



Health Care Transition Skill Building in School: Tools for Students, Families, and the IEP Team

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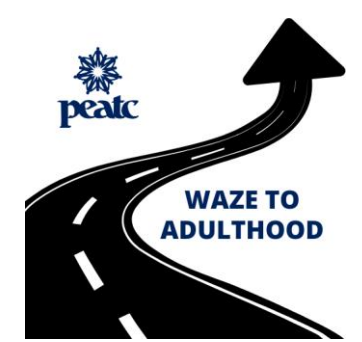
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PEATC (Parent Educational Advocacy Training Center) serves as Virginia's PTI and as the RSA Parent Center for Virginia, North Carolina, South Carolina, Georgia, Tennessee, and Florida. PEATC is funded in part by the U.S. Department of Education under grants #H328M200002 and #H235F200001. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by USDOE or the Project Officer(s).





About PEATC

The Parent Educational Advocacy Training Center (PEATC) is the federally funded parent center for Virginia and the federally funded RSA Parent Center for Virginia, North Carolina, South Carolina, Tennessee, Georgia and Florida. PEATC builds positive futures for children and young adults by working collaboratively with families, schools, and communities in order to improve opportunities for excellence in education and success in school and community life, with a special focus on children with disabilities. This includes providing outreach to families through one-on-one consultations, in-person and virtual workshops, and resources that are easy to understand.



PEATCVA



PEATCVA



PEATC.org



About Got Transition

Got Transition® is the federally funded national resource center on health care transition. Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers.



HealthCareTransition



@GotTransition2



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Webinar Objectives

To learn the importance of health care transition (HCT) planning in special education

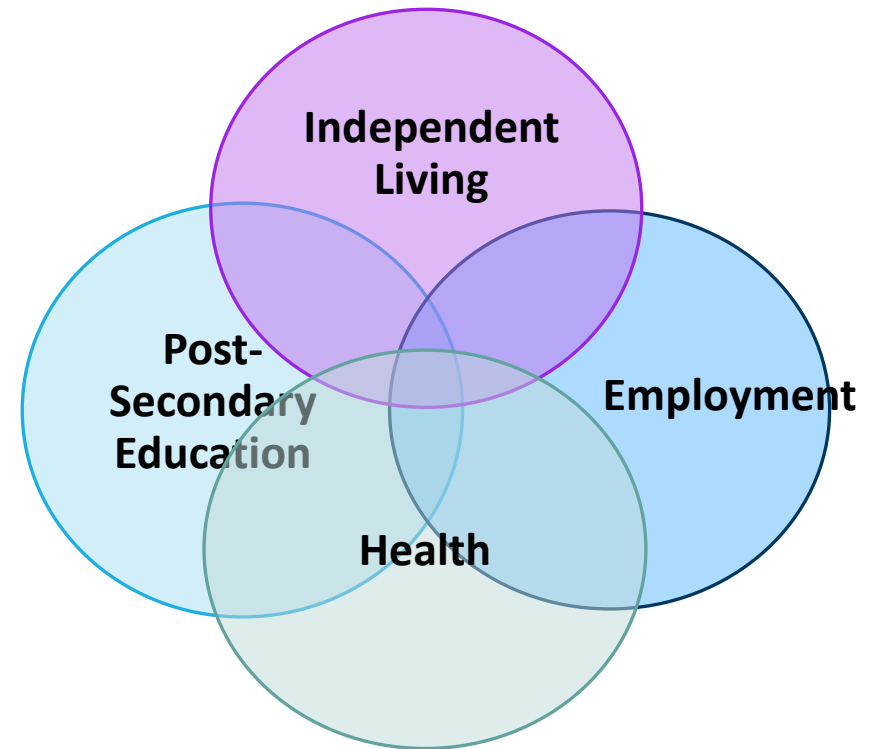
To be able to identify tools and resources for students for HCT planning and other life skills

To discuss additional ways to prepare students and families for HCT

The Importance of HCT Planning

HCT is important in areas of post-secondary education, employment, and independent living.

However, little attention has been directed at helping students learn about their own health needs and medicines, how best to manage their own health, how to use health care, and how to plan for transfer to adult health care.



New Tool: HCT Checklist



Health Care Transition Skills Checklist



Learning and trying out life skills is an important step for students as they plan for moving into adulthood. The Health Care Transition Checklist can help youth and young adults (ages 14-25), their families, and IEP Team, build health care transition skills. If a youth or young adult can't fill out this form, they can complete it with the help of their family/caregiver. The list below does not include every skill, and all these skills may not apply to everyone. It is also important to remember that everyone is unique, and that health care transition needs are different for different students.

PLEASE CHECK THE BOX NEXT TO THE ANSWER THAT BEST APPLIES RIGHT NOW.

HEALTH CARE SKILLS	Can Do Already	Needs More Practice	Plan to Start	Ongoing Support Needed	N/A
Can name your disability, learning difference, medical, or mental health diagnosis (example: diabetes, depression)					
Can name 2-3 people who can help with your health needs in an emergency					
Prepares questions to ask before a doctor's visit					
Asks the doctor's office for accommodations, as needed					
Knows how to get to doctor's office					
Makes your doctors' appointments					
Has a list of the medicine(s) you take					
Knows how much of medicine(s) to take					
Knows when to take medicine(s)					
Can read and follow medicine direction labels					
Requests refills on medicine, as needed					
Has a list of medicine allergies					
Has a list of food allergies					
Carries health information every day (example: health insurance card, emergency phone numbers)					
Knows the name(s) of your doctor(s)					
Knows how to contact your doctor(s)					

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New Tool: HCT Checklist

How was it developed?

- PEATC and Got Transition met regularly to create this HCT Checklist, based on the format of PEATC's [Life Skills Checklist](#)
- The checklist skills were adapted from Got Transition's transition readiness assessment
- It was reviewed for plain language and an appropriate reading level for transition-aged students
- <https://peatc.org/wp-content/uploads/2021/12/HCT-Skills-Checklist.pdf>



Examples to Use New HCT Checklist

This tool can be used as part of:

- regular transition planning meetings with students
- training of special ed teachers
- family education
- peer mentoring training





**WAZE TO
ADULTHOOD**

Other PEATC Tools

[Life Skills Checklist](#)

[Student Profile](#)

[Sexual Health and Wellness Toolkit for Parents of Students with Disabilities](#)

Check out our website for additional resources and our online calendar for training opportunities.



Got Transition Tools

Got Transition, in partnership with DC's Community of Practice on Secondary Transition and with extensive input from special educators, city officials, and families, created the following two tools for students with an IEP and special educators:

1. *Health Care Transition Readiness Assessment*

- Completion of Got Transition's Health Care Transition Readiness Assessment for Students with an IEP will reveal student knowledge about their health and using health care and areas they need to learn more about.

2. *Health Care Transition Sample Goals*

- Practical, achievable, and measurable sample goals based on the results of the assessment can be used by IEP team to develop transition plan goals.

Health Care Transition Readiness Assessment for Students with an IEP



This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

Personal Care <i>(related to dressing, eating, bathing, and moving)</i>	Use of Communication Supports
<input type="checkbox"/> I am able to care for all my needs	<input type="checkbox"/> Text-to-speech technology
<input type="checkbox"/> I need a little bit of help to care for my needs	<input type="checkbox"/> Assistive Listening Systems
<input type="checkbox"/> I need a lot of help to care for my needs	<input type="checkbox"/> ASL/Interpretation technology
<input type="checkbox"/> I need help to care for all my needs	<input type="checkbox"/> Other technology:
	<input type="checkbox"/> I do not use communication supports

Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*
**The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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How confident do you feel about your ability move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

My Health <i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Medicines <i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded "No" or "I want to learn" to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY HEALTH	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with __% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with __% accuracy.
Before a doctor's visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with __% accuracy.
I know to ask the doctor's office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor's office, with __% accuracy.
I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with __% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with __% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with __% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with __% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with __% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with __% accuracy.

Sample Goals for the HCT Readiness Assessment for Students with an IEP



Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

<i>HCT READINESS ASSESSMENT ITEM</i>	<i>SAMPLE GOAL</i>
MY MEDICINES	
I know the name of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medicines, with ___% accuracy.
I know the amount of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the dosages of their medicines, with ___% accuracy.
I know when I need to take my medicines.	By the end of the IEP cycle, student will identify at what time to take their medicines, with ___% accuracy.
I know how to read and follow the direction labels on my medicines.	By the end of the IEP cycle, student will identify, read, and follow the directions on their medicines, with ___% accuracy.
I know what to do when I run out of my medicines.	By the end of the IEP cycle, student will call their doctor's office or pharmacy to ask about medication refills, with ___% accuracy.
I know my medicine allergies.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of the medicines they are allergic to, with ___% accuracy.

Sample Goals for the HCT Readiness Assessment for Students with an IEP



This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

Personal Care <i>(related to dressing, eating, bathing, and moving)</i>	Use of Communication Supports
<input type="checkbox"/> I am able to care for all my needs	<input type="checkbox"/> Text-to-speech technology
<input type="checkbox"/> I need a little bit of help to care for my needs	<input type="checkbox"/> Assistive Listening Systems
<input type="checkbox"/> I need a lot of help to care for my needs	<input type="checkbox"/> ASL/Interpretation technology
<input type="checkbox"/> I need help to care for all my needs	<input type="checkbox"/> Other technology:
	<input type="checkbox"/> I do not use communication supports

Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*
**The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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How confident do you feel about your ability move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

My Health	<i>Please check the box that applies to you right now.</i>		Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Medicines	<i>Please check the box that applies to you right now.</i>		Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Example Goal Setting



Example Goal Setting

Student marked “no” on
“I know or I can find my doctor’s phone number.”

My Health	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).		X	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.		X	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor’s visit, I prepare questions to ask.		X	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor’s office for accommodations, if needed.		X	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor’s office.		X	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).		X	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor’s phone number.		<input type="checkbox"/>	<input type="checkbox"/>	X
I know how to make my doctor’s appointments.		X	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).		X	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.		X	<input type="checkbox"/>	<input type="checkbox"/>

Example Goal Setting



Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded "No" or "I want to learn" to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY HEALTH	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor's visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor's office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor's office, with ___% accuracy.
I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.

Example Goal Setting

“By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.”

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded “No” or “I want to learn” to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY HEALTH	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts’ information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor’s visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor’s office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor’s office, with ___% accuracy.
I have a way to get to my doctor’s office.	By the end of the IEP cycle, student will plan transportation to their doctor’s office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor’s contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor’s phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor’s appointments.	By the end of the IEP cycle, student will know how to call their doctor’s office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.





Example Goal Setting – Ideas to Achieve this Goal

“By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.”

A few ideas...

- Work with your youth or young adult to add their doctor’s name and phone number into their phone contacts
- Use Got Transition’s Medical ID resource to follow steps to add health and medical information, including emergency contact information, into their smartphone
- Practice!

Discussion

What are additional tools for students that would be helpful for transitioning to adult health care?

What are additional tools/resources that would be helpful for building life skills for students?

Thank you! Questions?

Access these tools and additional resources on [PEATC.org](https://peatc.org) and [GotTransition.org](https://gottransition.org)

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