

# Developing the Skills for Growing Up



## Almost There **1** **2** **3**

Young people and their families will go through many changes as they grow up. To get ready for the future, young people and their families need to learn about new resources. Young people may also need to develop new skills and take on new responsibilities.

**Developing the Skills for Growing Up** is a series of three checklists. It 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. **Almost There** is the final level of the series.



### Who is this checklist for?

**Almost There** is for young people who have developed many of the skills needed for growing up and are preparing to become an adult. The items in this checklist focus on skills that will help you prepare for and transition to the adult world. Young people and their families may complete this checklist together. This may give you a chance to talk about how you could work together as a team to get ready for the future.

### Note to parents

Families have told us that their child's cognitive abilities affect how they plan for the future and how their child is involved with these plans. The skills your child will require for adult life will depend on their goals for the future. Even if your child is not able to be independent, they will eventually move to adult programs and services. There are some items in this checklist that apply to everyone regardless of ability.

However, there may be other items in this checklist that you feel do not apply to your child. Challenge yourself to think creatively about each item. Think about how you can encourage your child to make choices and actively participate in their life. Some items may be a reminder to you, as a parent, to take responsibility for these tasks. If you have any questions, talk to your child's health care team to find out how you can use this checklist to meet your child's needs.

**Bloorview**  
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Funded in part by: RBC Foundation  
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## How do I complete the checklist?

The first column is where you decide if this is **Something I want to work on**. Circle **y** for yes if you would like to work on the item, and circle **n** for no if you do not want to work on the item.

The second column is where you decide **What do I need to do?** If you have decided that **YES** this is an item you want to work on, this column is where you **write down the step(s) you need to take** to do this.

The third column is where you can keep track of what you have been working on and what you still need to do. If you have **Done** what you need to do, put a checkmark (✓) in this column.

	Something I want to work on?	What do I need to do?	Done ✓
I think and talk about my future.	y n		<input checked="" type="checkbox"/>
I know how my role in my family will change as I become an adult.	y n		<input checked="" type="checkbox"/>
I know where to find support and information about my disability.			<input checked="" type="checkbox"/>

## When have I finished the checklist?

You decide when you are finished the checklist. You can use the **Done** column to help you decide. If you have a checkmark (✓) beside each item that you wanted to work on and there are no other items that you would like to work on, you are finished the checklist.

## What do I do when I have finished this checklist?

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 and your family, and your future.



# Developing the Skills for Growing Up: Almost There

## Self Advocacy

I know how my role in my family will change as I become an adult.

 y

 n


I know where to find support and information related to my disability.

 y

 n


## Social & Recreation

I make plans to spend time with my friends.

 y

 n


I know about safe sex and healthy relationships.

 y

 n


I participate in youth or adult social and recreation activities.

 y

 n


## Independent Living Skills

I prepare meals or direct someone to do so.

 y

 n


I do my laundry or direct someone to do so.

 y

 n


I manage my personal care needs.

 y

 n


I receive disability pension.

 y

 n


I manage my budget.

 y

 n


I buy the things that I need.

 y

 n


I take public transportation on my own.

 y

 n


I go out in my community on my own.

 y

 n


	Something I want to work on?	What do I need to do?	Done ✓
I can drive.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have the assistive devices and technology I need.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I explore where I will live in the future.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
<b>School &amp; Work</b>			
I have a plan of what I will do when I finish high school.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have a volunteer position, summer job, or part-time job.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have a career goal.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know the strategies and resources I need to succeed in post-secondary education or at work.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how to disclose my disability in a job interview or for post-secondary education.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
<b>Health &amp; Wellness</b>			
I know about sexual health, genetics and family planning.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I exercise and eat healthy.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have someone to talk to about personal issues.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I can select medication for minor illness (e.g. cold or headache).	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how to order and manage my medications.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I can explain my medical history.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

	Something I want to work on?	What do I need to do?	Done ✓
I sign medical consent forms for myself.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I schedule and keep my medical appointments.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I attend health care visits alone or can choose who is with me.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I ask most questions during a health care visit.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I answer most questions during a health care visit.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I decide what treatments I need with my doctor.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I am planning for my transfer to adult health care.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I am writing a medical summary of my diagnosis, history, medications, and emergency info.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

## My Own Stuff

This section is where you can add in items that you would like to work on that are specific to you and your needs.

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# Notes to Myself

**Who do I need to talk to?** Write down the names of people that you think you should talk to (e.g. parents, health care professionals, teachers, friends, etc.).

**Where do I need to go?** Write down places that you need to visit or resources that you can use (e.g. local community centre, Internet websites, etc.).

If you have questions about this checklist, or related programs and services, please talk to your health care team or e-mail [lifeskills@bloorviewmacmillan.on.ca](mailto:lifeskills@bloorviewmacmillan.on.ca)