



**GO!**

# 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 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. **GO!** IS THE FINAL LEVEL OF THE SERIES.

**GO!** is for young people who have developed many of the skills needed for growing up and are preparing to become independent adults. The items in the checklist focus on the skills that will help you transition into the adult world, specifically related to your adult health. The skills you require for adult life will depend on your vision and goals for the 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

*The process of developing skills and planning for the future doesn't stop here. Continue to work on the skills that you feel are important to you, your family, and your future.*



# my life, my health...go!

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 ✓
<b>Self-Advocacy</b>			
I know how my role in my family will change when I become an adult.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know where to find support and information.	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Social &amp; Recreation</b>			
I make plans to spend time with my friends.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I participate in youth or adult social and recreation activities.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know about safe sex and healthy relationships.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have adults in my life who care about me other than my parents (e.g. teacher, mentor, coach, uncle, religious leader).	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Independent Living Skills</b>			
I prepare meals or if unable, can tell someone how to do it.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can do my own laundry or if unable, can tell someone how to do it.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take care of my personal care needs or if unable, can tell someone how to do it.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I manage my budget.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I go out in my community on my own.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take public transportation on my own.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can drive.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have assistive devices and the technology I need.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I understand and can describe how my strengths and weaknesses affect my daily life.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I explore where I will live in the future.	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>School &amp; Work</b>			
I have a plan for after high school.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have a volunteer position and/or summer or part-time job.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have a career goal.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what I need to do to be successful in school or on the job.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know when it is appropriate to share my disability (i.e., job interview, school application).	<input type="checkbox"/> Y <input type="checkbox"/> N		

	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE ✓
<b>Health &amp; Wellness</b>			
I know about sexual health, family planning, and genetics.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have personal health and wellness goals and understand the risks of an unhealthy lifestyle.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what medications to take for things like a cold, headache, stomachache, fever, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I refill my medications when it is time.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can explain my medical history.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can contact my doctors to schedule appointments and can tell them about any changes in my health.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I go to my appointments alone or choose someone to assist me.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I decide what treatments I need with my doctor and I sign my medical consent forms.	<input type="checkbox"/> Y <input type="checkbox"/> N		
My doctor and I have talked about doctors and specialists for adults.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am writing a Portable Medical Summary of my medical diagnosis, history, allergies, treatments, and emergency information.	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Healthcare System</b>			
I can tell someone about how my health insurance plan works (co-pays, services covered, etc.).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know if I receive SSI (Supplemental Security Income) and if I will be eligible for SSI when I am 18.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know how long I will be covered under my parent's health insurance plan and what I need to do to keep my coverage (like be a full time student).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what my legal rights and responsibilities will be when I turn 18 years old (sign medical consent forms, make medical decisions by myself).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am planning for my transfer to adult healthcare, including continued dental care.	<input type="checkbox"/> Y <input type="checkbox"/> N		

Now that you have completed **GO!**, the last level of *My Life, My Health*, take some time to think about all you have accomplished throughout your transition from childhood to young adulthood.

# 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.).



# Healthy Adolescent Development Chart

PHYSICAL GROWTH		
<b>EARLY</b> Your body and feelings grow and change.	<b>MIDDLE</b> Your body starts to look more like an adult's body than a kid's body.	<b>LATE</b> Growth begins to slow as you reach physical and reproductive maturity.
KNOWLEDGE & UNDERSTANDING		
<b>EARLY</b> 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."	<b>MIDDLE</b> You notice things are more complicated then 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."	<b>LATE</b> 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		
<b>EARLY</b> 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!	<b>MIDDLE</b> 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.	<b>LATE</b> You are free to make your own choices and decisions, and that involves taking responsibility for the consequences.
BODY IMAGE		
<b>EARLY</b> You compare your body to your friends'. You worry about how you look and what people think of you.	<b>MIDDLE</b> 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.	<b>LATE</b> You are much more comfortable with yourself and how you look.
PEER GROUP		
<b>EARLY</b> Very close friendships tend to be with people of the same sex as you. Contact with the opposite sex usually happens in groups.	<b>MIDDLE</b> 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.	<b>LATE</b> 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		
<b>EARLY</b> You question "Am I normal?"  You daydream a lot and think "no one understands me."  You like to be alone.	<b>MIDDLE</b> 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.	<b>LATE</b> 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.