

Transition Indicators for Families

Youth's Name: _____

DOB: _____

Date Completed: _____

<p style="text-align: center;">Able to manage child's challenging behavior</p> <p>What is your child's challenging behavior?</p> <p>_____</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Not sure what to do</td> <td style="width: 33%; text-align: center;">Respond but unable to improve behavior</td> <td style="width: 33%; text-align: center;">Able to prevent or manage behavior</td> </tr> <tr> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2.....</td> <td style="text-align: center;">3.....</td> </tr> <tr> <td style="text-align: center;">4.....</td> <td style="text-align: center;">5.....</td> <td style="text-align: center;">5.....</td> </tr> </table>	Not sure what to do	Respond but unable to improve behavior	Able to prevent or manage behavior	1.....	2.....	3.....	4.....	5.....	5.....												
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4.....	5.....	5.....																				
<p>Talking with Service Providers:</p> <p style="text-align: center;">School: Therapists: Others:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Difficult</td> <td style="width: 33%; text-align: center;">I can with help</td> <td style="width: 33%; text-align: center;">I am able to on my own</td> </tr> <tr> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2.....</td> <td style="text-align: center;">3.....</td> </tr> <tr> <td style="text-align: center;">4.....</td> <td style="text-align: center;">5.....</td> <td style="text-align: center;">5.....</td> </tr> <tr> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2.....</td> <td style="text-align: center;">3.....</td> </tr> <tr> <td style="text-align: center;">4.....</td> <td style="text-align: center;">5.....</td> <td style="text-align: center;">5.....</td> </tr> <tr> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2.....</td> <td style="text-align: center;">3.....</td> </tr> <tr> <td style="text-align: center;">4.....</td> <td style="text-align: center;">5.....</td> <td style="text-align: center;">5.....</td> </tr> </table>	Difficult	I can with help	I am able to on my own	1.....	2.....	3.....	4.....	5.....	5.....	1.....	2.....	3.....	4.....	5.....	5.....	1.....	2.....	3.....	4.....	5.....	5.....
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<p>Able to understand the many "systems" that can assist my child</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Unfamiliar with "systems"</td> <td style="width: 33%; text-align: center;">Use the "systems" with help</td> <td style="width: 33%; text-align: center;">Can use "systems" without help</td> </tr> <tr> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2.....</td> <td style="text-align: center;">3.....</td> </tr> <tr> <td style="text-align: center;">4.....</td> <td style="text-align: center;">5.....</td> <td style="text-align: center;">5.....</td> </tr> </table>	Unfamiliar with "systems"	Use the "systems" with help	Can use "systems" without help	1.....	2.....	3.....	4.....	5.....	5.....												
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<p>Able to identify and access community resources</p>	<p>Depend on others Access some Resources Able to find new resources</p> <p>1.....2.....3.....4.....5</p>
<p>Able to develop or maintain supports through friends and family</p>	<p>No supports Maintain Some Supports Actively Maintain and Develop Supports</p> <p>1.....2.....3.....4.....5</p>
<p>Follow through with plans, tasks, appointments, etc.</p>	<p>When I remember/have time Can follow through with Support Able to follow through independently</p> <p>1.....2.....3.....4.....5</p>
<p>Self Care (Taking a break, time to relax)</p>	<p>No Time Sometimes with Encouragement Good Self Care</p> <p>1.....2.....3.....4.....5</p>
<p>Other</p> <p>Child and family strengths, support/training ideas for Family Partner</p>	

Transition Indicators for Youth

Youth's Name: _____

Date: _____

DOB: _____

<p>Do you participate in any sports, activities, or youth groups in your city/town?</p>	<p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p> <p>Comments:</p>
<p>Do you feel that you have control over your feelings (sadness, anger, frustration)?</p> <p>At Home</p> <p>In School</p>	<p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p> <p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p> <p>Comments:</p>
<p>Do you feel comfortable expressing how you feel?</p> <p>At Home</p> <p>In School</p> <p>With Providers/Others</p>	<p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p> <p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p> <p>Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5</p>

	Comments:
Do you have friends that you hang out with regularly?	Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5 Comments:
Other	Never Rarely Sometimes Often Always 1 ----- 2 ----- 3 ----- 4 ----- 5 Comments:

1. Is there something you would like to learn or discover about yourself?

2. What would you like to see yourself doing in 6 months from now?