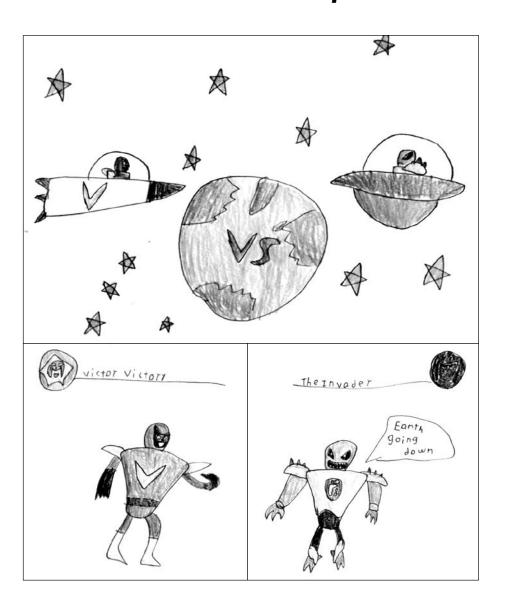
Planning for Adulthood

a transition workbook for **students with special needs**





Transition Workbook Index

Worksheet 1	Establishing My Team	page 2
Worksheet 2	Your Profile - Table 1 Characteristics and Qualities - Table 2 Services and Supports	page 3
Worksheet 3	Your Family Profile	page 6
Worksheet 4	Circle of Support - Instructions - Worksheet	page 7
Worksheet 5	Mapping My Dreams - Instructions - Worksheet	page 9
Worksheet 6	Functional Inventory	page 11
Worksheet 7	Present Level of Functioning	page 17
Worksheet 8	Service Providers and Equipment	page 18
Worksheet 9	Setting Your Goals	page 20
Worksheet 10	Your Progress	page 23
Worksheet 11	Task Checklist	page 25
Worksheet 12	Transition Planning Checklist	page 28
Worksheet 13	Holding a Leaving High School Meeting	page 29

Contents of this workbook were adapted from: Your Future, Your Plan (Surrey School District), A Transition Planning and Resource Guide (Delta School District), and Your Future Now (Ministry of Children and Family Development)

Establishing My Team

TEAM MEMBERS	NAME, PHONE NUMBER / EMAIL	RELATED INFORMATION
YOUR NAME	Tel: Email:	
TRANSITION COORDINATOR	Tel: Email:	
FAMILY MEMBER	Tel: Email:	
SCHOOL PERSONNEL	Tel: Email:	
MY TEACHER	Tel: Email:	
SOCIAL WORKER / CLBC FACILITATOR	Tel: Email:	
SERVICE PROVIDER	Tel: Email:	
COMMUNITY MEMBER	Tel: Email:	
FRIEND	Tel: Email:	

Your Profile

Your Profile describes who you are, including your interests, abilities, likes, dislikes, achievements and needs. You can use this worksheet to make notes about yourself. Table 1 asks you to describe your personal characteristics and Table 2 asks you to list the services and supports you need now and in the future.

TABLE 1 - CHARACTERISTICS AND QUALITIES

List as many points as you can think of in the boxes on the right. You can develop your profile on your own, but it is helpful to also ask a family member these questions to find out how they see you.

QUESTIONS	MY CHARACTERISTICS AND QUALITIES
What are my strengths?	
What are my interests?	
What are the things I like to do?	



TABLE 1 - Continued

QUESTIONS	MY CHARACTERISTICS AND QUALITIES
What are the things I do not like?	
How do I communicate with people? (Example: quiet, talkative, use a communication device?)	
What special accomplishments am I proud of?	
Do I have any special considerations? (Include anything not covered by the above topics.)	
What are some words that describe myself? (Example: outgoing, positive, picky, good reader, shy, funny, patient, etc.)	

TABLE 2 - SERVICES AND SUPPORTS

On this table, list the supports you use now and those that you will need in the future.

QUESTIONS	SERVICES AND SUPPORTS
What services and/or supports do I currently use?	
What services and supports do I anticipate needing when I leave high school?	

Your Family Profile

Parent(s) or guardian(s) may choose to use this worksheet to identify the services and supports they will need as their son or daughter transitions to adulthood.

SERVICES, SUPPORTS AND ACTIVITIES

QUESTIONS	SERVICES AND SUPPORTS
What services and supports does our family currently use?	
What services and supports does our family anticipate needing when our son or daughter leaves high school?	
What activities can I provide that will help my son/daughter prepare for adult life?	
Special considerations (Include anything not covered by the above topics.)	

Circle of Support

The Circle of Support exercise is a social scan. It will give you a snapshot of who is in your life, and show you which circles need work to create a healthy balance in your life.

A recommended approach...

- Put yourself in the centre.
- Then fill the circles by working from the outside and moving in.
- For some, four concentric circle drawn on large paper and working on upon the wall is preferable. (Transfer to the small format in the guide later.)
- Note that individuals may be listed in multiple circles.

THE CIRCLES

Circle 1: The Circle of Intimacy

List the people most intimate in your life – those who you cannot imagine living without.

Circle 2: The Circle of Friendship

List good friends – those who almost made the first circle.

Circle 3: The Circle of Participation

List people, organizations, networks you are involved with. (Work colleagues, choir, clubs, teams, etc.)

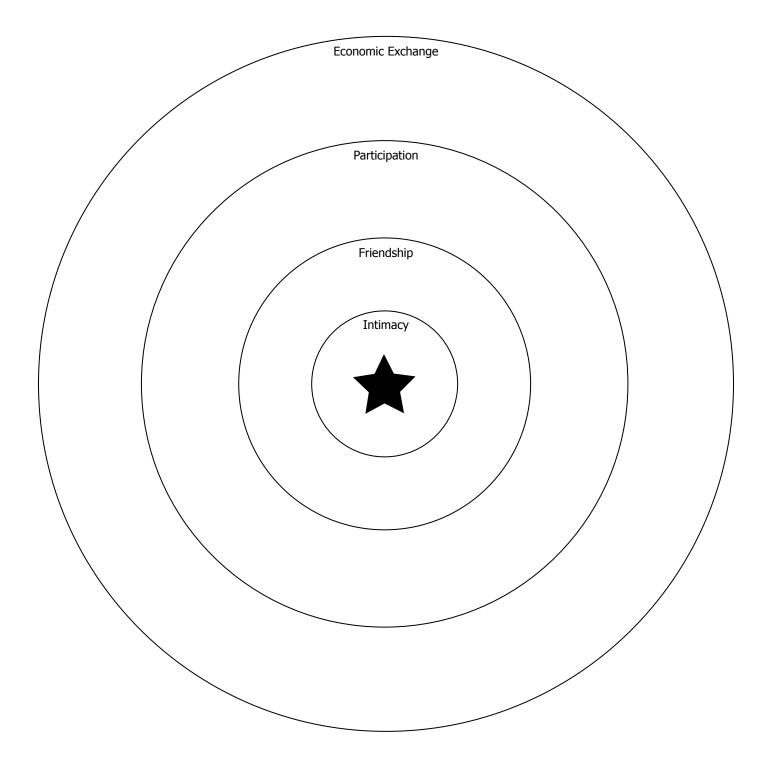
Circle 4: The Circle of Exchange

List people you pay to provide services in your life. (Mechanics, hairdressers, teachers, therapists, etc.)

This social scan tool can be incorporated into the daily teaching and learning of social skills. Use it as a springboard for discussion and personal goal setting.

Circle of Support

You can use this template for completing your Circle of Support or you can draw a large one yourself on chart paper. (You and your teacher / parent / caregiver can transfer it onto the page below when you are done, so you keep a record of it.) After completing this, discuss if there are any areas that you are unsatisfied with, and what you would like it to look like. Develop appropriate goals to help with this.



Mapping My Dreams

This activity is a variation on the well-known PATH process, which is still an option available for teachers / parents / caregivers and transition facilitators to use.

This simplified approach is different in that...

- It is a small group or 1 to 1 activity.
- It does not entail large amounts of note-taking and recording.
- It simply aims to provide a semi-private forum for students to talk about their dreams, and a format to record and explore them.

It is highly recommended that teachers / parents / caregivers complete the process for themselves first. Their personal experience will provide important empathy and insight when they are intuitively guiding the process with students. Trust and patience are critical for the process to be a success.

THE DREAM

It is important that all dreams are valid and important. There is no such thing as an "unrealistic" dream. You will probably want to introduce the activity with building understanding that dreams are powerful starting points – that dreams can be fulfilled in many different ways. Framing questions might be: What gives direction to your life? What pulls you? What calls out to you? Describe the student's dream in the centre circle

THE GOALS

The goals are an expression of what is possible. They are a deeper understanding of what the essence of the dream is really about. There are four clouds, one anchored to each pathway. Write a goal in each cloud. There can be just one... or all four. Whatever is useful.

GROUNDING IN THE NOW

This step brings you back to the present. After a brief, general discussion about your life in its present context, discuss the goals in the context of where you are now. Write this on the bottom rung for each goal.

IDENTIFYING WHO TO ENROLL

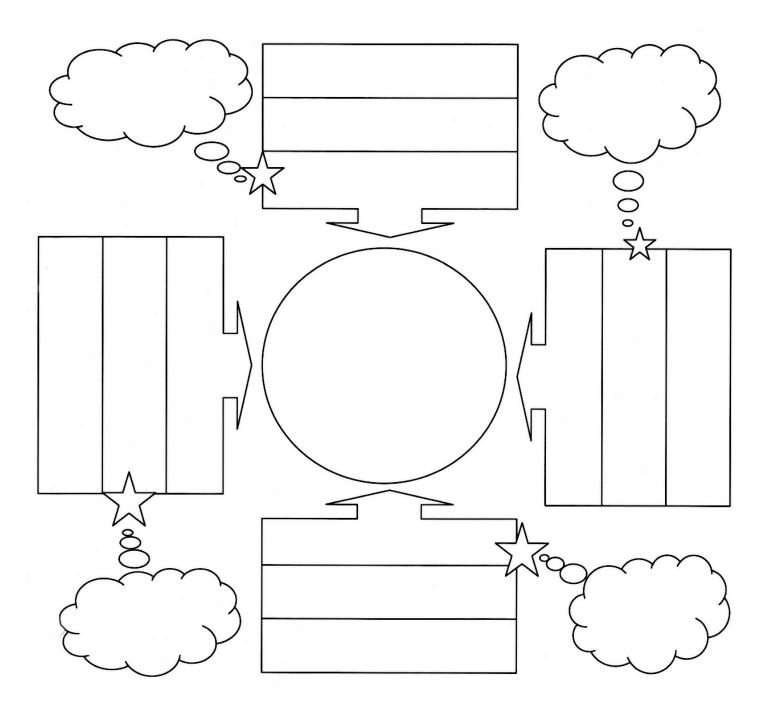
This step entails deciding who will help you in your journey towards your goal. The second rung will receive the names of those who will support you in your goal. At this stage, you need to share your planning with these individuals, perhaps over a weekend. The individuals need to agree to be part of the support network – you cannot assume their commitment.

WAYS TO BUILD STRENGTH

As you move along your life's journey toward your goals you will need skills and knowledge. Step 5, the top rung, is the place where you will write down those things that will help you to be strong – skills, knowledge, habits, relationships...

Mapping My Dreams

Work with your teacher / parent / caregiver to map out your dreams and where you are right now. Don't try to use this tool on your own. Once you've completed this worksheet, keep a copy of it to share and discuss with your transition planning team. Look back over it occassionally and update it as needed as you work through your transition planning process.



Functional Inventory

Completion of the Functional Inventory will provide important insight and information that you will need for planning. This can be completed on your own, or with the help of your teacher, parent, caregiver or another person who knows you well.

Date the inventory was completed:
Completed by:
My disability makes it difficult for me to do the following activities:
1. PERSONAL HYGIENE AND SELF-CARE
getting on, off or sitting on the toilet
being continent of bladder and bowel
cleaning self after using toilet
getting in and out of the bathtub
standing in the shower
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
shaving, brushing my teeth, hair and washing my face
remembering or having the motivation to do at least basic daily hygiene
getting dressed and undressed (including buttons, zippers, laces)
trimming fingernails and toenails
sitting, getting in and out of a chair
sleeping, getting in and out of bed
Notes:
Continued on next page



2. PREPARING AND EATING MEALS
standing at the sink, counter and stove
moving food from shelves and fridge to counters and stoves, ovens and table
chopping, peeling, mixing or stirring food
opening cans and jars, opening and resealing bags
understanding recipes and labels
remembering to take food off the stove or out of the oven, and turn stove off
remembering to throw out expired or "gone off" food
chewing and swallowing
remembering to eat regular meals and healthy foods
not vomiting after a meal
using utensils to eat
sitting at the table in a regular chair
Notes:
3. TAKING MEDICATIONS
remembering to take the right medications at the right doses at the right times
getting prescriptions filled and remembering to get them re-filled
understanding what medications are for
Notes:
Continued on most none
Continued on next page

4. KEEPII	NG THE HOME CLEAN
	doing dishes and putting them away, cleaning counters and sink, washing floors
	cleaning the bathtub, toilet, bathroom sink and floor
	vacuuming, dusting, cleaning windows, sweeping
	carrying, doing and folding the laundry and putting it away
	remembering or having motivation to keep my home clean
Notes:	
5 SHOPE	PING FOR PERSONAL NEEDS
	reading labels, comparing costs
	walking around stores, standing long enough to make good choices from the shelves and managing cash register line-ups
	picking out items from shelves, loading them in the basket, taking them out of the basket and putting them onto the cashier's desk
	taking the groceries home (carrying them to the bus, on the bus, to my home, or loading them into and out of my car)
	not getting anxious, scared, frustrated or angry in stores because of crowds, the light, sound and motion or long line-ups
	paying for items, including giving correct amount, receiving correct change
	using debit card, credit card, or personal cheque
Notes:	

6. MOVING ABOUT INDOORS AND OUTDOORS **Indoors** going up and down stairs, using ramps, elevators or escalators getting in and out of furniture, including bed, sofa, toilet opening and closing doors and drawers walking from room to room bending to pick things off the floor kneeling and getting up from a kneeling position acccessing all areas of home accessing all areas of the homes of friends and family **Outdoors** walking on flat ground walking on uneven ground going up or down stairs or ramps going out without being anxious or scared going out in rainy or snowy weather Notes:

7. USING PUBLIC OR PERSONAL TRANSPORTATION
walking to and standing at the bus stop
getting on and off the bus or train
standing, getting in and out of my seat and remembering to get off at my stop
understanding bus or train schedules
getting in and out of a car
driving a car
reading a map
Notes:
8. MANAGING PERSONAL FINANCES
understanding bills and remembering to pay them on time, including the rent
budgeting for groceries and other things I need
stopping myself from buying things I don't need
saving money for important "big" purchases
balancing a chequing account
accessing a bank teller and bank machine
Notes:

easily understood when speaking or writing by others close to me
easily understood when speaking or writing by those who do not know me
easily understood by others when speaking on the phone
understanding what others say
understanding what has been read
hearing what others say to me in person or on the phone
Notes:
10. OTHER
experience a lot of anxiety, agitation, stress, or depression
experience a lot of confusion
have difficulty making decisions and planning ahead
have difficulty doing the most important things first and finishing tasks
have difficulty making rational (good) choices
have difficulty remembering information and remembering appointments
experience sensitivity to light, sound and motion
have difficulty socializing without becoming anxious and scared
have difficulty interacting with friends, family, and/or my partner
have difficulty interacting with strangers in public
have difficulty establishing and maintaining relationships with people
have difficulty asking for help when I need it
experience difficulty being able to deal with unexpected situations
Notes:

Present Level of Functioning

After you've completed the Functioning Inventory, summarize your inventory results on the chart below.

	MAJOR ASSIST	MINOR ASSIST	INDEPENDENT	N/A	ASSISTIVE DEVICES USED	LEVEL OF SATISFACTION satisfied unsatisfied
Personal Hygiene and Self Care						
2. Preparing and Eating Meals						
3. Taking Medications						
4. Keeping the Home Clean						
5. Shopping for Personal Needs						
6. Moving About Indoors / Outdoors						
7. Using Public Transportation						
8. Managing Personal Finances						
9. Communication						
10. Other						

Service Providers and Equipment

Fill in the names and contact information for your current service providers and any that you will have following graduation, as well as required equipment at the time of your exit meeting.

CURRENT SERVICE PROVIDERS

NAME	SERVICE	TELEPHONE	EMAIL

SERVICE PROVIDERS FOLLOWING GRADUATION

NAME	SERVICE	TELEPHONE	EMAIL

Service Providers and Equipment - Continued

EQUIPMENT AT TIME OF EXIT MEETING

EQUIPMENT	SUPPLIER	DATE REC'D	FUNDING FROM	WARRANTIES / REPAIRS

OTHER IMPORTANT NOTES		

Setting Your Goals

To help you set your goals, 11 goal categories are listed in the following table. Beside the categories that are important to you, write down your short-term goals (six months to one year) and your long-term goals (one to five years). It may be helpful to work with your parent(s) or guardian(s) in setting your goals as they may have suggestions and insights.

GOAL CATEGORY	MY SHORT-TERM GOALS	MY LONG-TERM GOALS
HEALTH (Example: I will take my medication at the right time, without anyone reminding me to do so.)		
DAILY LIVING (Example: I will be able to plan and prepare all of my meals.)		
HOUSING / LIVING ARRANGEMENTS (Example: I will live in my own apartment.)		
FINANCES / MONEY (Example: I will deposit my allowance and any other money I earn into a bank account using an ATM bank machine.)		

Setting Your Goals - Continued

GOAL CATEGORY	MY SHORT-TERM GOALS	MY LONG-TERM GOALS
FRIENDSHIPS / SOCIAL LIFE (Example: I will get together with my friends to socialize once a week.)		
TRANSPORTATION (Example: I will take a public bus to school.)		
POST-SECONDARY EDUCATION / TRAINING (Example: I will go to college to become a)		
EMPLOYMENT (Example: I will have a job working as a)		

Setting Your Goals - Continued

GOAL CATEGORY	MY SHORT-TERM GOALS	MY LONG-TERM GOALS
RECREATION (Example: I will participate in an art class.)		
COMMUNITY INVOLVEMENT (Example: I will volunteer at the SPCA.)		
LEGAL / ADVOCACY (Example: I will learn how to advocate for myself.)		

YOUR PROGRESS

You can use this worksheet to track the progress of your transition plan by identifying specific tasks that need to be done in order to reach each of your goals.

First, write down your goals in the space provided at the tops of the following three tables. Then list the tasks required to reach each goal in the tasks column. Your team can assign these tasks to specific team members and set the date when each task should be finished. Write down the responsible team member for each task and the date that it is to be completed by. Then mark whether each task is *not started*, *in progress*, or *complete* in the status column.

GC	۱۸۲	#	1 •
$\sqrt{1}$	/	++	Ι.

TASKS	RESPONSIBLE TEAM MEMBER	DATE TO BE COMPLETED	STATUS (not started, in progress, or completed)

Your Progress - Continued

	\bigcirc	Λ	Ш	\neg	ı
(7		А	#	/	-

TASKS	RESPONSIBLE TEAM MEMBER	DATE TO BE COMPLETED	STATUS (not started, in progress, or completed)

GOAL #3: _____

TASKS	RESPONSIBLE TEAM MEMBER	DATE TO BE COMPLETED	STATUS (not started, in progress, or completed)

TASK CHECKLIST

This checklist includes some tasks that may not be included in your individual Transition Plan, but may help make your transition to adulthood easier. Look these tasks over and decide which ones apply to you. Then work with your family and your transition coordinator to track your progress by checking each task off when it is done.

PLAN AND PREPARE: age 14 - 15 (grade 9 & 10)	check when done
(Need to do)	
Develop a vision for your life after high school.	
Network with others who have recently experienced transition planning.	
Gather information and connect with resources in your community (recreational, social, and support).	
Obtain a birth certificate and / or proof of citizenship.	
Apply for a Social Insurance Number.	
Participate in the school-directed Grade 10 Planning course to learn about planning for education and career transitions, financial planning, and decision-making skills related to your health and other areas of your life (if required).	
Access the school career facilitator to explore career interests and establish a learning environment for developing pre-employment skills.	
PARTICIPATE IN YOUR PLANNING SESSION	check
ACCESS PROGRAMS & SERVICES: age 16 - 17 (grade 11 & 12)	when done
(Need to do)	
Begin planning for your transition by using the Transition Planning Workbook and participate in the development of your individualized education plans (IEPs).	
Consider hosting a planning session with your family that is separate from the IEP process (if needed), and invite some of the key players you may have listed in the Transition Planning Workbook: Establishing My Team.	
Access the career facilitator to explore co-op and work experience opportunities.	
Clarify your college options, training opportunities, and other post-secondary education entry requirements to see if you qualify.	
Identify community services and programs in your area (see the Transition Resource Guide).	
Open a bank account, if you haven't already done so.	
Apply for the British Columbia Identification Card (BCID card) or driver's licence (if applicable). www.icbc.com/licensing/lic_utility_id_cardPU.asp or Access Centre)	
(May need to do)	
If appropriate, apply for Persons with a Disability (PWD) benefits through the Ministry of Employment and Income Assistance (MEIA) at www.eia.gov.bc.ca/pwd/apply.htm Apply six months before you turn 18. For more information on income assistance for persons with disabilities and the At Home program medical benefits transition to disability assistance, see the Resource Guide or www.mcf.gov.bc.ca/ at home/adult transition.htm	

Task Checklist - Continued

Determine eligibility for CLBC services by contacting a facilitator. (Campbell River 286-7692)	
Individuals / family wanting CLBC to develop a plan – request at 17 years old as there may be a waiting list.	
If you are currently receiving CLBC services ask the CLBC facilitators to make a referral to the Community Living Centre office nearest you. If not currently receiving CLBC services contact your CLBC office. (see Resource Guide)	
Make arrangements to visit agencies in your community that can offer day program opportunities, supported employment or volunteer opportunities that are of interest to you. (see Resource Guide)	
PUT YOUR PLAN IN PLACE: age 18 (grade 12)	check when done
(Need to do)	
Plan a meeting with your transition team to evaluate if you are on track with your plan.	
With your family and school, determine whether or not you are eligible to attend an additional year of school and complete documentation as required.	
Access school career facilitator to explore career opportunities that are most suitable in terms of your developed skills, interests and physical abilities.	
Establish strong connections in your community by volunteering, and by exploring recreational, social, and cultural opportunities. (see Resource Guide – Employment)	
Complete a personal portfolio of work and volunteer experiences, such as your graduation transitions.	
(May need to do)	
If you are planning to pursue post-secondary education, contact university disability support services, and research scholarship and grants available for students with disabilities and complete necessary forms and applications. (see Resource Guide) Verification of a Permanant Disability. Scholarship grant resources, Ministry of Advanced Education.	
If you're eligible for the CLBC Adult Community Living Services and are requesting supports, request assistance from a facilitator. CLBC provides residential supports and services to help you work or participate in activities or programs in the community.	
Find out if the government can help with your transportation needs by contacting the Ministry of Employment & Income Assistance. (Resource Guide - Transportation)	
If eligible, apply for Home and Community Care (home support for personal care, meal preparation and respite) three months before your 19th birthday. For more information on Home and Community Care and the Choices in Supports for Independent Living program (which provides funds to purchase home supports), please see the Resource Guide – Health.	
Ask your family, your lawyer, financial planner and/or transition coordinator to help you understand adult guardianship and will and estate planning.	
Consider preparing A Representation Agreement for youth who will not be actively participating or directing their health care and other life decisions. (see Resource Guide)	
If you have not already done so, apply for bus pass, relevant disability discount cards (e.g. BC Ferries Disability Status Card, Access 2 Entertainment, BC Freshwater Fishing - at government agent, current cost is \$1.07, Disability Travel Card - Easter Seal / BC Lions, LIFE card - Campbell River residents only, BC Parks.	

Task Checklist - Continued

If you are eligible for CLBC and have health care needs you may qualify for services from Health Services Community Living.	
ONGOING PLANNING: age 19 and beyond	check when done
(Need to do) Plan a meeting with your transition team to re-evaluate your plan Work with your family to make a long-term financial plan that will help you transition to adulthood. Continue to build strong social networks (with family support, if needed) that help you pursue your interests. (Example: hobbies, recreation, spiritual and cultural activities) Learn to be a strong advocate for yourself. Contact one of the many advocacy networks listed in the Resource Guide. (May need to do)	
Further develop your plan using either MAPS or PATH. You can find the 'Transition Planning Tools' in the Transitions Planning Workbook.	

Note: For further information on forms check the list of contact information in the Resource Guide.

Transition Planning Workbook

TRANSITION PLANNING CHECKLIST

Student:	School:	at prepare for adult living after graduation. Anticipated date of graduation		
	ed by: Relati			
Complete	Na by Relati	onship to stu	D	atc
	INSTRUCTIONAL AREA		COMMUNITY EXPERIENCE A	REA
	Review graduation requirements and process.		Visit community colleges.	
	Enroll in college preparation classes.		Visit four-year colleges / univeris	sities.
	Gather college / university information.		Use public transportation.	_
	Gather community college information.		Locate and visit public utility con	
	Determine college entrance requirements.		Locate and visit health care prov	rider(s).
	Submit college application(s).		Use public laundromats.	
	Enroll in college tech-prep classes.		Participate in shopping experience	
	Enroll in vocational classes.		Go to Access Centre for driver's	test.
_	Refer to Vocational Rehabilitation.		Get personal ID Card.	
	Enroll in driver's education class.		Participate in travel training expe	
	Sign-up for driver's training (car).		Visit banks, libraries, restaurants	
	Enroll in functional curriculum.		Explore community recreation ac	
	Learn banking / money management skills.		Register for community recreation	
	Learn job-seeking / interviewing skills.		Participate in community suppor	t group.
	Learn to read bus schedules.		Explore leisure activities.	
	Participate in social skills class(es) / groups.		Participate in leisure activities.	
	Participate in communication skills classes.		Explore hobby options.	
	Participate in anger management group.		Participate in church and/or you	th group.
	Other:		Other:	
	EMPLOYMENT AND ADULT LIVING AREA		DAILY LIVING AREA	
	Do career exploration activities.		Acquire laundry skills.	
	Participate in job shadowing experiences.		Acquire cooking skills.	
	Participate in job sampling experiences.		Acquire household cleaning skills	5.
	Participate in community-based training.		Acquire ironing skills.	
	Participate in an internship.		Acquire household and personal	
	Participate in an apprenticeship.		Acquire personal budgeting skills	3.
	Secure on-the-job training opportunities.		Acquire bill paying skills.	
	Have a vocational assessment done.		Acquire personal hygiene skills.	l-
	Receive part-time employment assistance.		Acquire grooming / dressing skill	
	Seek competitive employment.		Acquire an understanding of insu	irances.
	Submit post-school application(s).		Acquire tax filing skills.	
	Interview (full-time employment).		Understand basics of good citize	
	Enroll in a specialized vocational school.		Learn ways to relate to opposite	sex.
	Enter a work adjustment program.		, , ,	
	Explore supported employment options.		Identify available financial assist	ance.
	Explore sheltered workshop options.		Apply for financial assistance.	
	Other:		Explore guardianship options.	
	Live at home.		Apply for guardianship.	ation o
	Explore supervised living options.		Explore adult service provider op	λίΟΠS.
	Choose appropriate supervised living option.		Identify adult services.	
	Receive referral for residential placement.		Identify medical needs.	
	Live independently in house/apartment.		Receive adult case management	
	Identify local housing options and costs.		Other:	
	Live in a dormitory.			
	Other:			



HOLDING A LEAVING HIGH SCHOOL MEETING

As the end of your final year of high school gets closer, it is time to hold one last meeting called a leaving high school meeting. You, your teacher, and your transition coordinator can choose a day in late spring, probably in the month of May or June. You may wish to invite the members of your transition planning team to this very important meeting.

The purpose of the meeting is to review your Transition Plan and ensure that everything that needs to be done has been completed. You and your family should receive a copy of the documented plan at the exit meeting. You will refer to it often in the next few months and over the next year or so.

DATE OF EXIT MEETING:
LOCATION:
TRANSITION PLANNING TEAM PRESENT AT LEAVING HIGH SCHOOL MEETING
1. Transition Coordinator
2
3
4
5
6

Holding a Leaving High School Meeting - Continued

"We become what we do." ~ Chiang Kai-Shek

Your interview is a conversation that will showcase your accomplishments both in and out of school. It should connect how your learning experiences have prepared you for a successful transition to life after high school.

ADDRESS THE FOLLOWING QUESTIONS:

- 1. Where have you been?
 - Talk about your journey up to now and your proudest accomplishments.
 - What or who has helped you become the person you are today?
- 2. Where are you now?
 - What are you passionate about?
 - What are your aspirations?
- 3. Where are you going?
 - What long-term goals do you have? (employment, career choices, life choices, further education or training)
 - What are you doing now that will help you meet your goals in the future?