



TRANSITION READINESS CHECKLIST FOR THE CAREGIVER

Please complete the following checklist. This tool is designed to assist you in preparing your child for the transition to adulthood. This can help you identify your child’s strengths as well as areas where you can work together so he/she can become more independent.

Name of patient: _____ Name of institution: _____

Child’s age: _____ Health condition: _____

Child’s gender: _____ Name of family doctor: _____
(if applicable)

	For each statement, please select the response that best suits you.	No, my child does not know this	No, but my child is learning to do this	Yes, my child has started doing this	Yes, my child always do this	Does not apply to my child
1	My child has an understanding of his or her health condition and how it is being managed (type of seizures, when a seizure is a medical emergency, first aid, treatment etc.)					
2	My child can describe his or her health condition to others (physician/emergency personnel, school, employer etc.)					
3	My child takes part in healthcare discussions about him or herself					
4	My child organizes and keeps track of his/her own health information (appointments, medications, seizures test results)					
5	My child knows how to get him/herself to health-care appointments					
6	My child talks to health care providers about how his/her health condition is affecting his/her life					
7	My child has a plan in place for when he/she feels stressed, depressed or anxious					
8	My child knows what his/her health condition can bring in the future (e.g. prognosis, marriage, children)					
9	My child knows about his/her medical insurance. If on my plan currently, there is a plan for coverage when my health insurance runs out					
10	My child speaks for him/herself and spends some time alone with health care provider at each visit (where necessary)					



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11	My child talks to health care providers about how his/her condition is affected by tobacco, alcohol and other drugs					
12	My child talks to health care providers about sexual and reproductive health issues (contraception, Sexually Transmitted Infections, consent)					
13	My child has a network of friends, family or other community supports that can support him/her in times of stress					
14	My child is aware of careers that may not be suitable for a person living with epilepsy					
15	My child is aware of the regulations around driving and epilepsy					
16	My child is aware of his/her human rights as a person living with a disability (school, community, employment etc.)					
	For each statement, please select the response that best suits you. As a parent:	I know about this	I know some of this	I know most of this	I know all about this	Does not apply
1	I understand my child's right to confidentiality and the right to informed consent					
2	I am aware of community resources that can assist me with the transition process					
3	I am working with my child on a transition plan					
4	I have a plan for the future housing needs of my child					
5	I have knowledge of disability supports for my child					
6	I have knowledge of funding sources for my child's needs					
7	I have knowledge of information relating to estate planning					
8	I have confidence in teaching my child self-advocacy skills					
9	I speak with my child about career life planning and how his/her health condition can impact this					