Transition Readiness Assessment
for Parents/Caregivers
Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what your child already knows about his or her health and the areas that you think he/she needs to learn more about. After you complete the form, compare your answers with the form your child has completed. Your answers may be different. We will help you work on some steps to increase your child's health care skills.

Date:

Name: Date of Birth:

Transition and Self-Care Importance and Confidence	*On a scale of 0 to 10, please circle the number that best describes how you feel right now.*									
How important is it for your child to manage his or her own health care?										
0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
How confident do you feel about your child's ability to manage his or her own health care?										
0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

My Health	*Please check the box that applies to you right now.*	*Yes, he/she knows this*	*He/she needs to learn*	*Someone needs to do this… Who?*
My child knows his/her medical needs.		☐	☐	☐
My child can explain his/her medical needs to others.		☐	☐	☐
My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.		☐	☐	☐
My child knows what to do in case he/she has a medical emergency.		☐	☐	☐
My child knows his/her own medicines, what they are for, and when he/she needs to take them.		☐	☐	☐
My child knows his/her allergies to medicines and medicines he/she should not take.		☐	☐	☐
My child can explain to others how his/her customs and beliefs affect health care decisions and medical treatment.		☐	☐	☐
Using Health Care				
My child knows or can find his/her doctor's phone number.		☐	☐	☐
My child makes his/her own doctor appointments.		☐	☐	☐
My child knows how to use My Health		☐	☐	☐
Before a visit, my child thinks about questions to ask.		☐	☐	☐
My child has a way to get to his/her doctor's office.		☐	☐	☐
My child knows to show up 15 minutes before the visit to check in.		☐	☐	☐
My child knows where to go to get medical care when the doctor's office is closed.		☐	☐	☐
My child has a file at home for his/her medical information.		☐	☐	☐
My child has a copy of his/her current plan of care.		☐	☐	☐
My child knows how to fill out medical forms.		☐	☐	☐
My child knows how to get referrals to other providers.		☐	☐	☐
My child knows where his/her pharmacy is and how to refill his/her medicines.		☐	☐	☐
My child knows where to get blood work or x-rays if his/her doctor orders them.		☐	☐	☐
My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).		☐	☐	☐
My child knows he/she can see a doctor alone as I wait in the waiting room.		☐	☐	☐
My child understands how health care privacy changes at age 18.		☐	☐	☐
My child has a plan to keep his/her health insurance after ages 18 or older.		☐	☐	☐
My child and I have discussed his/her ability to make his/her own health care decisions at age 18.		☐	☐	☐
My child and I have discussed a plan for supported decision-making, if needed.		☐	☐	☐
My child knows how to make contact with appropriate community organizations		☐	☐	☐
My child has identified a physician to provide adult care		☐	☐	☐