



## Transition Readiness Changing Roles for Families

Compare your answers with your child. You might be surprised what they know or what they want to learn. Work on a plan to increase their health care skills. Share with the medical team the skills that you and your child are working on. It takes time and practice to learn and demonstrate these skills. Best time to start, is today!

<b>Health &amp; Wellness 101</b> <b>The Basic Skills</b>	<b>Yes</b> <b>I do</b> <b>this</b>	<b>I want</b> <b>to do</b> <b>this</b>	<b>I need</b> <b>to learn</b> <b>how</b>	<b>Someone</b> <b>else will</b> <b>have to</b> <b>do this-</b> <b>Who?</b>
<b>KNOWLEDGE OF HEALTH ISSUES/DIAGNOSIS</b>				
1. My child understands his/her health care needs, and disability and can explain these needs to others.				
2. My child can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.				
3. My child knows his/her health and wellness baseline (pulse, respiration rate, elimination habits)				
4. My child knows health symptoms that need quick medical attention.				
5. My child knows what to do in case he/she have a medical emergency				
<b>BEING PREPARED</b>				
6. My child carries his/her health insurance card everyday				
7. My child carries his/her important health information with me every day (i.e.: medical summary, including medical diagnosis, list of medications, allergy info., doctor's numbers, drug store number, etc.)				
<b>TAKING CHARGE</b>				
8. My child calls for his/her own doctor appointments.				
9. My child knows he/she has an option to see the doctor by them self.				
10. Before a doctor's appointment my child prepares written questions to ask.				
11. My child racks his/her own appointments & prescription refills expiration dates.				
12. My child calls in his/her own prescriptions refills.				
13. My child has a part in filing medical records and receipts at home.				
14. My child pays for the co-pays for medical visits.				
15. My child co-signs the "permission for medical treatment" form (with or without signature stamp) or can direct others to do so).				
16. My child helps monitor his/her medical equipment so it's in good working condition (daily and routine maintenance).				
<b>AFTER AGE 18</b>				
17. My child and our family have a plan so he/she can keep my healthcare insurance after turning 18 and 26.				
18. My child will be prepared to sign his/her own medical forms (HIPAA, permission for treatment, release of records)				
19. My child and our family have discussed and plan to develop a legal Power of Attorney for health care decisions in the event health changes and he/she is unable to make decisions for them self. (Everyone in the family should have one!)				

You are welcome to use Changing Roles "as is" or adapt it to your setting or needs. Revised in 2011 by Patti Hackett, MEd. This tool was adapted from the federally funded, HRSA/MCHB HRTW Tool - Changing Roles, developed by Patti Hackett, Ceci Shapland & Mallory Cyr, 2006, 2009.