


Planning for Adulthood

a transition workbook for
students with special needs



 victor victory



The invader 



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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?	

Continued on next page



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**

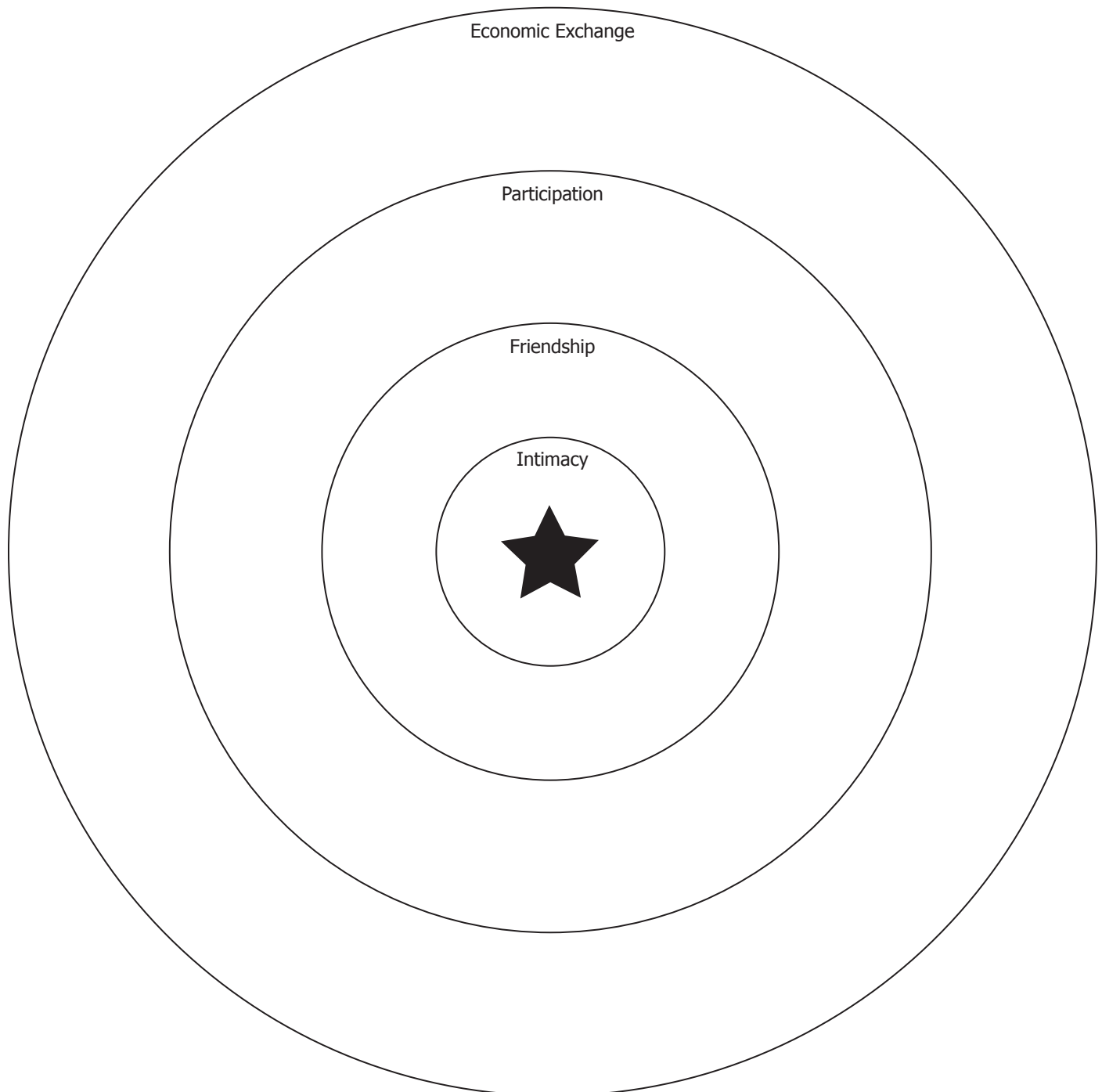
List people you pay to provide services in your life. (Mechanics, hairdressers, teachers, therapists, etc.)

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.

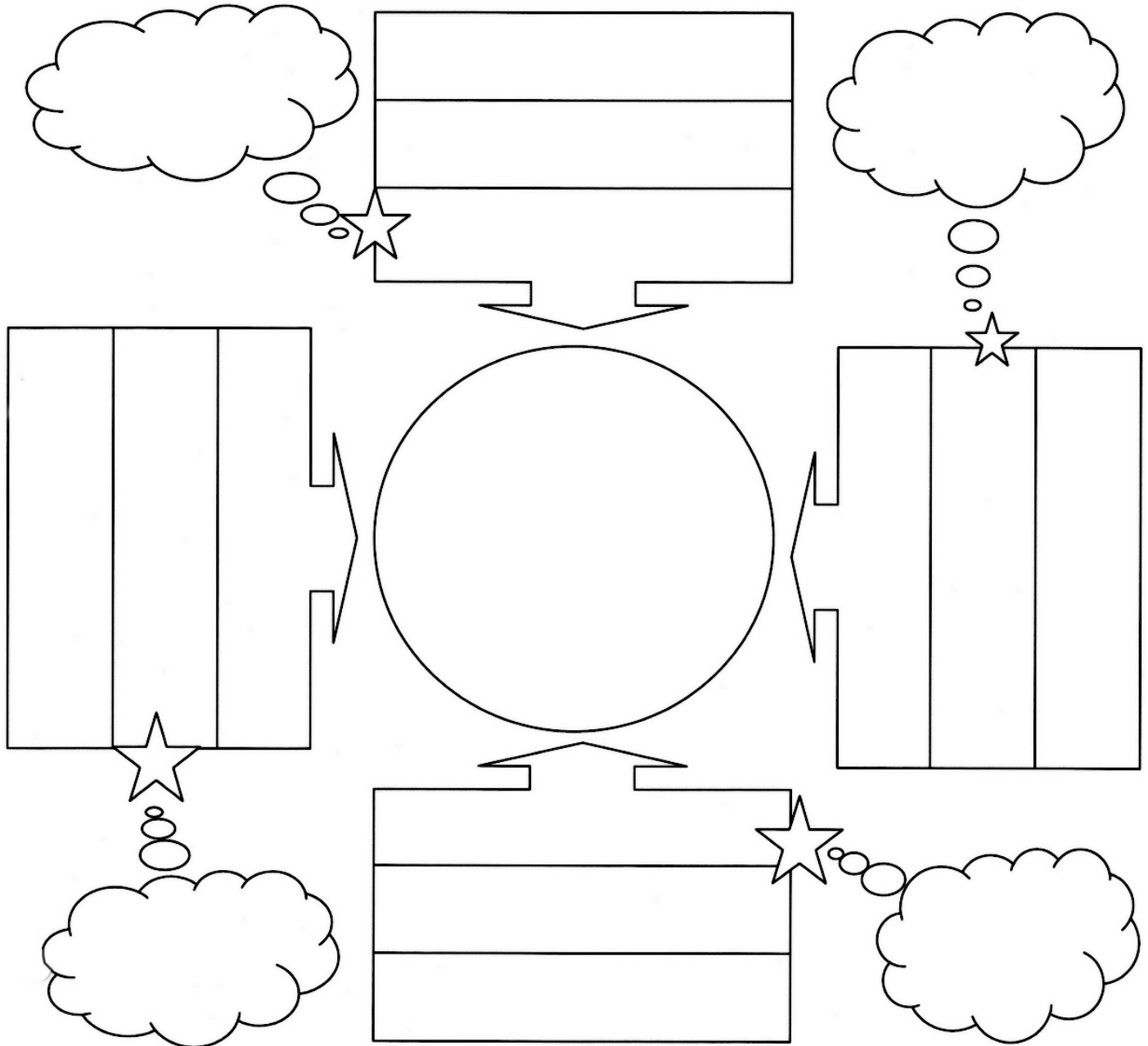
WAYS TO BUILD STRENGTH

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 occasionally 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
- reaching up and down to wash my body and/or applying creams all over my body
- 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



Functional Inventory - Continued

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 next page



Functional Inventory - Continued

4. KEEPING 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. SHOPPING 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: _____

Continued on next page



Functional Inventory - Continued

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
- accessing 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: _____

Continued on next page



Functional Inventory - Continued

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: _____

Continued on next page



Functional Inventory - Continued

9. COMMUNICATION

- 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
1. 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

Continued on next page



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.)		

Continued on next page



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 _____.)		

Continued on next page



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.

GOAL #1: _____

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

Continued on next page



Your Progress - Continued

GOAL #2: _____

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
ACCESS PROGRAMS & SERVICES: age 16 - 17 (grade 11 & 12) check 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, or if you have At Home program medical benefits, 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 Transition 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.

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 Permanent Disability. Scholarship grant resources, Ministry of Advanced Education.

If you're eligible for the CLBC Adult Community Living Services and are requesting these supports, request assistance from a facilitator.

Find out if the government can help with your transportation needs by contacting the Ministry of Human Resources. (Call Enquiry BC as listed in the Resource Guide)

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.

If you are eligible for CLBC and have health care needs you may qualify for services from Health Services Community Living.



Task Checklist - Continued

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 CHECKLIST

Check each item that might help the student prepare for adult living after graduation.

Student: _____ School: _____ Anticipated date of graduation: _____

Completed by: _____ Relationship to student: _____ Date: _____

INSTRUCTIONAL AREA

- Review graduation requirements and process.
- Enroll in college preparation classes.
- Gather college / university information.
- Gather community college information.
- Determine college entrance requirements.
- Submit college application(s).
- Enroll in college tech-prep classes.
- Enroll in vocational classes.
- Refer to Vocational Rehabilitation.
- Enroll in driver's education class.
- Sign-up for driver's training (car).
- Enroll in functional curriculum.
- Learn banking / money management skills.
- Learn job-seeking / interviewing skills.
- Learn to read bus schedules.
- Participate in social skills class(es) / groups.
- Participate in communication skills classes.
- Participate in anger management group.
- Other: _____

EMPLOYMENT AND ADULT LIVING AREA

- Do career exploration activities.
- Participate in job shadowing experiences.
- Participate in job sampling experiences.
- Participate in community-based training.
- Participate in an internship.
- Participate in an apprenticeship.
- Secure on-the-job training opportunities.
- Have a vocational assessment done.
- Receive part-time employment assistance.
- Seek competitive employment.
- Submit post-school application(s).
- Interview (full-time employment).
- Enroll in a specialized vocational school.
- Enter a work adjustment program.
- Explore supported employment options.
- Explore sheltered workshop options.
- Other: _____
- Live at home.
- Explore supervised living options.
- Choose appropriate supervised living option.
- Receive referral for residential placement.
- Live independently in house/apartment.
- Identify local housing options and costs.
- Live in a dormitory.
- Other: _____

COMMUNITY EXPERIENCE AREA

- Visit community colleges.
- Visit four-year colleges / universities.
- Use public transportation.
- Locate and visit public utility companies.
- Locate and visit health care provider(s).
- Use public laundromats.
- Participate in shopping experience(s).
- Go to Access Centre for driver's test.
- Get personal ID Card.
- Participate in travel training experiences.
- Visit banks, libraries, restaurants, etc.
- Explore community recreation activities.
- Register for community recreation activities.
- Participate in community support group.
- Explore leisure activities.
- Participate in leisure activities.
- Explore hobby options.
- Participate in church and/or youth group.
- Other: _____

DAILY LIVING AREA

- Acquire laundry skills.
- Acquire cooking skills.
- Acquire household cleaning skills.
- Acquire ironing skills.
- Acquire household and personal safety skills.
- Acquire personal budgeting skills.
- Acquire bill paying skills.
- Acquire personal hygiene skills.
- Acquire grooming / dressing skills.
- Acquire an understanding of insurances.
- Acquire tax filing skills.
- Understand basics of good citizenship.
- Learn ways to relate to opposite sex.
- Identify transportation options.
- Identify available financial assistance.
- Apply for financial assistance.
- Explore guardianship options.
- Apply for guardianship.
- Explore adult service provider options.
- Identify adult services.
- Identify medical needs.
- Receive adult case management.
- 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. _____
- _____
- _____
- _____

Continued on next page



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?

