

WELL ON YOUR WAY

Youth in Transition Program

Transition Readiness Checklist for Parents

To be completed by parents of youth who are working towards independence.

Your child is growing up and will be moving to adult care at 18. Are you and your child well on your way to being ready for this change? This checklist can help you identify areas where you could be better prepared and your child more independent.

Go through the questions answering what fits best for you. If there is an area you would like to work on, put a ✓ in the box to the left. Click the links within that area for information about where to start. You can use [My Plan](#) to keep track of your goals.

✓	Self-Advocacy	Yes	In Progress	N/A
	My child asks healthcare providers questions about his/her health at each visit – Talking to Your Healthcare Team ; Questions to Ask Your Doctor			
	My child is comfortable meeting with healthcare providers on his/her own – Talking to Your Healthcare Team ; Questions to Ask Your Doctor			
	My child knows what patient confidentiality means – Health Information Privacy [in BC]			
	My child understands the risks & benefits of healthcare treatments before consenting to them – Making Your Own Decisions ; Shared Decision Making			
	My child carries a copy of his/her Alberta Health Care card			
	My child knows what kind of health insurance he/she has, carries his/her own insurance card and knows how it could change as he/she becomes an adult – Health Insurance			
	My child knows what his/her rights and responsibilities are as an employee			
	My child knows what his/her rights and responsibilities are as a student			
	My child knows how to ask for what he/she needs – Speak Up!			

Comments:

✓	Health Management	Yes	In Progress	N/A
	My child has a family doctor he/she likes and sees yearly for physical examinations – Finding a Family Doctor			
	My child can describe his/her health condition and explain his/her medical history (or carries a summary) – Understanding Your Medical Condition ; Talking to Your Healthcare Team ; 3 sentence health summary			
	My child understands the long-term effects of his/her medical condition – Understanding Your Medical Condition			
	My child knows who to contact and/or what to do if his/her symptoms get worse – Understanding Your Medical Condition ; An Emergency Plan ; Health Link			
	My child wears a medic alert if recommended by his/her health care provider			
	My child knows the names and dosages of his/her medications or carries a summary– Managing Medications ; Know Your Medications			
	My child knows what each of his/her medications and/or treatments are for – New Medicines: Questions to Ask the Doctor ; Managing Medications			
	My child knows the side effects of the medications he/she takes – Take a Medication Quiz			
	My child prepares and/or takes his/her own medications and/or treatments – Becoming An Adult: Taking Responsibility for Your Medical Care			
	My child knows how to fill his/her own prescriptions – How to Fill a Prescription ; Managing Medications			
	My child knows how to get specialized equipment and supplies that he/she needs – Alberta Aids to Daily Living			
	My child knows how to maintain his/her equipment			
	My child keeps track of his/her health care visits, treatment plan, and medications – Keeping Track of Your Health Information ; Just TRAC It			
	My child knows how to get his/her medical records – Keeping Track of Your Health Information			
	My child can make and get to clinic appointments on his/her own – Becoming An Adult: Taking Responsibility for Medical Care ; Getting Around Town			
	My child knows what medical tests he/she needs and the reasons for them – Understanding Your Medical Condition			
	My child knows who his/her adult care providers will be, how often to see them and for what – Moving to Adult Care ; Pediatric Transfer Plan			
	My child knows how to be prepared for a natural disaster – AHS Disaster Resources			

Comments:

✓	Becoming Independent	Yes	In Progress	N/A
	My child knows how his/her health condition could impact his/her work or career choices – Understanding Your Medical Condition			
	My child thinks about what he/she would like to do after high school and has ideas for school and/or work – Going to School ; Finding a Job ; ALIS			
	My child is setting and working on goals for the future – ALIS: Set Smart Goals			
	My child knows about resources for financial support, if unable to support him or herself financially – Applying for Funding ; AB Income Support			
	My child knows how to budget and manage his/her money – Managing Your Money			
	My child knows about funding options for college/university (For example: scholarships and bursaries) – ALIS ; Going to School			
	My child knows why and how to register for accessibility and support services at post-secondary school – Going to School			
	My child knows what he/she needs to do to take care of his/her health if going away to school or moving away from home – Getting Ready ; Moving Out			
	My child knows what resources and supports are needed to move out on his/her own – Home Care ; Home Care: Self-Managed Care ; Moving Out			
	My child knows what needs to be done to take care of his/her health when traveling – Travelling with a Disability ; Travelling with Diabetes			
	My child is independent with transportation – Getting Around Town			
Comments:				

✓	Sexual Health	Yes	In Progress	N/A
	My child knows how his/her condition might affect his/her sexual health – Sexuality ; Understanding Your Medical Condition ; Sexual Health Questions			
	My child knows how to prevent an unplanned pregnancy and/or sexually transmitted infections (STIs) – Sexuality ; Calgary Sexual Health Centre			
	My child knows whether he/she needs genetic counselling before planning a family – AHS Clinical Genetics Program			
	My child knows how his/her health and medications may affect future pregnancies – Who To Ask About Sex			
Comments:				

✓	Health, Recreation and Social Supports	Yes	In Progress	N/A
	My child has family support to manage his/her health, or people to help if family cannot – Making Your Own Decisions ; A Health Care Advocate			
	My child participates in clubs, groups, sports or activities that he/she likes and will continue to do as an adult – Relationships			
	My child has at least one good friend – Relationships ; You are Not Alone			
	My child talks to family or friend(s) about his/her problems, sad feelings and/or worries – Relationships			
	My child knows who to talk to if he/she is feeling anxious or depressed (For example: friends, family, healthcare provider, counsellor or another support person) – Canadian Mental Health Association: Calgary ; Distress Centre ; Depression, Anxiety & Physical Health Problems			
Comments:				

✓	Healthy Lifestyle	Yes	In Progress	N/A
	My child knows how alcohol, drugs and tobacco can affect his/her health condition and interact with medications – Drug Cocktails ; Healthy Habits: Test Your Knowledge (Anxiety BC)			
	My child eats the right amount of healthy food to support his/her level of activity – MyHealth Alberta: Healthy Eating ; Government of Canada: Healthy Eating			
	My child knows how his/her health condition affects his/her physical activities – What Are My Activity Restrictions ; Understanding Your Medical Condition			
	My child is involved in physical activities that will help him/her stay strong & flexible – Design Your Own Exercise Routine ; I'm Bored-There Is Nothing To Do			
Comments:				

✓	Parent/Guardian/Family	Yes	In Progress	N/A
	I negotiate roles and responsibilities with my teen that he or she needs to become a better self-manager – Parents: Are You Ready?			
	I know who can help support me during my child's transition – Connect with Another Family ; Events & Education ; Resources & Links			
Comments:				

Adapted from "AM I ON TRAC" Youth Quiz – BC Children's Hospital ON TRAC Program (ontracbc.ca)