





## IHT PROGRESS INDICATORS FOR TRANSITION

**9. I am confident that my youth/family can continue to make progress towards our goals.**

1      2      3      4      5      6      7      8      9      10  
Not           Little           Moderate           Significant           Completely

**10. I am confident that my family can maintain progress made without IHT involvement.**

1      2      3      4      5      6      7      8      9      10  
Not           Little           Moderate           Significant           Completely

**11. I am confident in my abilities to access supports and resources without IHT.**

1      2      3      4      5      6      7      8      9      10  
Not           Little           Moderate           Significant           Completely

**12. I am confident in being able to maintain my family's support system.**

1      2      3      4      5      6      7      8      9      10  
Not           Little           Moderate           Significant           Completely

Additional Comments for Transition Planning (current needs/concerns, supports/resources needed, etc):