



PARENT TRANSITION WORKSHEET

CMS Enrollee's Name: _____

Age and DOB: _____

Parent Name: _____

Date Reviewed: _____

MEDICAL

I understand my child's medical condition Yes No

My child:

- | | |
|--|---|
| <input type="checkbox"/> Makes medical appointments | <input type="checkbox"/> Has adult primary care & specialty doctors |
| <input type="checkbox"/> Consents/Assents to medical care | <input type="checkbox"/> Can describe his/her medical condition |
| <input type="checkbox"/> Performs his/her medical care/daily treatments | <input type="checkbox"/> Talks to doctors alone |
| <input type="checkbox"/> Understands about insurance/Medicaid/KidCare coverage | <input type="checkbox"/> Refills medications/supplies |

INDEPENDENT LIVING

As an adult, my child will live with:

- Self with no supports/assistance
 Self with supports/assistance
 Friends
 Parents
 Group home
 Other (specify): _____

My child will be able to:

- Care for his/her own personal needs
 Care for his/her own personal needs with help
 Unable to provide self care, can direct others
 Requires total personal care assistance

My child's transportation will be provided by (check all that apply):

- Self
 Family
 Public transportation (bus or taxi)
 Medicaid transportation
 Other (specify): _____

My child will need transportation for (check all that apply):

- Medical appointments
 Shopping
 School
 Work
 Recreation

EDUCATION

I know my child's interests, skills, and strengths in school Yes No

I know my child's educational goals on the transition plan Yes No

I understand my child's education rights (under IDEA, Section 504, ADA) Yes No

I understand that my child participates in their IEP meetings by age 14 or sooner Yes No

I am happy with the services that my child receives from school Yes No

FINANCIAL

My child can manage by himself/herself (check all that apply): A budget Checking account
 Paying bills Financial decisions Savings account

My child can manage with assistance (check all that apply): A budget Checking account
 Paying bills Financial decisions Savings account

If my child needs some or total assistance with any of these in the future, they will be helped by:
 Family member Other (please specify) _____

EMPLOYMENT/VOCATIONAL TRAINING

I know my child's interests, skills and strengths for employment and a career

My child has prepared/is preparing for work by (check all that apply):

Household chores Work/study program Volunteering Part-time or summer job
 Job shadowing Other (please specify) _____

After high school, my child will enter:

Post-secondary school (specify community college, university, or college) _____
 Vocational training program (please specify): _____
 Other continuing education (please specify): _____
 Supported employment – Full time Part time
 Full time employment without supports Part time employment without supports
 Apprenticeship program Sheltered workshop

My child has spoken with the following people about employment and vocational training:

School guidance counselor Vocational Rehabilitation Waiver support coordinator
 Other (please specify agency or organization): _____

SOCIAL/RECREATION

My child belongs to (check all that apply): Scouts Sports team School club/activity
 Church organization Other (specify) _____

My child spends time with friends (outside of school or work): Yes No

I would like my child to have more opportunities for social events and recreation: Yes No

My child knows how to speak to and behave with a (check all that apply): Teachers Employer Co-workers
 Store clerks Healthcare providers Police/Fire fighters Friends
 Peers Adults they know Strangers

TRANSITION INFORMATION STILL NEEDED

Insurance Adult healthcare SSI Medicaid/Waivers School Employment
 Independent Living IDEA, Section 504, ADA rights and responsibilities Transportation
 Vocational Rehabilitation Social/Recreation Other: _____