Current Grade Level:** \_\_\_\_\_

**Credits to Graduate:** \_\_\_\_\_

Education Checklist:	Yes	No	I Need Help	N/A
I have an IEP/504 Plan.				
I have a copy of my IEP/504 Plan.				
I know how to advocate for myself during my IEP meetings.				
I know what an ACT/SAT is and how to prepare for it.				
I know which colleges I am interested in.				
I know what Federal Student Aid is.				
I know how to apply for scholarships for college.				
I know how to apply for college.				

### 4- Year College/ University

- Bachelor’s degree granting program with or without registration with the office of disability services
- Bachelor’s degree granting program through a specialized program for students with disabilities
- Non-degree granting, certificate program for students with ID included within all components of a 4-year college/ university
- Non-degree granting, certificate program located at 4-year college/ university

### 2- Year College

- Earn an associate degree or certificate.
- Associate degrees with or without registration with the office of disability services.
- Associate degree through the specialized program for students with disabilities.
- Non-degree granting, certificate program located at 2-year college/ community college

### Other Post-Secondary Options

- Non-degree or certification program for students with disabilities located in the setting of a 2- or 4-year college/ university
- Vocational or technical programs/schools
- Adult education and continuing education programs
- Life skills programs in higher education settings
- Employer-provided job-training programs
- Pre-apprenticeship programs (e.g., Job Corps)