



Gearing Up For Your Transitions

Transition Milestones - Life Skills

Name: _____ Age: _____ Date _____

This transition developmental checklist focuses on activities to help youth gain skills and abilities needed to reach their highest level of independence and ability. The list may not apply to all. It is not comprehensive.

Skills & Abilities

		Yes	No	N/A	Need More Info	Age to Discuss
1	Can you explain your needs to others and ask for help when needed?					
2	Are persons close to you, like family, friends, and teachers, able to understand your needs?					
3	Are other people outside of home and school able to understand what you want?					
4	Do you know the Human Rights Act says you cannot be denied or refused the use of any public place (restaurants, theaters, museums, libraries, parks, zoos, etc.)?					
5	Do you know how to stand up for your rights (file a complaint)?					
6	Do you have fun every day (reading, playing, singing, etc.)?					
7	Do you join in family activities (playing games, reading together, going to sports events, etc.)?					
8	Do you spend time away from home (shopping, overnights with friends or relatives, etc.)?					
9	Do you spend time with others about your same age?					
10	Do you have close friends?					
11	Do you have friends who don't have disabilities?					
12	Do you have someone to talk to when you are sad, upset or things aren't going well?					
13	Do you belong to clubs, groups, church, etc.?					
14	Are you a leader in your community (team captain, event leader, head of a committee)?					
15	Do you help out or work without pay away from your home?					
16	Do you know how to cross the street safely?					
17	Do you know how to follow directions to get some place?					

		Yes	No	N/A	Need More Info	Age to Discuss
18	Can you read a map?					
19	Do you wear your seat belt in the car?					
20	Do you have a state ID card or driver's license?					
21	Do you know how to use public transportation (busses, trains, taxis, etc.)?					
22	Can you move about in your community easily?					
23	Do you know the laws about access to public places in the Americans with Disabilities Act?					
24	Do you have or plan to get a driver's license?					
25	Do you know how to use public transportation?					

PET CARE Skills and Abilities

26	Do you feed and care for a pet?					
27	Do you take you pet to the veterinarian?					
28	Do you know how to recognize when your pet is sick?					
29	Do you shop for food for your pet?					
30	Does your pet need to go to the groomer?					
31	Do you know how to give your pet their medicine?					
32	Do you clean your pet and clean up after your pet?					

SAFETY Skills and Abilities:

33	Do you know how to call 9-1-1 and provide information in case of an emergency?					
34	Do you know how to practice "stranger danger"?					
35	Do you know about the dangers of alcohol, tobacco, and drugs?					
36	Do you remember to lock your doors at night?					
37	Do you know how to keep from getting pregnant, HIV/AIDS, or other diseases spread by sex?					

RECREATION Skills and Abilities:

38	Are you a sports fan (watch and talk about sports)?					
39	Do you play sports?					
40	Do you get exercise at least several times a week so that you stay fit?					
41	Are you a leader in any sports or other groups or activities (team captain, classroom monitor)?					

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Delaware Governors Advisory Council for Exceptional Citizens Project

		Yes	No	N/A	Need More Info	Age to Discuss
42	Do you belong to a gym?					
43	Do you do yoga, karate, dance, run or jog?					
44	Do you know how to swim?					
45	Can you ride a bike?					

		Yes	No	N/A	Need More Info	Age to Discuss
45	Do you have a legal guardian or power of attorney, if needed?					
46	Do you like to go on trips or travel?					
47	Do you do volunteer work or help others?					
48	Do you get involved with your local community?					
49	Do you do advanced chores around the house (mowing lawn, cleaning windows, etc.?)					
50	Do you know about the Americans with Disabilities Act?					

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