

READY?

my life my health

IN ORDER TO LIVE A HEALTHY AND PRODUCTIVE LIFE, YOU WILL NEED TO ADJUST TO MANY CHANGES. YOU AND YOUR FAMILY HAVE ALREADY GONE THROUGH CHANGES AS YOU HAVE GROWN FROM INFANCY TO EARLY ADOLESCENCE, WHICH IS THE STAGE YOU ARE AT TODAY.

MY LIFE, MY HEALTH IS A SERIES OF THREE CHECKLISTS: **READY? GET SET, GO!**. THESE CHECKLISTS WILL HELP YOU LOOK AT HOW READY YOU ARE FOR THE FUTURE, THINK ABOUT WHAT YOU NEED TO WORK ON, AND PLAN HOW YOU WILL DO IT. **READY?** IS THE FIRST LEVEL OF THE SERIES.

READY? is for young people who have begun to think about their life and the challenges that come with growing up. Items in this checklist will help you to begin to develop the skills you will need for your future. It is a good idea to work together with your family to complete this checklist. This will give you a chance to talk about how you can work together as a team to get ready for your future.

Along with the checklist, you will find a chart describing the stages of healthy development. This chart outlines some typical feelings and behaviors youth experience during adolescence. These stages can be a challenge for adolescents, especially for those who develop early or late or who have special healthcare needs. On the backside of the chart, you will find some helpful tips on building self-determination. These tips may give you ideas on how to build the skills you need to transition from a child to an adult.

Note to Parents: A child's cognitive abilities affect how he or she plans for the future and how he or she is involved with these plans. The skills your child will require for adult life will depend on his or her goals. Even if your child is not able to be independent, he or she will eventually transition to adult programs and services.

tips for building self-determination

Making Choices

If you have a disability, learn about it

Find your strengths and interests, and think creatively about learning styles and methods

Have high expectations for yourself

Explore new activities—find positive, fun things to do with your friends

Learn from your mistakes

Have a say in things that are about you

Be open minded and listen to what people you trust have to say

Self-Advocacy

Speak up

Take on a leadership role in something you are good at

Don't be afraid to ask for help

If you have a disability, learn to talk about it

Help others to understand you and your needs

Work on creating open, non-judgmental relationships

Exploring the Possibilities

Try to learn something new every day

Volunteer in something that interests you

Find new hobbies

Find adult mentors who understand and relate to you

Talk about your future

Strong Self-Esteem

Write your thoughts down in a journal or diary

Take steps to feel part of your community

Volunteer

Use your talents

Involve yourself in healthy, caring relationships

Surround yourself with positive people

Find someone you look up to, to be your mentor

Goals & Plans

Understand what goals are and why they are important

Think about what you want to do with your life; discuss this and other interests you have with people who are important to you

Make a list of your goals and the steps you need to take in order to reach them

Be flexible and realistic about your goals

Understand Reasonable Risks

Think about all of the benefits and consequences before you take action

Know your support network—those people who will be there for you unconditionally

Seek advice from others but keep in mind that sometimes the truth is not easy to hear

Forgive yourself when you make mistakes; they are normal and an important part of learning

Problem Solve

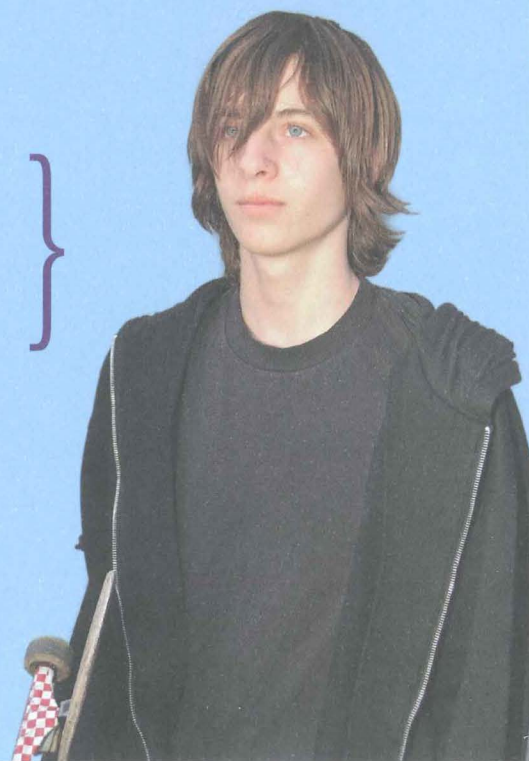
Learn to take ownership of challenges

Accept the idea that problems are part of healthy development

Create a list of positives and negatives to help you make good decisions

Get advice from people you trust

Surround yourself with people who are positive and will help you to develop your talents and interests.



my life, my health...ready?

There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE ✓
Self-Advocacy			
I think and talk about my future.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can talk about what I need and want.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social & Recreation			
I spend time with my friends.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I go to programs in my community.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know how to use the Internet safely.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Independent Living Skills			
I know my home phone number and address.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know how to use the phone to call 911, 411, or the operator.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know how to get help in an emergency.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can make my own snack or if unable, I can tell someone how to make it for me.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am responsible for a chore.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I pick out my own clothes.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take care of my own stuff.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know my personal care routine (washing, brushing teeth, fingernails, etc.).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have an allowance and I know how to spend it responsibly.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what healthcare supplies I need (medications, nebulizer, tampons/pads, catheter, etc.).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know about assistive devices and technology.	<input type="checkbox"/> Y <input type="checkbox"/> N		

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE ✓
School & Work			
I am responsible for getting my homework done.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I talk about what I want to be when I grow up.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I go to IEP/504 meetings at school because they are important.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Health & Wellness			
I know my height and weight.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I exercise daily and try to eat healthy.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know my body will begin to change.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know when I am sick.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I understand my disability and how it affects me.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I meet alone with my doctor for part of the time during my visit.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I ask my doctor at least one question during my office visits.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I answer at least one question during my office visits.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have talked with my doctor about my health and setting goals.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have talked with my doctor about going to different doctors when I am an adult.	<input type="checkbox"/> Y <input type="checkbox"/> N		

The decision to move on to the next checklist is up to you. You can use the DONE column to help you decide. If you have a checkmark ✓ beside each item that you wanted to work on, move on to the next checklist: **GET SET.**

NOW THAT YOU HAVE COMPLETED THE FIRST CHECKLIST, TAKE SOME TIME TO THINK ABOUT WHAT YOU HAVE LEARNED ABOUT YOURSELF.

Did **READY?** help you to...
 Think more about your future?
 Find ways to be more responsible and develop decision-making skills?
 Think about the things on the checklist that you need to work on?
 Feel okay about the changes happening to your body?

notes to myself

Who do I need to talk to? Write down the names of people you think you should talk to

(parents, healthcare professionals, teachers, friends, mentors, coaches, etc.).

Where do I need to go? Write down the places you need to visit or resources that you can use

(local community center, Internet websites, etc.).



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Healthy Adolescent Development Chart

PHYSICAL GROWTH		
EARLY Your body and feelings grow and change.	MIDDLE Your body starts to look more like an adult's body than a kid's body.	LATE Growth begins to slow as you reach physical and reproductive maturity.
KNOWLEDGE & UNDERSTANDING		
EARLY You think mostly about the "here and now" and how you feel. Example: "I don't want to go to the doctor, he'll give me a shot and I hate shots."	MIDDLE You notice things are more complicated than they used to be. Sometimes you need to work harder for the things you want and need. Example: "It's a good idea to go to the doctor and have a physical so you can play sports and go to camp, but I still hate shots."	LATE You are learning to think about things on many levels to see the big picture. You are able to understand, plan, and pursue long-range goals. Example: "When I go to the doctor now, I don't need my parents in the room, and I know shots are important."
DEPENDENT/INDEPENDENT		
EARLY Your parents tell you to do more around the house. One minute they say "you're too old for that," the next they say "you're not old enough." You feel you've outgrown your toys/clothes/games. Your mood changes abruptly; for example, you quickly go from happy to bored to sad. You begin to avoid affection from parents, but you still need it!	MIDDLE You get into more conflicts with your parents and family members. You are more private and don't want to tell them everything. You feel your parents are over protective and don't understand you.	LATE You are free to make your own choices and decisions, and that involves taking responsibility for the consequences.
BODY IMAGE		
EARLY You compare your body to your friends'. You worry about how you look and what people think of you.	MIDDLE You are okay with physical changes but worry more about your personal "attractiveness." Sometimes you are full of energy and other times you just want to lie around.	LATE You are much more comfortable with yourself and how you look.
PEER GROUP		
EARLY Very close friendships tend to be with people of the same sex as you. Contact with the opposite sex usually happens in groups.	MIDDLE You tend to associate with certain groups, teams, cliques, gangs, etc. You begin to think about boyfriends and girlfriends in a one-to-one relationship.	LATE Your friends do not influence your ideas and decisions as much. Your choice in a partner or friend is based on your individual ideas and values and not your friends' preferences.
IDENTITY		
EARLY You question "Am I normal?" You daydream a lot and think "no one understands me." You like to be alone.	MIDDLE You may start to explore new things, like new friends, jobs, or intimate relationships, or try things that you aren't sure are safe or right.	LATE You start to see your family in a new way, and you relate to them as an adult. You have your own ethical and moral values. You have realistic career goals and you know your limitations. You are more capable of intimate and complex relationships.