Parent Assessment of Youth's Skills WELL ON YOUR WAY

Youth in Transition Program

To be completed by parents of youth who are working towards independence

Is your teen well on his or her way for managing his or her medical needs into adulthood? This tool may help you think about your teen's strengths and areas where you can work together so he or she can become more independent.

If there is an area you would like to set as a goal put a $\sqrt{}$ in the box to the left. You can then talk to your teen and his or her healthcare team. You can use My Plan to keep track of your goals. For a list of resources that may help you work towards these goals, go to http://fcrc.albertahealthservices.ca/transition.

Self-Advocacy

| My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|----------------------|----------|---------------------------------|-------|-------------------|
| knows/has access to his or her personal health information | | | | | |
| has access to or can describe his or her condition and explain his or her special healthcare in case of emergency | | | | | |
| • knows what his or her health may bring in the future | | | | | |
| • speaks up for him or herself and tells others what he or she needs | | | | | |
| • has a family doctor he or she likes and will keep seeing as an adult | | | | | |
| knows the types of doctors/other healthcare providers he or she will need to see as an adult | | | | | |
| knows he or she has the right to information about his or her health | | | | | |





Self-Advocacy continued....

| Му | / teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|--------|--|----------------------|----------|---------------------------------|-------|-------------------|
| • | has a person who will help him or her with his or her health if family can't | | | | | |
| • | plans how to take care of his/her health needs | | | | | |
| • | takes part in healthcare discussions about him or herself | | | | | |

Health and Social Supports

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|--|----------------------|----------|---------------------------------|-------|-------------------|--|
| My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | |
| • hangs out with friends who believe in him or her and are good to him or her | | | | | | |
| • is involved in clubs, groups, sports, and activities that he or she likes | | | | | | |
| • has friends he or she can talk to | | | | | | |
| knows that he or she has family support in managing his or her condition | | | | | | |
| I understand the need for my teen to have or not to have a legal guardian | | | | | | |
| I understand the need for my teen, as an adult, to have a personal directive | | | | | | |

Healthy Lifestyle

| My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|--|----------------------|----------|---------------------------------|-------|-------------------|
| has talked about using tobacco, alcohol, and drugs with his or her healthcare provider | | | | | |

Sexual Health

| My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|--|----------------------|----------|---------------------------------|-------|-------------------|
| • understands how his or her | | | | | |
| condition will affect the way he | | | | | |
| or she develops through puberty | | | | | |
| has talked about sexuality issues | | | | | |
| with his or her healthcare | | | | | |
| provider | | | | | |
| knows how to get birth control | | | | | |
| and protection from sexually | | | | | |
| transmitted infections (STIs) | | | | | |

Independent Behaviours

| My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|----------------------|----------|---------------------------------|-------|-------------------|
| knows what kind of medical insurance he or she has | | | | | |
| knows the names of his or her medications, what they do, and how to buy them | | | | | |
| prepares/takes his or her own medications or treatments as needed | | | | | |
| keeps records of healthcare visits and medications | | | | | |
| knows how to schedule an appointment | | | | | |
| • can get him or herself to medical appointments | | | | | |
| speaks for him or herself and spends time alone with his or her healthcare provider at each visit | | | | | |
| knows who to call in case of emergency | | | | | |

Parent/Guardian/Family

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|--|----------------------|----------|---------------------------------|-------|-------------------|
| I negotiate roles and responsibilities | | | | | |
| with my teen that he or she needs to | | | | | |
| become a better self-manager | | | | | |
| My teen and I both understand the | | | | | |
| right to confidentiality and the right | | | | | |
| to informed consent | | | | | |
| I know who can help me with | | | | | |
| supports for coping with personal life | | | | | |
| change during my teen's transition | | | | | |
| I'm working with my teen on a plan | | | | | |
| involving/encouraging him or her at | | | | | |
| skill level | | | | | |

Education, Vocation, and Financial Planning

| 1 | My teen: | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|----------------------|----------|---------------------------------|-------|-------------------|
| | is working towards goals in school and/or work | | | | | |