Name:	Date Enrolled in Program:
Date of birth:	Date of Annual Assessment:

## **Transitions Checklist: Psychosocial**

		Annual Assessment				Progress (Notes on progress can be placed in margin: Is progress toward goal adequate to achieve goal by target?)			
	Youth can (or has)	Does independently OR knows how to direct others	Does with some help	Doesn't do OR only with lots of help	N/A	If current goal, start date & target date for proficiency	Support to reach goal <sup>1</sup>	If E.S., date(s) goal addressed & initials	Proficiency Date
Getting	into the community								
	Locate the closest public transportation stop to her/his home								
Store	Get a CTA Reduced Fare permit								
Stage	Ride on public transportation with others								
	Pedestrian skills (get around the city, ask								
	directions, etc.)								
	Describe neighborhood stores and services								
	Begun Drivers' Education	YES		NO					
	Gotten a drivers' license and/or state ID	YES		NO					
	Ride on public transportation without parents (is "in charge")								
Stage	Describe appropriate assistive technology tools that can increase community involvement								
2	Go to the Post Office								
	Get a library card	YES		NO					
	Can order, dine and tip in restaurants	120		140					
	Has spectator and audience member skills								
	Identifies acceptable dress for a variety of								
	situations								
Stage 3	Registered to vote	YES		NO					

<sup>&</sup>lt;sup>1</sup> Please indicate which support will work with Participant on this task: T.C., M.D., OT/PT, Speech, Parents, CP, Mentor, or School. If Other, please identify.

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Stage	Get a Social Security card	YES		NO					
3	If male, has registered with Selective Service	YES		NO					
Social 8	& Emotional health								
	Has at least one friend and they do things together at least once a week	YES		NO					
	Spend time doing things with family at least once a week	YES		NO					
	Active in at least one community organization or school activity / sport	YES		NO					
	Report that her/his life "has a purpose"	YES		NO					
	Choose appropriate topics for conversation								
Stage	Describe things s/he is good at								
1	Find someone to talk to when sad, nervous, or upset								
	Show respect for rights & property of others (takes turns, asks permission to use other's things, treats borrowed property with respect)								
	Use appropriate language and manners								
	Describe how they have fun in health- promoting ways (i.e. not things like drinking, smoking)								

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	Avoid engaging in high risk behaviors, including, but not limited to, smoking/chewing, drinking, using illicit substances, unsafe sexual practices, thrill-seeking when driving, riding or driving with someone under the influence of alcohol or drugs, physical fighting, carrying a weapon									
Stage 1	NOT exhibited signs or symptoms of severe anxiety or depression such as: reporting being sad, unhappy, or depressed; declining school grades; lack of interest in school or peer group activities; excessive weight loss or gain; excessive sleep or insomnia; suicidal thoughts, plans, or attempts	YES		NO						
	NOT report or demonstrate symptoms of emotional, physical or sexual abuse, OR has been put in a safe situation and is getting the help needed	YES		NO						
	Ask for help without getting upset Speak confidently and with eye contact when speaking with others									
Stage 2	Demonstrate problem-solving skills  Demonstrate how to advocate for self  Demonstrate ability to manage stress  Describe own plan for the future and is									

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		Outings
	Please list all ou Include date and who (if a	utings and workshops which Participant attended. nyone) joined them (i.e. family member, mentor, friend, etc.)
Date	Event	Other Attendees