

Now that You're Child is Fifteen (15)

Health		Things I need to know or do	Will someone else have to do this for me?	I will finished by (date)	Done
1. I understand my healthcare needs.	Y N		Y N		
2. I explain my special needs to others.	Y N		Y N		
3. I tell the doctor(s) how I am doing and can answer their questions.	Y N		Y N		
4. I know the name of my doctor(s).	Y N		Y N		
5. I take my medicine with supervision.	Y N		Y N		
6. I know the name(s) of the medicine I take and possible side effects.	Y N		Y N		
7. I know when I am sick.	Y N		Y N		
8. I carry a copy of my insurance card.	Y N		Y N		
9. I carry a summary of my medical information with me.	Y N		Y N		
10. I am learning to schedule my own appointments.	Y N		Y N		

Independent Living		Things I need to know or do	Will someone else have to do this for me?	I will finished by (date)	Done
1. I care for my own personal needs or know how to ask for them.	Y N		Y N		
2. I know my phone number and address.	Y N		Y N		
3. I know how to get help in an emergency, including calling 911.	Y N		Y N		
4. I am responsible for doing my homework.	Y N		Y N		
5. I think about what I want to do when I grow up.	Y N		Y N		
6. I am learning to make choices.	Y N		Y N		
7. I spend time with my friends.	Y N		Y N		
8. I do chores at home.	Y N		Y N		

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