

TRANSITION READINESS ASSESSMENT and ACTION PLAN For Youth Heading to College with a Mental Health Condition ¹

As you plan for your transition to young adulthood and post-secondary education, you will need to know about your psychiatric condition, how to manage your condition independently and how to advocate for yourself. You, your family, your provider, and others (teachers, tutors, etc.) can develop plans to address gaps in your knowledge and skills as identified by this checklist. Your doctor may complete this checklist with you in order to focus on those items most related to your condition and age and needs. Your parents may be given this or a similar checklist to complete.

NAME	I know this or I do this	I need practice	What can I do to practice or prepare? Who can help?
DATE OF BIRTH			
DATE OF ASSESSMENT			
TRANSITION CONCEPT and POLICY			
I understand how healthcare transition relates to my transition to college/work/independent living			
HEALTH CONDITION- KNOWLEDGE			
I know the name of my condition/disability			
I know how my condition impacts my social and community functioning			
I know what to do in case of an emergency			
I know the warning signs/symptoms of a relapse			
I know the circumstances and conditions which have led to trouble for me (destabilization and/or relapse) in the past			
I know how alcohol/drugs might affect my health condition			
I know how sleep (or lack of) affects my condition and know how to make sure I get enough sleep			
I know how pregnancy might affect my health condition			
I know what strategies and tools have helped me stabilize in the past			
I understand how my family’s cultural beliefs might affect health care decisions			
I know pertinent family medical and psychiatric history			
MEDICATION - KNOWLEDGE			
I know if I am allergic to any medications, foods or things in the environment			
I know the names and purposes of my medication(s)			
I know my baseline eating, sleeping, elimination patterns			
I know the general side effects of my medication(s)			
I know the sexual side effects of my medication(s)			
I know the follow-up and blood work needed for my condition and medication(s)			
I know what would happen if I abruptly stopped taking my medication(s)			
I know to ask about possible medication interactions			
I know how substance use may affect my medication(s)			
I know how my medication(s) would be harmful to an unborn baby			
I know about the abuse, misuse, and diversion of medications			

HEALTH INSURANCE			
I know why it is important to have health insurance			
I carry my insurance card and know about copays			
I made/have a plan for health insurance after age 18			
HEALTH CONDITION - SKILLS			
I meet privately with my doctor for part of each office visit			
I can present acute concerns to my provider(s)			
I can name my providers(s) and reach them			
I make and keep track of my own appointments			
I can read a prescription bottle			
I take my medications independently			
I keep track of and fill my prescriptions			
I store my medications in a safe location			
I can explain my condition in a few sentences			
I can present my treatment history or have access to it (electronic mental health and medical summary)			
I complete/sign medical forms (health history, permission for treatment, release of records, HIPAA Policy, etc.)			
I discuss short- and long-term treatment goals with my provider			
I have checked out available mental health resources on various campuses (online, on college tours, phone inquiry)			
Once I turn 18, I will meet alone with my doctor unless I have signed consent forms (except guardianship or conservatorship)			
I have decided about emergency contacts and possible parental access to providers after I turn 18 years old			
SELF-ADVOCACY KNOWLEDGE			
I know the purpose of accommodations			
I know how my condition/disability impacts learning/working			
I know the accommodations which work best for me to participate at school and in the community as others my age			
I know how my condition/disability relates to future plans and setting goals			
I know the rights and responsibilities of an individual with disabilities (e.g., disability and privacy laws that apply in higher education settings: ADA, 504, FERPA, HIPAA)			
I know the pros and cons of disclosure to school, employer, roommates, friends			
I know the documentation that is required to receive accommodations at most post-secondary institutions			
I know the date of my most recent educational, psychological or neuropsychological testing			
SELF-ADVOCACY SKILLS			
I ask for help when needed			
I can explain to others in a few sentences how my condition/disability impacts me in various settings/situations			
I can describe to others the strategies and accommodations which work for me			
I participate in 504/IEP meetings and read related documents			
I maintain a portfolio of documents relative to my disability			

I have read my testing results (educational, psychological, neuropsychological, vocational, etc.)			
I have applied for accommodations for standardized college entrance examinations			
I have arranged to update my testing (if necessary)			
I have reviewed helpful websites on how and when to disclose my disorder/disability			
ACADEMIC SKILLS and EXECUTION FUNCTION			
I know my academic strengths and weaknesses			
I have a system for keeping track of projects, books and papers			
I have a system for preparing for tests and exams			
I have a system for taking notes			
I set aside time for school work			
I complete steps of a project in a timely fashion			
I use a computer for typing and word processing			
I know what classes I need to take to graduate from high school			
I know what classes are required to apply to most colleges			
I can describe how college academics differ from high school			
INDEPENDENT LIFE SKILLS			
I direct my own personal hygiene			
I eat a balanced diet			
I balance my time between work/social/leisure activities			
I set and respond to a wake up alarm			
I manage my own time with TV/social media/video games			
I do my own laundry			
I do simple cleaning tasks at home (sweep, wash dishes, etc)			
I have a driver's license and/ or use public transportation			
I manage basic finances (bank account, debit card, credit card)			
I shop for groceries and cook simple meals			
I comfortably communicate by phone and computer			
I use the internet efficiently for finding information			
PSYCHOSOCIAL DEVELOPMENT - EXPLORING IDENTITY and SOCIAL RELATIONSHIPS			
Family Interactions			
I have regular chores			
My parents give me opportunities to make decisions			
I can communicate my needs and wants to my family			
I can express feelings in my family			
I participate in cultural traditions			
Peer Interactions			
I hang out with friends			
I have friends who are supportive			
I have resolved conflicts with peers			
I can take the perspective of others			
I have strategies to deal with peer pressure			
I have strategies to deal with bullying			
I have had some dating experiences			

School and Community Involvement			
I participate in extracurricular activities (clubs/sports/religion)			
I have volunteer experiences in helping others			
I have held a part-time job			
Planning for the Future			
I have some personal interests and dreams			
I can discuss my strengths and limitations			
I set goals and accomplish them			
I can identify some of my personal values			
I have hobbies/leisure activities			
I have explored various career options			
I have explored various post-secondary education options (gap year, 2-year school, 4-year school, tech school, work, military)			
I have a list of criteria for selecting a college including availability of mental health and disability resources			
SAFETY ISSUES & THINKING AHEAD to COLLEGE ANTICIPATORY GUIDANCE	Yes	No	Still Need To Do
<i>My healthcare provider has discussed the following with me:</i>			
Strategies to promote health and mental wellness (nutrition, exercise, sleep hygiene, help-seeking, stress reduction)			
Internet/social media safety issues			
Tobacco, energy drinks, alcohol and drugs, including legal access to alcohol and cannabis			
Safe driving habits (drinking and texting while driving)			
Dealing with the adult legal system			
Ways people protect themselves from unwanted pregnancies and STDs when they are sexually active			
Date rape			
Possible obstacles to treatment compliance for young adults (stigma, invincibility of life stage, fresh start, confidentiality concerns, ebb and flow of the academic year and possible false sense of stability)			
Common factors impacting academic performance (sleep, stress, work, anxiety, medical illness, depression, etc)			
Typical college adjustment issues (homesickness, roommate difficulties, time management, eating choices, staying connected with old friends, managing new temptations)			
Challenges to the familiar and sense of self (exposure to new lifestyles, values, ideas, treatments)			
Staying connected with family/friends (phone, internet, visits)			
How my relationship with my family will change			
OTHER ISSUES and NOTES			
I would like to talk with my provider about...			
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