



A guidebook to help youth develop post school goals for transition activities and services.



Engage + Educate + Bridge + Lead

BUILDING A BRIDGE

FROM SCHOOL TO ADULT LIFE FOR YOUNG ADULTS
LIVING WITH DISABILITIES IN IDAHO

BUILDING A BRIDGE

FROM SCHOOL TO ADULT LIFE

FOR YOUNG ADULTS

LIVING WITH DISABILITIES

IN IDAHO



WELCOME

<p>By Age 14 or younger if appropriate</p>	<ul style="list-style-type: none"> - Begin Transition Planning as part of the IEP Process with a focus on your current course of study - Learn about the "Exit Process" to ensure that you will be able to reach your goals and graduation requirements - Ensure that your Transition Service needs are included in your IEP by the Spring of 8th grade, or your 15th birthday
<p>16-18* *depending on extent of disability you may remain in school or continue to work on your Transition Goals through age 21, or as defined by state law</p>	<ul style="list-style-type: none"> - Transition Planning begins (be sure to include Vocational Rehabilitation) or any other outside agencies that will help with employment building skills - Identify your job interests and abilities - Include activities that include career exploration, job sampling, job training, and volunteer opportunities - Identify services in the community that provide job training, placement, skill building including Vocational Rehabilitation or any other outside agencies that will help with employment building skills - Begin to prepare a work portfolio with references, work samples, and skills that you have been working on - Begin application process to adult service organizations/agencies - Explore and consider summer employment, summer job training camps - Participate in volunteer experiences in the areas that you are interested in
<p>17-18* *depending on extent of disability you may remain in school or continue to work on your Transition Goals through age 21, or as defined by state law</p>	<ul style="list-style-type: none"> - Contact Adult Services Programs - Explore and contact Colleges, Universities, Technical, or Vocational Schools - Contact Social Security Administration - Contact Independent Living Services - Update and organize medical files and information
<p>18-21* *depending on extent of disability you may remain in school or continue to work on your Transition Goals through age 21, or as defined by state law</p>	<ul style="list-style-type: none"> - Continue to review and update Transition Plan - Explore and establish Health Benefits and Services - Prepare a plan for long-term financial support (ie. SSI, ABLE Account)
<p>21 & Beyond</p>	<ul style="list-style-type: none"> - Support may be available through the Idaho's Centers for Independent Living



WELCOME

This guidebook is for students, parents, educators, and service providers to help understand and assist students in developing Individual Education Programs (IEPs) with goals for transition services and activities.

This guidebook has been created, and then revised many times over the years, by the parents, staff members, volunteers, of Idaho Parents Unlimited. It has once again been produced with consideration of the full spectrum of beliefs and backgrounds of youth with all types of disabilities and their families. We hope this resource will be useful to assist, support and facilitate youth as they design their own adult lives.



(208) 342-5884 | (800) 242-IPUL (4785)

www.ipulidaho.org | parents@ipulidaho.org

Statewide representation

TABLE OF CONTENTS

What is Transition Planning	7
Transition: A Federal Mandate.....	8
Advocacy & Self Determination	11
Person Centered Planning	13
Areas of Transition Planning	23
Employment	26
Vocational Rehabilitation	27
Post-Secondary Training and Education	31
Independent Living.....	35
Community Participation.....	39
Healthcare	45
What Happens When I Turn 18.....	67
Alternatives to Guardianship	68
Managing Your Money	71
ABLE Accounts	71
Record Keeping.....	72
Laws Related to Individuals with Disabilities	75
Resources
Acronyms and Abbreviations	79
Glossary	81



OVERVIEW

Building a Bridge – From School to Adult Life for Youth Living with Disabilities

DEAR YOUTH READER,

This guidebook has been put together to help you in planning and preparing for the transition from high school to adult life. The work at hand is about the dreams and choices that you have been thinking about. Now you will begin to act on those choices, testing them, keeping some, and changing others as you go. Even though parents and teachers may think they have a clear picture of what a young person's life will look like, the people that make those final decisions should be each of you who will live these lives. As you leave high school, your home, and maybe even your communities to seek out your own way the path may look fuzzy and sometimes scary, but it is also an incredibly exciting time filled with hope and promise for the future.

HOW TO USE THIS GUIDEBOOK

This guidebook is intended as a workbook to guide students, their families, and the people who work with them through the process of creating an Individual Education Program (IEP) with post-school goals and transition activities and services (a transition plan).

The initial sections should be read to get an overall understanding of the transition process, and the important issues to keep in mind as you move through this transition process. These include an overview of what transition means and the laws that govern education, disability rights, and important time lines when approaching adulthood.

The second section describes the transition journey, the importance of disability awareness, advocacy, person-centered planning, and self-determination. This section also illustrates the actual process of looking at your strengths, preferences, goals, hopes, and then shows you how to develop post-school goals, transition activities, and services.

The last section gives a brief guide to accessing health care as an adult and the importance of record keeping.



TRANSITION PLANNING

WHAT IS TRANSITION PLANNING?

You have been going to school for many years and now you will be moving on to the next stage of your life. Remember the question you have been asked many times over the years - "What do you want to be when you grow up?" Now is the time to plan so that you can move closer to your goals.

The law says that schools must work to help students with disabilities plan for graduation and life after high school. This work is called transition planning. Your principal, teachers, and other school staff have responsibilities in this planning; you have responsibilities in this planning; your parents, family members and friends also have a role in transition planning. A vocational rehabilitation counselor, case manager, and service providers may also be involved in helping you plan for this big change.

It is very important that you take an active role in transition planning because this is your life. You will be in the driver's seat in making decisions about what you want to do, where you will live, what job you'd like to have, and how you will spend your time.

Anytime you are about to make a change in your life, it is important to plan. And to be able to plan well, you need good information. This guidebook has tools to help you plan.



TRANSITION: A FEDERAL MANDATE

IDEA defines transition as:

".. A coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and vocational objectives." The emphasis here is on improving results for students as they move from school to life after high school.

IDEA was amended most recently in 2004. It also requires that at least once per year IEP teams consider assistive technology (AT) in conjunction with the annual IEP meeting. The intention of the legislation is to give thoughtful consideration to AT for the student with a disability. If consensus regarding AT cannot be reached by the IEP team an AT assessment should be taken.

IDEA 2004 requires that no later than the first IEP to be in effect when the child is 16, the IEP will require appropriate measurable postsecondary goals based on the age-appropriate transition assessments related to training, education, employment and where appropriate, independent living skills. The new definition for transition services means **a coordinated set of activities... designed to be within a results-oriented process that is focused on**

- Improving the academic and functional achievement of the child
- Facilitate the child's movement from school to post-school activities
- Including postsecondary education
- Vocational education
- Integrated employment (including supported employment)
- Continuing and adult education
- Adult services
- Independent living
- Community participation



BUILDING A BRIDGE

The emphasis here is on

- Measurable goals that will be appropriate for the age of the student
- Help the student to move smoothly from school to adult life, and to achieve as much as possible as an adult.

A requirement of IDEA 2004 requires that when the student leaves the public school they have a summary of their transition-focused assessments written in a way that communicates the key information about the student's disability, in detailed enough form to determine that a substantial limitation to a major life activity exists at the present time, i.e., that major limitation is relevant to learning and the learning environment, and is sufficient to determine that reasonable accommodations are necessary and will lessen the impact of the disability on a relevant major life activity.

IDAHO SPECIAL EDUCATION MANUAL

The Idaho Special Education Manual, which is the manual that all Idaho school districts are required to use to guide their provision of Special Education services can be accessed at www.sde.idaho.gov.

Who is on your transition planning team?



ADVOCACY & SELF DETERMINATION

ADVOCACY

Advocacy is a learned process that includes:

- Knowledge of one's desires, disability, and needed accommodations and supports
- Knowledge of the student's disability rights responsibilities
- Knowledge of resources for determining rights and responsibilities under various disability related systems
- Communicating or having a support system for communicating the above information to service providers and other persons that impact the students life.

Parents, students and other advocates can bring an awareness of the needs of people with disabilities to individuals, businesses and social groups within their community. Sharing information about personal issues surrounding accessibility to buildings, programs, and services makes the laws a reality for those who do not understand these barriers. Communities need input from individuals who understand the needs of people who have disabilities and the issues surrounding accessibility, accommodations, housing, assistive technology, transportation, employment, etc. By providing such information, opportunities can be created to assist individuals with disabilities to live satisfying lives and to contribute in their communities. By informing the community about the needs of people with disabilities and about the value of having people with disabilities in their midst, and there is a stronger possibility that community leaders will plan to include them in employment, residential, and recreational opportunities. An important part of this is self-advocacy: advocating for systems changes and for personal needs.

Assistance in advocacy can be obtained from

- Idaho Parents Unlimited, Inc.
- Idaho Council on Developmental Disabilities
- Disability Rights Idaho
- Northwest ADA Center
- Independent Living Centers and
- many other disability or parent support groups



Self-Advocacy

Self-Advocacy is where the student directs the process as much as possible. Taking responsibility for telling people what you want and need in a straightforward way. It is an important part of self-determination.

- Speak up for yourself
- Describe your strengths, disability, needs, and wishes
- Learn about your rights
- Get help or know who to ask if you have a question

SELF-DETERMINATION

A critical component of the transition process is self-determination. Self-determination means having choice and control over your own life. Self-determination is the ability to set your own goals and take the initiative to achieve them. Your strengths, interests and needs are the basis of transition planning, it is important for you to learn how to actively participate in choosing future goals. It is important to practice these skills throughout life so that when you enter adulthood it will be easier for you to speak up for yourself and make your own choices.



Person Centered Planning

Person-Centered Planning is a process that provides an opportunity for a group of people (family, friends, teachers, etc.) to meet with a person who has a disability to help him or her plan a desirable future. The individual who has a disability tells this group of people what they want and need. The process focuses on goals for employment, participation, and independence so that the person's individual preferences can be honored, respected and implemented.

Many different person-centered planning tools have been developed that could be used in the transition process: MAPs (Making Action Plans), Personal Futures Planning, PATH planning, Essential Lifestyle Planning, and Dream Cards are a few examples. Visit Idaho Parent's Unlimited's Youth Corner at ipulidaho.org for more ideas and information.

When young adults with disabilities were asked what they thought students should do to ensure a successful transition, they offered a variety of practical suggestions:

- Work on transition planning with your case manager. Write down your goals, plans, and what you like.
- Learn good communication skills so you can tell people what you want.
- Learn about resources like SSI (Supplemental Security Income), IDVR (Idaho Division of Vocational Rehabilitation) and social services.
- Take a more active role in meetings. Take more responsibility and ask more questions.
- Join groups that can help, like local advocacy groups, church groups, and community education classes.
- Get more work experience, especially try to work part-time for pay.
- Take classes in independent living skills. Learn how to cook, shop, budget, and how to recognize and count money.
- Find out how to access community resources, services and emergency systems, and how to get help filling out forms.
- Learn self-determination skills, advocacy skills, and how to make decisions.
- Get a driver's license, if you can, or learn how to use other transportation systems.
- Be serious. Do your homework and budget your time. Learn to use a calendar or planner to write down your assignments and to help you plan time to study.
- Tell your teachers you have a disability.
- List your strengths and challenges. Find out what you're good at and put extra effort into areas that are strengths. Then set goals and go for them, but don't be disappointed if you can't do everything - no one can.
- Learn about accommodations that will help you, like using a spellchecker, asking people to show you how to do things instead of expecting you to read it from a book, using note takers, asking for extended time for tests, asking for a tutor, having books read to you, using taped textbooks, and having someone read and edit your papers. It will help you a lot if you learn what these accommodations are and how to ask for them before you leave high school.
- Visit schools you are interested in, talk to some instructors, and sit in on some courses before you decide which postsecondary school you want to attend.

Adapted from forums held with students of the Minneapolis Public Schools

BUILDING A BRIDGE

- Provide opportunities to make simple everyday choices, such as what to wear, what game to play, what to eat, who to invite to a party, etc.
- Provide opportunities for planning for the future by daily use of a day planner, calendar, or other tool.
- Provide opportunities for planning activities that are pending, such as what to take for the field trip tomorrow, or what and how much is needed from the store for the class party.
- Provide choices of strategies for learning, such as "Do you remember the spelling words better if you write them out, say them to yourself, or see them?"
- Ask the student to reconsider choices he or she has made in the recent past so he or she can evaluate the consequences. "This morning you spent your lunch money on a candy bar on the way to school. Now its lunch-time and you're hungry. What decision do you wish you had made?"
- Help the student to set simple goals and evaluate the progress toward that goal. "You have an exam/project coming up. Have you started to study? Do you think you will be done in time?"

Self-determination means having the right to choose how to live your own life. It means you have the right to make decisions about your own life, unless there are barriers and you do not have the ability to do so, such as in areas of financial control or medical decisions, in which case the student may need support and assistance with these decisions. Taking control over one's own life also means taking responsibility for one's life. The slogan of those who are learning self-determination is "Nothing about us, without us! "

Self Determination

You have the right to choose how you live your life.

That means: Choosing where you live and who lives with you,

Choosing where you work

- doing a job that you want to do
- learning the skills you need to be able do that job

Choosing what you do for fun

- meeting friends when and where you want to
- spending your free time the way you want to

You have the right to make decisions about your life.

That means having control over

- who is in your circle of support
- who your friends are
- what services you need

Taking control means taking RESPONSIBILITY.

You need to understand the possible consequences of a decision you make and that you will be responsible for the results of your decision

You need to take responsibility to advocate for yourself

- that means speaking out for your rights
- getting the information you need to make decisions
- asking others to respect the decisions you make for yourself

Family and friends share responsibility to...

- help you get the information you need to make decisions
- support you in making decisions
- provide support when you ask for it

Your community-based support workers are responsible to work with you and should respect your choices and the way you wish to receive services and support

Assess Your Skills and Interests

Assets and Strengths - Personally Speaking

Circle words that describe YOU:

Honest

Joking

Easygoing

Quiet

Pleasant

Friendly

Loud

Happy

Mature

Dependable

Guide

Leader

Hard Working

Self-Directed

Musical

Serious

Talkative

Artistic

Cooperative

Supportive

Neat

Adapted from the Idaho's Moving On Binder

How easy is it for me to...

	I CAN DO THIS	I NEED TO WORK ON THIS	I REALLY NEED HELP ON THIS
Understand my disability			
Talk about my disability			
Know what I am good at			
Learn from others			
Tell other people what I need			
Share my ideas with others			
Plan my future			
Set goals for myself			
Know what kind of jobs I like to do			
Speak up in my IEP and transition planning meetings			
Ask for help from others			
Know which people I can trust to ask for help			
Know my rights, and what laws protect people with disabilities			
Know who to call to learn about my rights and laws that protect people with disabilities			
Do things in my community			
Find out about colleges and support services			
Make my own choices and decisions			
Get information I need to make good decisions			
Meet new people and make new friends			
Plan things to do with my friends			
Learn new things on my own			
Tell my friends and family what I think and how I feel			

About me

Paste your favorite picture of yourself here

I am good at:

I don't really like doing these things:

I learn best when:

These are the ways I have already become independent:

I enjoy doing these things on my own:

I would like people to know that:

About me

What I have learned about myself:

Before I finish high school, I would like to learn these things:

These people are some of my friends:

These are some of the people who know the most about me:

If I need help, I can ask these people:

DISABILITY DISCLOSURE

Every individual with a disability is faced with the same decision: "Should I or shouldn't I share information about my disability?" Ultimately, the decision of whether or not to disclose (share) is entirely personal. It is a decision to make only after weighing the personal advantages and disadvantages of disclosure. Each person must choose whether to disclose his or her disability with an employer, college, or other situation. Things to consider are whether accommodations will be needed on the job, at college, or other setting and whether a disability is visible or hidden.

Learning to disclose your disability-related needs effectively and developing an accommodation plan are extremely valuable skills. Effective disclosure skills require that you share information regarding your disability-related needs and also provide creative, practical suggestions for accommodations. Open communication with your employer, professors, and disability services staff can help the process of reviewing how effective your accommodations are and making changes if they are not working.

Some reasons why you may choose to disclose your disability include:

- Getting information about available supports and services
- Discussing specific needs in order to identify adjustments needed to the school or work environment
- Discussing academic or work position requirements and practical components of your chosen course of study or job duties
- Getting needed help with the transition from high school to college
- At college, ensuring that disability support service professionals provide any needed training or awareness for faculty members and other staff to help you get the best accommodations
- Ensure that faculty members know and implement the accommodations you need for success in their classes
- Ensure that you are provided the accommodations you need to be able to do your job successfully

Accommodations at college or in the workplace are only provided when an individual discloses his or her disability and requests accommodations.

*Remember that it is not essential to divulge specific personal information about your disability. Your disability is only important if it affects (or can potentially affect) your ability to perform the essential functions of a job. What is most important and helpful is to provide information about how your disability affects your ability to perform the essential functions of the job, what supports you need in order to provide a most favorable environment for your career, and your own accommodation ideas for each situation.

Though there is no one “right” time and place to practice disclosure (it will depend on your individual situation), being proactive is strongly encouraged. Being proactive puts you in better control of your life. Preparation is essential when planning to disclose your disability. Make sure you present information in a clear and concise way that is relevant to your job or school situation. It is not necessary to share very detailed medical or personal information. Get to the point and keep it positive. You might wish to present the following information during disclosure:

- General information about your disability
- Why you’ve chosen to disclose your disability, including its impact on your job or academic performance
- The types of job accommodations or academic accommodations that have worked for you in the past;
- The types of job accommodations you think you will need in the workplace or academic accommodations in the school setting
- How your disability and other life experiences can positively affect your work performance

Resources for Disability Disclosure can be found on the Youth page on the Idaho Parents Unlimited’s website at ipulidaho.org.

- The 411 on Disability Disclosure: A Workbook for Youth with Disabilities.
- Disclosure Decisions To Get The Job – a guide to help individuals choose whether to disclose their disability to an employer.

Most important, keep the disclosure conversation focused on your abilities.

AREAS OF TRANSITION PLANNING

The First Step is to Dream a Vision for the Future

Dreaming is the first step in achieving your goals. A student's dream is the personal vision of how he or she wants life to be. This may be done through person-centered planning. It is important for the student and the parents to discuss the student's hopes, dreams and visions for the future. No one can predict what is or is not possible without trying and exploring different job possibilities and volunteer activities and looking at assistive technology and support service options. This time of transition is a golden opportunity to try a variety of experiences "on for size." Even if some of the dreams seem unrealistic and impossible, it gives everyone an opportunity to help the student shape his or her dreams into realistic goals. At the same time, as one goes about transitioning to adult life after school, it is also important to goals in mind.

Once some areas of interest and strengths have been identified and notes have been made of jobs and kinds of places the student hopes to live in and would like to know more about, share this information with the other members of the IEP team. Then everyone on the team can think of ways to help the student make the dreams a reality. Looking ahead and planning for the future helps the student, parents, and the IEP team focus on the student's interests, strengths, and abilities and build on that knowledge. It encourages the young person to make choices about the future and to identify strategies and assistive technology to achieve fulfilling goals and participate in the life of the community. The student's dreams are the driving force throughout transition planning. This may also encourage the adult members of the team to recognize, create, and provide opportunities for the young person that may not presently exist within the community.



Set Goals

There are worksheets throughout this guidebook to help you organize and write down your thoughts and ideas, resources to help you make decisions about life after high school, and information about how to get services and supports to help you be as independent as possible.

The discussions and decisions should help everyone present understand their role in helping you student build the transition bridge.

Based on your needs and preferences, the written transition plan in your IEP, must include post-school goals and transition activities or services to reach those goals. The plan must state what kind of services and assistive technology will be required to meet the goals, who is responsible for providing the services, where, when and how those services will be provided and for how long. It should identify how the skills that are taught will be measured and how the services will be adjusted to meet your goals of employment, independent living, and community participation so that there is no interruption of needed services.

AREAS TO BE CONSIDERED WHEN DEVELOPING TRANSITION GOALS AND ACTIVITIES

Having identified a “vision for the future,” even though the vision may change over the years ahead, the IEP needs to include activities that will allow the student to make that vision a reality.

The following pages will help to organize the transition planning process.

Requirements for graduation are one of the first things to discuss when developing plans for transition from school. Unless the student meets the regular requirements for a high school diploma, each student being served on an IEP has the right to receive special education services until the age of 21. Whatever the guidelines, in order to make a successful transition from school to life in the community as an adult, a student should acquire basic living, behavioral, communication and work skills. Development of these skills and the identification of Assistive Technology to help in that skill development should be another driving force in creating a meaningful IEP for students.



TRANSITION PLANNING AREAS

The assistance of the IEP team, should consider the questions outlined below as a help to deciding on post school goals and in developing transition activities and services to address those goals. These questions are divided into the four main areas that the post school goals and transition services need to address.

- 1. Employment** - What kind of work would you like to do? What kind of training will you need for that work? What kind of an environment will you enjoy working in? Will you need on-the-job support? What kind(s) of AT will you need to perform the work?

Supported Employment is an option to consider when making career choices for people with severe disabilities. Supported employment provides on-the-job training and support as needed to obtain and maintain meaningful employment. It is a paid job in the community for people with disabilities who have previously been excluded from working alongside peers without disabilities. An example of supported Employment is having a long-term on-site job coach Assistance in getting information about supported employment is available from the Idaho Division of Vocational Rehabilitation.

- 2. Post-Secondary Training and Education** - Are you interested in continued education? If so, can you identify the schools, colleges, or vocational trade institutions that will help you to meet your goals? What supports and Assistive Technology will you need? There are no IEP's in college Therefore you need to understand your disability and know what accommodations are most helpful to you, and be able to communicate about them and be responsible for advocating for yourself to see that you get the accommodations that you need.
- 3. Independent Living** - Where would you like to live? (With your family or on your own? With a friend or with several friends?) What kind of skills will you need to learn to make that living arrangement happen? (Cooking, cleaning, shopping, using transportation?) How will you take care of your health needs? How will you manage your financial needs? Can you develop and follow a budget?
- 4. Community Participation** - Will you be able to travel to work and enjoy recreational activities within the community? Will you be able to access the services that can help you? Do you have hobbies and interests outside of school? How will you be able to find friends and maintain relationships with friends and family? Do you know how to vote?

The following pages will look at these four areas more closely and help the student and/or your family to identify the services and supports that may be necessary for the student to prepare for the transition from school to adult life. This guide can equip students and families with the knowledge to help them make their goals and hopes for the future a reality. Keep in mind as you go through this book that although we have divided the information into looking at these four areas, many of the skills needed for one area are also needed for the other areas.

BUILDING A BRIDGE

EMPLOYMENT

Employment: Assessment, checklists

Assessments can be done in the following ways. Check the assessments you have done.

VOCATIONAL ASSESSMENT: These activities can help you find out what you do best.

- Student/parent interviewer
- Student's intetests
- Student's aptitude
- Formal Assessment
- Situational Assessment
- Teacher/school personnel feedback

Do you know and understand the results of these tests?

QUESTIONS	YES	SOMETIMES	NO
1. Do you know what you do well in school?			
2. Do you know what you do well outside of school?			
3. Can you easily explain your skills and strengths to other people?			
4. Do you know how you learn best?			
5. Do you inform you teacher how you learn best?			
6. Do you inform your employer how you learn best?			
7. Do you ask for help when you need it?			
8. Do you take responsibility for your own behavior?			
9. Do you know what "reasonable accommodation means?			
10. Do you know what accommodations you need in school in order to be successful?			
11. Do you know what accommodations you need on the job in order to be successful?			
12. Do you know what AT you need?			
13. Do you know how to ask for accommodations to meet your needs?			

Adapted from The 411 on Disability Disclosure, A workbook for Youth with Disabilities, put out by the National Collaborative on Workforce and Disability and the Office of Disability Employment Policy.

Vocational Assessment is an on-going process designed to help parents, students and educators understand and provide for a young person's vocational preferences, skills and potential. It is a process to measure skills not deficits, and should begin during the middle school years and continue through high school. Everyone's job interests change over the years, and a young person with a disability is no exception. A "Vocational Assessment" is a compilation of information about many areas of a student's abilities, including: academic, aptitude, behavioral/ social, medical, psychological, and styles of learning. Much of this information can be gained by reviewing school records, in-school vocational experiences or a situational assessment in the community. Information from you and from your parents is a vital part of the assessment process. For more information about vocational assessments contact district Special Education staff or the School Guidance Counselor, the Idaho Division Of Vocational Rehabilitation, and the Idaho Commission for the Blind and Visually Impaired, all of which can refer you to other organizations as appropriate.

Employment: Services and Supports

Check the ones that need to be addressed or looked into.

CAREER GUIDANCE SERVICES: These can help you find out what you do best.

- Counselor services
- Access to computerized career information

WORK EXPERIENCES: These services are available to help you learn to do a job successfully.

- Competitive employment
- Support on the Job
- Transitional employment
- School to Work Programs
- Job coaching

CAREER RELATED COURSES: Your plans will require certain courses in school to help you reach your goals.

- Vocational/Technical
- College Bound
- Computer Literacy

ADULT SERVICE AGENCIES: You may be eligible for help from one of these agencies.

- Idaho Division of Vocational Rehabilitation
- Department of Health & Welfare
- Commission for the Blind & Visually Impaired
- Other Private Providers

POST-SECONDARY EDUCATION:

Training Opportunities - You need to ask about opportunities, such as these, for career building outside of schools.

- Workforce Investment Act, Individual Training Account
- Community Technical Colleges
- College Support Services
- Adult Education
- Vocational Rehabilitation
- Idaho Commission for the Blind & Visually Impaired

Trade and Technical Schools are designed to prepare students for gainful employment in recognized occupations. They typically place great importance on job placement for their graduates.

The "one stop" career center in your area can offer links to community job-training and career services. You can find the One Stop Center and other resources in your area at www.careeronestop.org - enter your zip code in the service locator feature. You are really investigating all the possible resources in your community that could result in career development.

BUILDING A BRIDGE

EMPLOYMENT: ESSENTIALS

Two items are essential in order for an individual to get a job: a social security card and a driver's license or state issued identification card. You will need your birth certificate in order to obtain either. For a social security card, apply to the Social Security Administration office in your area. Either a driver's license or an identification card is available at your local Department of Motor Vehicles.

Qualities for an Employee

Check these are skills that employers rate as essential qualities in employees.

EMPLOYMENT SKILLS	ASSESSMENT OF THE STUDENT'S SKILLS	NEEDS TRAINING	NEEDS SUPPORT
Punctuality	<ul style="list-style-type: none"> • Is ready for school on time • Is at the appointed place at the time agreed 		
Dependability	<ul style="list-style-type: none"> • Attends consistently • Comes equipped with the necessary tools • Calls if late or absent • Follows through on assigned duties 		
Pride in work	<ul style="list-style-type: none"> • Does careful and accurate work • Attempts to correct mistakes 		
Respect for authority	<ul style="list-style-type: none"> • Is polite to supervisors/adults • Accepts assignments, instruction, correction 		
Enthusiasm	<ul style="list-style-type: none"> • Takes pride in assigned job • Shows initiative in doing new jobs/duties 		
Appearance	<ul style="list-style-type: none"> • Has good personal hygiene • Dresses appropriately for the job 		
Communication	<ul style="list-style-type: none"> • Listens • Works well with other people • Has appropriate social behaviors • Expresses needs, questions, desires 		
Ability to use transportation	<ul style="list-style-type: none"> • Shows appropriate behavior in vehicles • Is able to get to work area from drop-off point • Knows how to use public transportation • Obtain a driver's license 		
Flexibility	<ul style="list-style-type: none"> • Adjusts to changes in assignments • Is able to learn new, related tasks 		

BUILDING A BRIDGE

Identification of your skills, together with the needs identified on the previous pages will help determine goals for employment that need to be addressed in the transition IEP. Once the goals are identified, transition services or activities can be written to meet those goals.

Another thing to think about is how you are going to show an employer how capable you are. It is important for you to think of how you can help a potential employer, or present employer, to see beyond your disability to all of your abilities. One way is to be sure to take advantage of any training opportunities that are offered by your employer, but you may be able to think of other ways too, such as offering to do things that are not part of your job description, etc. You need to be able to communicate about your abilities, as well as about your disabilities!

Questions to Answer

After long range goals have been determined, ask the following questions to assess your needs. Identify the activities that will be necessary to include in the transition plan in order to achieve those goals. Check the areas that need to be addressed or identified.

- Have your interests and abilities as determined through vocational assessments been discussed?
- Do you have the skills necessary to obtain competitive employment?
- Will you need some support to obtain or maintain employment?
- Are you aware of the possible options regarding work?
- Have you accessed the school-to-work program in your school?
- Have you had any work experience?
- Are you taking appropriate career-related courses (either vocational or college bound)?
- Do you have good social skills appropriate for the job and living in the community?
- Do you have the Assistive Technology necessary to obtain employment?
- Have you contacted agencies outside the school system that may be able to assist you to meet your goals? Such as: Idaho Division of Vocational Rehabilitation (IDVR); Private Developmental Disabilities Agencies; Department of Health and Welfare Bureaus of Adult Services and Developmental Disabilities Agencies; Independent Living Centers; the Idaho Assistive Technology Project; or Community Rehabilitation Programs.

If the answer is "NO" to any of these questions, the IEP Team should include activities in the IEP that will address these areas and provide you with the skills and experiences necessary to prepare you for finding and keeping a job. Where the activities will take place and who will be responsible for them, as well as timeliness for completion must also be noted.

The skills and needs that you have identified will help develop employment goals and will need to be included in your Transition IEP.

BUILDING A BRIDGE

POST-SECONDARY TRAINING AND EDUCATION

Post-Secondary Training and Education: Assessment, a Checklist

Look at these options and check those that might help you to meet your goals.

- | | |
|---|--|
| <input type="checkbox"/> Community College (2 yrs.) | <input type="checkbox"/> Vocational Technical Centers |
| <input type="checkbox"/> College or University (4 yrs.) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Community Rehabilitation Programs |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Vocational Technical School or College | <input type="checkbox"/> Job shadowing |
| <input type="checkbox"/> Trade or Business School | <input type="checkbox"/> On-site visits or volunteering |

Differences between Vocational Technical Schools, Community Colleges and Bachelor Degree/Colleges and Universities:

VOCATIONAL TECHNICAL SCHOOLS	COMMUNITY COLLEGES	BACHELOR DEGREE/ COLLEGES & UNIVERSITIES
Prepare for a specific occupation through skills training	Offer associate degrees and certificates in variety of areas	Multitude of degrees: associate, bachelor and graduate programs
Integrate academic curriculum with hands-on	Offer associate degrees and certificates in variety of areas	Multitude of degrees: associate, bachelor and graduate programs
Tuition varies	Some certificate programs may be hands-on. Other programs are academic based.	Few hands-on programs most academic based
Typically no residential halls	Tuition is reasonably priced	More costly - charge higher tuition and fees
Admission requirements vary	Open admissions, some majors have selective admissions requirements	Competitive admissions
Public, private or proprietary	Public, private or proprietary	Public, private or private
Smaller student/teacher ratio	Typically offer more support services and allow more time for adjustment to college life	Tend to be larger both physically and student/teacher ratio

Missouri Association on Higher Education and Disability www.stlcc.edu/fv/moahead/guidebook/fronttext/trans_school

POST-SECONDARY TRAINING AND EDUCATION: SERVICES AND SUPPORTS

Students who have disabilities and enroll in a two- or four-year institution are discovering that an IEP alone may not establish eligibility for accommodations, assistive technology, or auxiliary services. Therefore, it is very important to check with the Disability Services office at your school to obtain a copy of their documentation requirements. At a minimum, documentation describing your disability must be detailed enough to determine that a substantial barrier to learning exists and contain a history or recommendations of how you have been successfully assisted in the past.

Most colleges and universities have some sort of office of student disabilities services. However, students need to take more responsibility for advocating for the accommodations and AT that they need, and should understand that services at this level may look different from those they had in high school. Whereas accommodations in public schools are put in place to assist the student to be successful, in college the intent is to make it possible for the student to take in information, and to be able to demonstrate learning. Whether the student is successful is totally up to the student.

If you plan to participate in a program offered at a private institution or school, such as a technical or trade school, you will need to inquire about what accommodations will be available if you attend. These institutions do not usually have an established office to assist students with disabilities but there may be an individual that oversees these things. They are more informal in their approach. Be sure to ask if accommodations are available and how to request them.

Keep in mind that many colleges and universities have tutoring services for each subject area. These are paid for with student tuition and students rarely take sufficient advantage of them.

Here are other questions that you need to answer for yourself: Do you want to move away from home or go to a local school? If accessibility is an issue for you, is the campus/training site you want to attend accessible? Is transportation an issue? Is there accessible transportation at the school of choice and in the community? Is housing accessible? Do you have the skills necessary for independent campus living, such as how to use an ATM machine, use a computer, manage money, use the course catalog, read a campus map, schedule, and keep appointments? Will financial assistance be necessary? Do you have the skills to make new friends?

Areas where you may need help, a checklist

- Study skills
- Time Management
- Organizational Skills
- Preparing for the SAT/ACT's
- Understanding College Entrance or training program requirements
- Identifying accommodations and AT you may need
- Determining whether the accommodations you need will be available to you
- Assistive Technology

POST-SECONDARY TRAINING AND EDUCATION: ESSENTIALS

As a student, which is for you?

Trade and Technical schools are designed to prepare you for employment in recognized occupations. Their programs can take anywhere from two weeks to two years to complete.

Generally entrance requirements are a GED or a high school diploma. They typically put great importance on finding jobs for their graduates

Colleges offer an opportunity for continued education which may be required for certain jobs.

Community colleges are publicly funded, have either no or low-cost tuition and offer a wide range of programs, including vocational and occupational courses. Generally the only admissions requirement is a high school diploma or its equivalent.

Junior colleges are usually privately supported, and the majority provide programs in the liberal arts field.

Four-year colleges and universities offer programs of study which lead to a Bachelor's degree after successful completion of four years of prescribed course work.

If you are thinking about going to college to get additional education after high school, you need to think about and plan for some of the basic differences between high school and college.

- In high school you tend to spend more time in class for each subject than in college, and this means that you have more opportunities for contact with and assistance from your teachers in high school than in college.
- In college, professors have limited office hours and are sometimes less available for assistance.
- In high school homework is frequently done in class or in study halls. In college the student is responsible for budgeting time for study. As a general rule, college students need to spend three hours doing homework for each hour spent in class. This can take even longer for students with learning problems.
- Most college campuses have some sort of disability services office, and most professors know that they may have to make accommodations for certain students, but neither is necessarily available for last minute term paper editing, test preparation, or content tutoring.
- High school classes typically have 20 to 30 students, whereas freshman and sophomore classes can often have as many as several hundred students, which can be much more distracting.
- Whereas high school classes require the student to complete and hand in assignments very frequently and therefore the student gets frequent feedback, grades in college classes often are based on only a half dozen or fewer assignments or exams for the entire term.
- Grading in some high school classes may occasionally be based on "effort" or "degree of improvement", whereas grades in college classes are based almost entirely on the mastery of subject matter.
- In high school parents, teachers, and other adults help students to manage and structure their time. In college it is up to the students to manage their own time both day and night.

BUILDING A BRIDGE

INDEPENDENT LIVING: ASSESSMENT

These are some of the skills you will need to learn so that you can live on your own. Check the appropriate column that best describes your situation.

SKILL AREA	SPECIFIC SKILL	MASTERED	NEED TRAINING OR SUPPORT
Decision making	Can make decisions in all areas		
Cooking	Menu planning & nutrition		
	Operates appliances		
	Food preparation		
	Follows a recipe		
	Food storage including leftovers		
	Cleaning up afterwards		
	Cleaning	Knows tools & supplies	
Knows procedures			
Maintains clean environment			
Puts clothes in hamper			
Uses washer & dryer			
Folds clothes			
Puts clothes away			
Shopping	Where to shop		
	What items to select		
	How to pay		
Personal Hygiene	Manages personal hygiene		
	Is neatly groomed		
	Dresses appropriately		
	Maintains dental hygiene		
Transportation	Personal—automobile or bicycle		
	Can ask for directions		
	Public - bus or taxi		
	Specialized - wheelchair		
	Specialized - van		
Self Advocacy	Can read a map		
	Directs own IEP meeting		
	Knows rights & responsibilities		
	Understands own disability		
	Requests help when needed		
	Knows resources & supports		
Medical & Support Services	Knows AT needs		
	Can access health care, private or public		
	Can make and keep appointments		
	Can question and respond to doctors		
	Knows how read a thermometer		
	Can access counseling if needed		
	Can purchase medications and take appropriately		
	Needs personal care services		
	Uses assistive technology		
	Can maintain assistive technology		
	Evacuation plan/fire drill		
Portable medical summary			

BUILDING A BRIDGE

SKILL AREA	SPECIFIC SKILL	MASTERED	NEED TRAINING OR SUPPORT
Housing	With family or in foster care		
	Intermediate care facility, group home		
	Supervised living		
	Independent living (house, apartment)		
	Shared independent living (roommate)		
	Understands leases		
Housekeeping	Knows tenant / landlord responsibilities		
	Cleans own room		
	Makes own bed/ changes linen		
	Takes out trash		
	Chooses decorations for room		
	Does minor repairs (changes light bulbs)		
Financial management	Basic mending/sewing skills		
	Manages a bank account		
	Can make out checks & pay bills on time		
	Budgeting		
	Knows how to access public assistance services, such as SSI, SSDI, or the other services through the Department of Health and Welfare, Idaho Benefits Planning, Assistance and Outreach		
Emergency	Insurance		
	Knows emergency procedures		
	Knows where flashlights and batteries are		
	Can use a fire extinguisher		
	Knows how to turn water off		
	Knows where extra key kept		
Community	Can unclog sink or toilet		
	Can locate bathroom in unfamiliar building		
	Can use a pay phone or has cell phone		
	Can use phone book		
	Can get library card		
	Can get ID card or license		
	Can read a Can use post office		

The IEP team should discuss all of these areas of concern and decide whether or not the student needs help in acquiring those skills. If "YES", the IEP should include goals to teach the skills. It must also include information about where the skills will be taught - at school, at home, or in the community - and must identify who will be responsible for teaching the skills and within what time frame.

INDEPENDENT LIVING: SERVICES AND SUPPORTS

Residential Options

Choices of where to live depend upon individual abilities and personal preferences. It is important for families to become informed about the variety of options and visit alternatives early in the transition planning process. Many of these options will be more affordable with a roommate. Some of the options to look for in your community are:

- Individual homes or apartments, with or without supports
- Cooperative housing
- Rent-subsidized apartment
- Room and board
- Dormitories
- Community residence (supported living)
- Supervised apartments
- Adult family care
- Group home

If you decide that living in a group home or supervised living arrangement is a preference or even a remote possibility, it is essential for the young adult's name to be placed on a waiting list. Developing private or cooperative housing options also takes time. As the alternatives are considered, think also about what adaptations, furnishings, and supports will be needed and how the costs will be covered.

Don't give up if at first it appears that services and programs are not available. Know what you want and develop a clear plan for attaining your goal. Find support for your plan, and learn how the "systems" work. Don't let "we have always done it this way" and "we don't have the funds" be excuses for not looking for alternative pathways. Be willing to compromise as a stepping-stone to your dream. Young people with disabilities are increasingly making a successful transition from school to adult life and are valued contributing members of their communities.

Independent Living: Essentials:

Keep in mind that in order to get a loan, purchase a house or condo, to start up your own business, or get a credit card, you need to have established a credit rating.



COMMUNITY PARTICIPATION

Community Participation: Assessment checklist

Check those areas that need to be addressed or identified.

LEISURE/RECREATION: Find out about opportunities for fun in your community in these areas.

- Sports
- Social clubs
- Community programs
- Specialized recreation
- Special interest clubs
- Cruch groups

CIVIC RESPONSIBILITIES: Find out how you can become actively involved and what you can do to improve the quality of life in your community.

- Political groups
- Advocacy groups
- Civic/neighborhood groups
- Volunteer Opportunities such as at nursing homes and hospitals, faith organizations, food banks, art organizations, political campaigns, animal shelters, community beautification projects, nature centers, museums, libraries, etc.
- Non-profit organizations
- Register to vote and vote in elections
- Register for the selective service; documentation from your doctor may be necessary for verification of disability.

COMMUNITY PARTICIPATION: Services and supports

Find out if any of these opportunities are available or could be created in your community.

- Community mentoring activities with adults in formal or informal settings
- Peer-to-peer mentoring opportunities
- Exposure to role models in varied settings and contexts

BUILDING A BRIDGE

COMMUNITY PARTICIPATION: ESSENTIAL SKILLS

Checklist for the student

Before developing activities for community participation, answer the following questions:

How do you spend your leisure time? Alone? With family?
With friends?

What sports, games, or hobbies do you enjoy?

What sports, games, or hobbies would you like to learn?

Where in your community can you participate in these activities?

Do you make friends easily?

Do you need assistance in letting people know about your needs?

Do you find it hard to ask for help?

Can you use a telephone?

Can you read a map, or a bus or train schedule?

BUILDING A BRIDGE

Use this space to summarize what you would like to learn in high school to prepare for what you hope to do when you leave school:

Think about the things that are most important for you to learn while in high school and write them down:

Think about the things that you will have to do both at school and at home to enable your hopes and dreams to come true and write those down too:

Look over your goals and activities frequently to see if they are working well and preparing you for adult life in the community. Revise them when necessary. Making a successful transition from school to adult life means a commitment to working hard to make it happen.

HEALTH CARE

HEALTH CARE TRANSITION TIMELINE FOR YOUTH AND YOUNG ADULTS

AGE 12-13

- Learn about your health condition, medications, and allergies.
- Ask your doctor questions about your health.
- Ask your doctor at what age they no longer care for young adults

AGE 14-15

- Find out what you know about your health, health care, and family medical history. Both you and your parent/caregiver can take Got Transition's® Transition Readiness Assessments* and discuss this together and with the doctor.
- Carry your own health insurance card.
- Learn more about your health and what to do in case of an emergency.
- Practice making a doctor's appointment and ordering prescription refills (either by phone, online, or through an app).
- Begin to see the doctor alone for part of the doctor's visit to help gain independence in managing your health and health care.

AGE 16-17

- Make doctor's appointments, see the doctor alone, ask the doctor any questions you have, and refill medications.
- Ask the doctor to talk with you about your privacy rights when you turn 18.
- Work with your doctor to make a medical summary. Keep a copy for yourself.
- Before you turn 18 and become a legal adult, figure out if you will need help making health care decisions. If so, ask your Family Voices chapter for local resources.
- Talk with your parent/caregiver about the age you want to transfer to a new doctor for adult care.

AGE 18-21

- You are a legal adult at age 18 and are legally responsible for your care. Parents/caregivers cannot access your medical information or be in the doctor's visit unless you agree.
- Work with your current doctor to find a new adult doctor, if needed. Make sure that the new doctor accepts your health insurance.
- Update your medical summary with your doctor. Have your doctor send this to your new adult doctor. Keep a copy for yourself.
- Call your new adult doctor to schedule the first appointment. Make sure the new office has your medical information, and learn if there are any charges at the visit.
- Learn if there are additional changes at 18 that affect you (i.e., health insurance, Social Security Income).

AGE 22-25

- Continue to get care from your adult doctor, learn to manage your health and health care, and update your medical summary.
- Be sure to stay insured. If you change your health insurance, make sure your doctor takes your insurance, and learn if there are any charges at the visit.

HEALTH CARE TRANSITION TIMELINE FOR PARENTS/CAREGIVERS

AGE 12-13

- Help your teen learn about their own health condition, medications, and allergies.
- Encourage your teen to ask their doctor questions about their own health.
- Ask your teen's doctor at what age they no longer care for young adults.

AGE 14-15

- Learn what your teen knows about their own health, health care, and family medical history. Both you and your teen can take Got Transition's® Transition Readiness Assessments* and discuss this together and with the doctor.
- Have your teen carry their own health insurance card.
- Help your teen learn more about their own health and what to do in case of an emergency. Help your teen practice making a doctor's appointment and ordering prescription refills (either by phone, online, or through an app).
- Encourage your teen to see the doctor alone for part of the doctor's visit to help gain independence in managing their own health and health care.

AGE 16-17

- Encourage your teen to make doctor's appointments, see the doctor alone, ask the doctor questions they may have, and refill medications.
- Ask the doctor to talk with your teen about their privacy rights when they turn 18.
- Work with your teen and the doctor to make and share a medical summary.
- Before your teen turns 18 and becomes a legal adult, figure out if they will need help making health care decisions. If so, ask your Family Voices chapter for local resources.
- Talk with your teen about the age they want to transfer to a new doctor for adult care.

AGE 18-21

- At age 18, your child is a legal adult and legally responsible for their care. You cannot access their medical information or be in the doctor's visit unless your young adult agrees or certain legal forms have been completed.
- If you need local resources on supported decision-making, ask your Family Voices chapter. Learn if there are additional changes at 18 that affect your young adult (e.g., health insurance, Social Security Income).
- Encourage your young adult to ask their current doctor to find a new adult doctor. Make sure that the new doctor accepts your young adult's health insurance, and help them learn if there are any charges at the visit.
- Encourage your young adult to keep a copy of their medical summary and always carry their health insurance information with them.

AGE 22-25

- Encourage your young adult to get care from their adult doctor, learn to manage their own health and health care, and update their medical summary.
- Encourage your young adult to stay insured. If they change health insurance, encourage them to make sure their doctor takes their insurance and learn if there are any charges at the visit.

*For a Transition Readiness Assessment for youth, visit www.gottransition.org/6ce/leaving-readiness-assessment-youth and for a version for parents/caregivers, visit gottransition.org/6ce/leaving-readiness-assessment-parent.

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption. Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

FOR YOUTH AND YOUNG ADULTS: QUESTIONS TO ASK YOUR DOCTOR ABOUT TRANSITIONING TO ADULT HEALTH CARE*

DURING YOUR ADOLESCENT YEARS:

- When do I start to meet with you on my own for part of the visit to become more independent when it comes to my own health and health care?
- What do I need to learn to get ready for adult health care? Do you have a checklist of self-care skills that I need to learn?
- Can I work with you to prepare a medical summary for me and, if needed, a plan for what to do case of an emergency?
- When I turn 18, what information about privacy and consent do I need to know about? If I need help with making health decisions, where can I get information about this?
- At what age do I need to change to a new doctor for adult health care?
- Do you have any suggestions of adult doctors to transfer to?

BEFORE MAKING THE FIRST APPOINTMENT TO A NEW ADULT DOCTOR:

- Do you take my health insurance? Do you require any payment at the time of the visit?
- Where is your office located? Is there parking or is it near a metro/bus stop?
- What are your office hours, and do you have walk-in times?
- What is your policy about making and cancelling appointments?
- How will I be able to communicate directly with the doctor after my visit or in the evenings?
- If needed, can the new adult doctor help me find adult specialty doctors?

BEFORE THE FIRST VISIT TO THE NEW ADULT DOCTOR:

- Did you receive my medical summary from my pediatric doctor? (Call your pediatric doctor to remind them to send the medical summary before your first visit to the new adult doctor.)
- What should I bring to the first visit?
- Who can help me when you are not available?

NOTES

**The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians recommend that all youth and young adults work with their doctor or other health care provider to build independence and prepare for the transition to adult care. For more information about transition, please visit gottransition.org/youth-and-young-adults and gottransition.org/parents-caregivers.*

PREPARING FOR THE TRANSITION FROM PEDIATRIC TO ADULT HEALTH CARE: PARENT GUIDE

Parents are familiar with the many transitions their children experience as they grow – their first steps, first words, first day of school, and last day of high school, but what about the last visit to the pediatrician or the first visit to an adult doctor? What about the planning that might make that transition less stressful and more successful? Many parents and youth do not consider this transition until it is suddenly upon them. This may be even more true for youth and young adults with special health care needs who use the health care system more often.

The American Academy of Pediatrics (AAP), along with the American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP) recently updated their recommendations for this important transition. In 2018 they published “Supporting the Transition of Health Care from Adolescence to Adulthood in the Medical Home.” This clinical report offers guidance for pediatric and adult providers to help youth and parents gain skills to manage their own health as youth move to adult care.

The AAP advises that parents and their doctors begin to plan for transition as early as age 12. They also advise parents to plan for the move to an adult doctor between ages 14 and 18. Doctors and parents can assist their youth and young adults to manage their own health and health care. These skills include making an appointment and filling a prescription. It also includes knowing their personal and family health histories and asking questions during an office visit. During these years, transition planning could include asking the youth questions about their skills to manage their own health and making and sharing a medical summary and emergency care plan. The planning should include discussing changes in privacy and consent that happen at age 18 and preparing a plan of care with youth on their transition goals. The goal is to have this transition happen sometime between age 18 and the early 20s.

Health care transition may be different for youth and young adults with special needs. That includes those with serious chronic medical or behavioral needs and those with developmental or intellectual disabilities. These young adults may require more in-depth planning and on-going support because a variety of specialists can be involved. If the young adult will require help with health care decisions, legal plans for this must be in place by age 18.

1. When does my child start to meet with you alone for part of the visit to become more independent in their health care?
2. What does my child need to learn to get ready for adult health care? Do you have a checklist of self-care skills that my child needs to learn?
3. Can I work with you to prepare a medical summary and emergency care plan for my child?
4. Before my child turns 18, what information about privacy and consent do we need to learn about? If my child needs help making health decisions, where can I get information about this?
5. At what age does my child need to change to a new doctor for adults?
6. Do you know any adult doctors for my child to transfer to?

More information about transition to adult health care for youth, parents and guardians, and health care clinicians can be found at GotTransition.org.

The AAP, AAFP, and ACP would like all youth to be as ready and able as possible to manage their own health care needs and to navigate health care services throughout their lives. To build self-care skills, a structured process of planning achieved through a partnership between doctors, youth, and parents is key.

FOR PARENTS/CAREGIVERS: QUESTIONS TO ASK YOUR CHILD'S DOCTOR ABOUT TRANSITIONING TO ADULT HEALTH CARE*

DURING YOUR CHILD'S ADOLESCENT YEARS:

- How do I best prepare my child to meet with you alone for part of their visit to become more independent when it comes to their own health and health care? When will they start to have time alone with you?
- What does my child need to learn to get ready for adult health care? Do you have a checklist of self-care skills that my child needs to learn?
- Can I work with you to prepare a medical summary for my child and, if needed, a plan for what to do in case of an emergency?
- Before my child turns 18 and becomes a legal adult, what information about privacy and consent do we need to learn about? If my child needs help with making health decisions, where can I get information about this?
- At what age does my child need to change to a new doctor for adult health care?

BEFORE TRANSFERRING TO A NEW ADULT DOCTOR:

- Do you have any suggestions of adult doctors for my child to transfer to?
- What kinds of doctors in adult care does my child need (e.g., a primary care doctor, a specialist, a behavioral health provider)?
- Will you send my child's medical summary to the new adult doctor?
- If needed, will you communicate with the new adult doctor about my child's care?
- Before the initial visit is made to the new adult doctor, will you still refill their medicines and treat them for acute care needs?

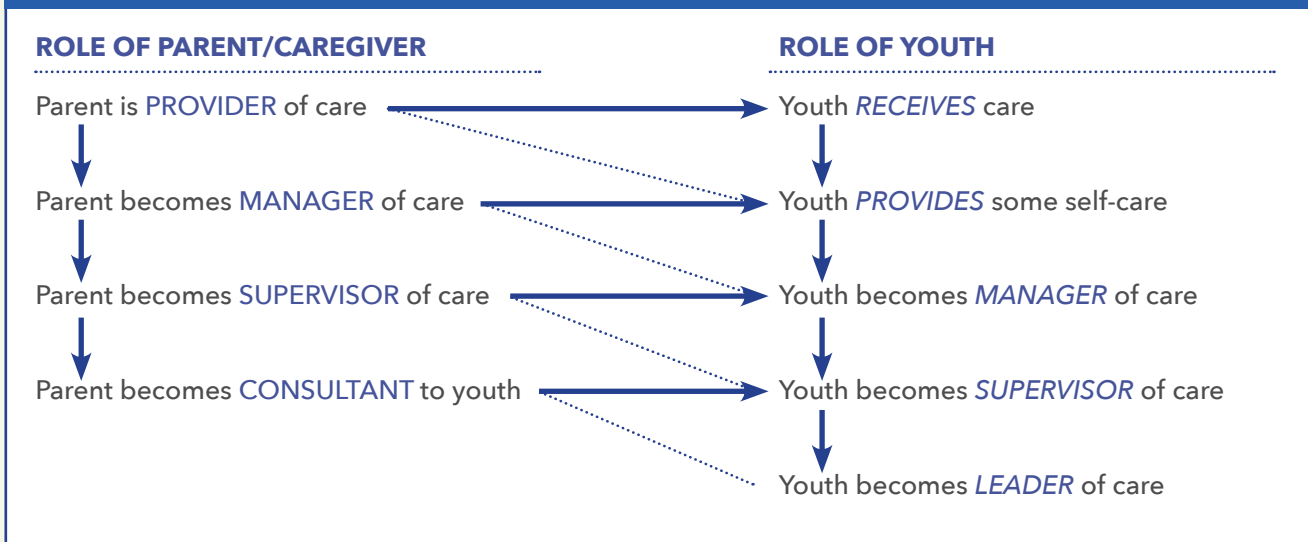
NOTES

**The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians recommend that all youth and young adults work with their doctor or other health care provider to build independence and prepare for the transition to adult care. For more information about transition, please visit gottransition.org/youth-and-young-adults and gottransition.org/parents-caregivers.*

WHAT ARE THE CHANGING ROLES OF PARENTS/CAREGIVERS & YOUTH IN THE TRANSITION PROCESS?

The goal of pediatric-to-adult health care transition (HCT) is to improve the ability of youth and young adults to manage their own health and effectively use health services. The role of parents/caregivers is to support this gradual movement from overseeing care for the youth to becoming a consultant (answering questions when asked) to the young adult around their health and health care. This is called a shared management approach and is shown below, displaying these changing roles. Each youth and parent/caregiver will travel through this process at their own pace. While moving through this process, it will be necessary to talk to your youth's doctor about necessary legal decision support documentation and other paperwork to support this approach.

Shared Management Approach



Adapted from: University of WA Adolescent Health Transition Project. *Parent-Child Shared Management: Path to Independence*. Seattle, WA: 2010. Available at depts.washington.edu/healthtr/documents/sharedmanage.pdf.

Is your youth ready to become the **leader** of their care? Take Got Transition's® transition readiness assessment to find out! For a youth version, visit gottransition.org/6ce/leaving-readiness-assessment-youth. For a parent/caregiver version, visit gottransition.org/6ce/leaving-readiness-assessment-parent. For additional HCT information and resources, visit GotTransition.org.

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.

Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Charting the LifeCourse



This tool was designed to assist individuals and supporters with exploring decision making support needs for each life domain.

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual (*circle one*): Self Family Friend Guardian Other: _____

How long have you known the individual? _____

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.



I can decide with no extra support



I need support with my decision



I need someone to decide for me

DAILY LIFE & EMPLOYMENT

Can I decide if or where I want to work?			
Can I look for and find a job (<i>read ads, apply, use personal contacts</i>)?			
Do I plan what my day will look like?			
Do I decide if I want to learn something new and how to best go about that?			
Can I make big decisions about money? (<i>open bank account, make big purchases</i>)			
Do I make everyday purchases? (<i>food, personal items, recreation</i>)			
Do I pay my bills on time (<i>rent, cell, electric, internet</i>)			
Do I keep a budget so I know how much money I have to spend?			
Am I able to manage the eligibility benefits I receive?			
Do I make sure no one is taking my money or using it for themselves?			

HEALTHY LIVING

Do I choose when to go to the doctor or dentist?			
Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?			
Can I make health/medical choices for my day-to-day well-being? (<i>check-ups, routine screening, working out, vitamins</i>)			
Can I make medical choices in serious situations? (<i>surgery, big injury</i>)			
Can I make medical choices in an emergency?			
Can I take medications as directed or follow a prescribed diet?			
Do I know the reasons why I take my medication?			
Do I understand the consequences if I refuse medical treatment?			
Can I alert others and seek medical help for serious health problems?			
Do I make choices about birth control or pregnancy?			
Do I make choices about drugs or alcohol?			
Do I understand health consequences associated with choosing high risk behaviors (<i>substance abuse, overeating, high-risk sexual activities, etc.</i>)?			
Do I decide where, when, and what to eat?			
Do I understand the need for personal hygiene and dental care?			

Charting the LifeCourse



For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.



I can decide with no extra support



I need support with my decision



I need someone to decide for me



SOCIAL & SPIRITUALITY

Do I choose where and when (and if) I want to practice my faith?			
Do I make choices about what to do and who to spend time with?			
Do I decide if I want to date, and choose who I want to date?			
Can I make decisions about marriage (<i>If I want to marry, and who</i>)?			
Can I make choices about sex, and do I understand consent and permission in regard to sexual relationships?			



SAFETY & SECURITY

Do I make choices that help me avoid common environmental dangers (<i>traffic, sharp objects, hot stove, poisonous products, etc.</i>)?			
Do I make plans in case of emergencies?			
Do I know and understand my rights?			
Do I recognize and get help if I am being treated badly (<i>physically, emotionally or sexually abused, or neglected</i>)?			
Do I know who to contact if I feel like I'm in danger, being exploited, or being treated unfairly (<i>police, attorney, trusted friend</i>)?			



COMMUNITY LIVING

Do I decide where I live and who I live with?			
Do I make safe choices around my home (<i>turning off stove, having fire alarms, locking doors</i>)?			
Do I decide about how I keep my home or room clean and livable?			
Do I make choices about going places I travel to often (<i>work, bank, stores, church, friends' home</i>)?			
Do I make choices about going places I don't travel to often (<i>doctor appointments, special events</i>)?			
Do I decide how to get to the places I want or need to go? (<i>walk, ask a friend for a ride, bus, cab, car service</i>)			
Do I decide and direct what kinds of support I need or want and choose who provides those supports?			



CITIZENSHIP & ADVOCACY

Do I decide who I want to represent my interests and support me?			
Do I choose whether to vote and who I vote for?			
Do I understand consequences of making decisions that will result in me committing a crime?			
Do I tell people what I want and don't want (verbally, by sign, device), and tell people how I make choices?			
Do I agree to and sign contracts and other formal agreements, such as powers of attorney?			
Do I decide who I want information shared with (family, friends etc.)?			

TURNING 18: WHAT IT MEANS FOR YOUR HEALTH

Turning 18 may not make you feel any different, but legally, this means you are an adult.

WHAT DOES THIS MEAN?

- After you turn 18, your doctor talks to you, not your parents, about your health.
- Your health information and medical records are private (or confidential) and can't be shared unless you give the OK.
- It is up to you to make decisions for your own health care, although you can always ask others for help.

THINGS TO KNOW

- The confidentiality between you and your doctor is legally known as the Health Insurance Portability and Accessibility Act, or HIPAA.
- This law gives privacy rights to minors (people who are under age 18) for reproductive and sexual health, mental health, and substance abuse services. Check your state's minor consent laws for more information.

WHAT NEEDS TO BE DONE?

- If you want to share medical information with others, your doctor will ask you to fill out a form that allows them to see your medical record and be with you during your visit.
- If you need help making decisions, talk to your family, your support team, and your doctor about who needs to be involved and what you need to do to make sure they can be a part of the conversations.

ADDITIONAL RESOURCES

- If you want extra support managing your health or making decisions, the **National Resource Center for Supported Decision-Making** has information to connect you with

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption. Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.






BUILDING A BRIDGE

PLANNING TO MOVE FROM PEDIATRIC TO ADULT CARE? HERE'S HOW THEY CAN DIFFER.

Health care for youth is different than health care for adults. In adult care, you are in charge of your own care and involve your parents/caregivers if you choose. These are some of the changes that happen when you move to adult care.

Please circle any items in the Adult Approach to Care column that you have questions about.
Bring this to your next doctor visit to start a conversation about any questions you may have.

Pediatric Care (Where you are now)		Adult Approach to Care (Where you will be)
Your parent/caregiver is with you for most or all of your visit.		You see the doctor alone unless you agree for others to be present.
Your parent/caregiver helps answer questions and explain your medical conditions, any medicines, and medical history.		You answer questions and explain your medical conditions, medicines, and medical history.
Your parent/caregiver is involved in making choices about your care.		You make your own choices about your care, asking your parents/ caregivers as needed.
Your parent/caregiver helps make appointments and get your medicines.		You make your own appointments and get your medicines.
Your parent/caregiver helps with your care and reminds you to take your medicines.		You take control of your care and take medicines on your own.
Your parent/caregiver can see your health information, including test results.		Health information is private unless you agree to let others see it.
Your parent/caregiver knows your health insurance and pays any charges at the visit.		You keep your health insurance card with you and pay any charges at the visit.
Your parent/caregiver keeps a record of your medical history and vaccines.		You keep a record of your medical history and vaccines.
Many pediatric specialists provide both specialty and some primary care.		Adult specialists often do not provide primary care, so you need to have a primary care doctor along with a specialist.

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaptation.

Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Youth & Young Adult thoughts on moving to adult care

"The fact that I will have to go... and not being familiar with it. That's probably where the nervousness comes in."

"I guess that's one of the reasons I'm not jumping to change doctors is because I feel close to him and I trust him."

From youth in pediatric care¹

From young adults in adult care¹

"They treat you more maturely. They expect you to know your responsibilities and stuff ... I like it. I like to have responsibility. I mean it's knowing ... you have to know your medications and everything."

"She gave me this big talk about some of the new things I'm going to encounter as an adult with a chronic condition. And she just opened my eyes to a lot of things."

TIPS FOR PREPARING FOR YOUR MOVE TO ADULT HEALTH CARE

- Write down a list of questions and concerns you have before seeing your new doctor.
- Keep a list of your medicines, how much you take, and any allergies to medicines. You can take a picture of your medicines label and bring it with you to your visit.
- Keep your doctor's phone number in your phone or somewhere you can easily find it.
- Keep your health insurance card with you always.
- Keep a record of your medical history, allergies and vaccines to share with your new doctor.
- Ask your doctor where to go if you need to get care after office hours or on the weekend.
- Ask your doctor to explain information you do not understand
- Ask your doctor if there is an online portal or an app you can use to look up your health information, contact information, or to make appointments.

¹Tuchman LK, Slap GB, and Britto MT. Transition to adult care: Experiences and expectations of adolescents with a chronic illness. *Child: Care, Health and Development*. 2008;34(5):557-63.

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaptation.

Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

BUILDING A BRIDGE

SYSTEM DIFFERENCES BETWEEN PEDIATRIC & ADULT HEALTH CARE

System Characteristics	Pediatric	Adult
Orientation to Care	Growth & development	Maintenance of well-being with aging
Practice Approach	Family-centered; shared decision-making with parents	Patient-centered; shared decision-making with young adult
Primary Care Practice Patient Population	Majority of patients do not have chronic conditions	Majority of patients have chronic conditions
Specialty Clinic Affiliation/Location	Most pediatric specialty clinics located in children's hospitals	Most adult specialty practices located in private office-based settings
Multidisciplinary Staffing	Most pediatric specialty clinics are co-located with other specialists and can offer ancillary therapies	Most adult specialty clinics are not co-located with other specialists and need to refer out to other specialists and ancillary therapists
Availability of Care Coordination	Most pediatric subspecialty clinics and many pediatric primary care practices have care coordination services. Several public care coordination programs (e.g., State Title V program) are available for youth with specific chronic conditions	Few adult specialty clinics and even fewer adult primary care practices have the availability of care coordination services. Few public care coordination programs are available for adults with chronic conditions
Length of Appointment	Longer time	Shorter time
Time Alone	Sometimes for part of visit	Legally required for confidentiality over age 18, unless young adult gives permission for others to be present
Patient Role as Self Advocate	Less, given parental support/presence during visit	Essential
Patient Role in Making Appointments & Medication Refills	Parent handles	Patient handles
Adherence to Care	Offer more reminders and work arounds (i.e., using shots or intravenous medications); provider has legal option of contacting protective services if needed	Expectation of adherence; up to patient to follow treatment/ medication recommendations; provider has no legal options
Medication Dosage	Depends on weight	Commonly one adult dose, but occasionally related to weight
Use of Pain Medications	More liberal availability	More restrictive availability
Time in Care System	Usually about 20-25 years	Average 50+ years

Copyright © Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaptation.

Got Transition (GotTransition.org) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

BUILDING A BRIDGE

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION: SAMPLE TRANSITION READINESS ASSESSMENT FOR YOUTH

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

<i>Preferred name</i>	<i>Legal name</i>	<i>Date of birth</i>	<i>Today's date</i>
-----------------------	-------------------	----------------------	---------------------

TRANSITION IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

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

0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ | 6 _____ | 7 _____ | 8 _____ | 9 _____ | 10 _____
not _____ very

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

0 _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ | 6 _____ | 7 _____ | 8 _____ | 9 _____ | 10 _____
not _____ very

MY HEALTH & HEALTH CARE <i>Please check the answer that best applies now.</i>	NO	I WANT TO LEARN	YES
I can explain my health needs to others.			
I know how to ask questions when I do not understand what my doctor says.			
I know my allergies to medicines.			
I know my family medical history.			
I talk to the doctor instead of my parent/caregiver talking for me.			
I see the doctor on my own during an appointment.			
I know when and how to get emergency care.			
I know where to get medical care when the doctor's office is closed.			
I carry important health information with me every day (e.g., insurance card, emergency contact information).			
I know that when I turn 18, I have full privacy in my health care.			
I know at least one other person who will support me with my health needs.			
I know how to find my doctor's phone number.			
I know how to make and cancel my own doctor appointments.			
I have a way to get to my doctor's office.			
I know how to get a summary of my medical information (e.g., online portal).			
I know how to fill out medical forms.			
I know how to get a referral if I need it.			
I know what health insurance I have.			
I know what I need to do to keep my health insurance.			
I talk with my parent/caregiver about the health care transition process.			

MY MEDICINES *If you do not take any medicines, please skip this section.*

I know my own medicines.

I know when I need to take my medicines without someone telling me.

I know how to refill my medicines if and when I need to.

WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

BUILDING A BRIDGE

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION: HOW TO SCORE THE TRANSITION READINESS ASSESSMENT FOR YOUTH

The purpose of the transition readiness assessment is to begin a discussion with youth about health-related skills. Scoring is optional and can be used to follow individual progress on gaining these skills, not to predict successful transition outcomes.

This scoring sheet can be filled out to score a youth's completed transition readiness assessment or it can be used as a scoring guide to refer to when marking the score on their completed assessment.

Each response can be converted to a score of 0 (No), 1 (I want to learn), or 2 (Yes). Because not all youth are taking medicines, numbers in "My Health & Health Care" and "My Medicines" should be calculated separately.

MY HEALTH & HEALTH CARE <i>Please check the answer that <u>best</u> applies now.</i>	NO	I WANT TO LEARN	YES
I can explain my health needs to others .	0	1	2
I know how to ask questions when I do not understand what my doctor says .	0	1	2
I know my allergies to medicines .	0	1	2
I know my family medical history .	0	1	2
I talk to the doctor instead of my parent/caregiver talking for me .	0	1	2
I see the doctor on my own during an appointment .	0	1	2
I know when and how to get emergency care .	0	1	2
I know where to get medical care when the doctor's office is closed.	0	1	2
I carry important health information with me every day (e.g., insurance card, emergency contact information) .	0	1	2
I know that when I turn 18, I have full privacy in my health care .	0	1	2
I know at least one other person who will support me with my health needs .	0	1	2
I know how to find my doctor's phone number.	0	1	2
I know how to make and cancel my own doctor appointments .	0	1	2
I have a way to get to my doctor's office.	0	1	2
I know how to get a summary of my medical information (e.g., online portal) .	0	1	2
I know how to fill out medical forms.	0	1	2
I know how to get a referral if I need it.	0	1	2
I know what health insurance I have .	0	1	2
I know what I need to do to keep my health insurance .	0	1	2
I talk with my parent/caregiver about the health care transition process .	0	1	2
MY MEDICINES <i>If you do not take any medicines, please skip this section.</i>			
I know my own medicines .	0	1	2
I know when I need to take my medicines without someone telling me .	0	1	2
I know how to refill my medicines if and when I need to.	0	1	2

My Health & Health Care Total Score: _____ /40

My Medicines Total Score: _____ / 6

BUILDING A BRIDGE

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION: SAMPLE TRANSITION READINESS ASSESSMENT FOR PARENTS/CAREGIVERS

Please fill out this form to help us see what your child already knows about their health and the areas you think they want to learn more about. After you complete the form, you can ask your child to share their answers from their completed form, and you can compare them.

<i>Youth name</i>	<i>Parent/Caregiver name</i>	<i>Youth date of birth</i>	<i>Today's date</i>
-------------------	------------------------------	----------------------------	---------------------

TRANSITION IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to your child to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ *very*

How confident do you feel about your child's ability to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
not _____ *very*

MY CHILD'S HEALTH & HEALTH CARE *Please check the answer that best applies now.*

	NO	THEY WANT TO LEARN	YES
My child can explain their health needs to others.			
My child knows how to ask questions when they do not understand what their doctor says.			
My child knows their allergies to medicines.			
My child knows our family medical history.			
My child talks to the doctor instead of me talking for them.			
My child sees the doctor on their own during an appointment.			
My child knows when and how to get emergency care.			
My child knows where to get medical care when the doctor's office is closed.			
My child carries important health information with them every day (e.g., insurance card, emergency contact information).			
My child knows that when they turn 18, they have full privacy in their health care.			
My child knows at least one other person who will support them with their health needs.			
My child knows how to find their doctor's phone number.			
My child knows how to make and cancel their own doctor appointments.			
My child has a way to get to their doctor's office.			
My child knows how to get a summary of their medical information (e.g., online portal).			
My child knows how to fill out medical forms.			
My child knows how to get a referral if they need it.			
My child knows what health insurance they have.			
My child knows what they need to do to keep their health insurance.			
My child and I talk about the health care transition process.			

MY CHILD'S MEDICINES *If your child does not take any medicines, please skip this section.*

My child knows their own medicines.

My child knows when they need to take their medicines without someone telling them.

My child knows how to refill their medicines if and when they need to.

WHICH OF THE SKILLS LISTED ABOVE DOES YOUR CHILD MOST WANT TO WORK ON?

BUILDING A BRIDGE

THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION: HOW TO SCORE THE TRANSITION READINESS ASSESSMENT FOR PARENTS/CAREGIVERS

The purpose of the transition readiness assessment is to begin a discussion with youth and parents/caregivers about health-related skills. Scoring is optional and can be used to follow individual progress on gaining these skills, not to predict successful transition outcomes.

This scoring sheet can be filled out to score a parent/caregiver's completed transition readiness assessment or it can be used as a scoring guide to refer to when marking the score on their completed assessment.

Each response can be converted to a score of 0 (No), 1 (They want to learn), or 2 (Yes). Because not all youth are taking medicines, numbers in "My Child's Health & Health Care" and "My Child's Medicines" should be calculated separately.

MY CHILD'S HEALTH & HEALTH CARE <i>Please check the answer that <u>best</u> applies now.</i>	NO	THEY WANT TO LEARN	YES
My child can explain their health needs to others .	0	1	2
My child knows how to ask questions when they do not understand what their doctor says .	0	1	2
My child knows their allergies to medicines .	0	1	2
My child knows our family medical history .	0	1	2
My child talks to the doctor instead of me talking for them .	0	1	2
My child sees the doctor on their own during an appointment .	0	1	2
My child knows when and how to get emergency care .	0	1	2
My child knows where to get medical care when the doctor's office is closed .	0	1	2
My child carries important health information with them every day (e.g., insurance card, emergency contact information) .	0	1	2
My child knows that when they turn 18, they have full privacy in their health care .	0	1	2
My child knows at least one other person who will support them with their health needs .	0	1	2
My child knows how to find their doctor's phone number .	0	1	2
My child knows how to make and cancel their own doctor appointments .	0	1	2
My child has a way to get to their doctor's office .	0	1	2
My child knows how to get a summary of their medical information (e.g., online portal) .	0	1	2
My child knows how to fill out medical forms .	0	1	2
My child knows how to get a referral if they need it .	0	1	2
My child knows what health insurance they have .	0	1	2
My child knows what they need to do to keep their health insurance .	0	1	2
My child and I talk about the health care transition process .	0	1	2
MY CHILD'S MEDICINES <i>If your child does not take any medicines, please skip this section.</i>			
My child knows their own medicines .	0	1	2
My child knows when they need to take their medicines without someone telling them .	0	1	2
My child knows how to refill their medicines if and when they need to .	0	1	2

My Child's Health & Health Care Total Score: _____ /40

My Child's Medicines Total Score: _____ / 6

BUILDING A BRIDGE

PEDIATRIC TO ADULT CARE TRANSITIONS TOOLS: TRANSITION READINESS ASSESSMENT FOR YOUTH WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

This document should be completed by youth with intellectual or developmental disabilities who are under the age of 18 years old in order to assess their readiness to transition to an adult health care provider. If a youth's intellectual or developmental disabilities prevent him or her from independently filling out this document, the youth's caregiver should fill out the caregiver version of this Transition Readiness assessment form instead.

Please fill out this form to help us see what you already know about your health and using health care and areas that you need to learn more about.

Date: _____

Name: _____

Date of Birth: _____

Legal Choices for Making Health Care Decisions

- I can make my own health care choices.
- I need some help with making health care choices (Name: _____ Consent: _____).
- I have a legal guardian (Name: _____).
- I need a referral to community services for legal help with health care decisions and guardianship.

Personal Care

- I care for my all my needs.
- I care for my own needs with help.
- I am unable to provide self-care, but can direct others.
- I require total personal care assistance.

Transition and Self-Care Importance and Confidence On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it to you to take care of your own health care and change to adult doctor before age 22?

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

How confident do you feel about your ability to take care of your own health care and change to an adult doctor before age 22?

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

My Health

Please check the box that applies to you right now.

	Yes, I know this.	I need to learn.	Someone needs to do this... Who?
I know my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell other people what my medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do if I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the medicines I take and what they are for, and when I need to take them without someone reminding me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I am allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help with my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain to people how my beliefs affect my care choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Health Care

Please check the box that applies to you right now.

	Yes, I know this.	I need to learn.	Someone needs to do this... Who?
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask.	<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 I should show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get care when my doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING A BRIDGE

PEDIATRIC TO ADULT CARE TRANSITIONS TOOLS: TRANSITION READINESS ASSESSMENT FOR YOUTH WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Using Health Care	Please check the box that applies to you right now.	Yes, I know this.	I need to learn.	Someone needs to do this... Who?
I have a folder at home with my medical information, including my medical summary and emergency care plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my plan of care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask for a form to be seen by other doctors or therapist.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and what to do when I run out of my medicines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get a blood test or x-rays if the doctor orders them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, allergies, medications, and emergency phone numbers).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I am 18 the rules about my health privacy change.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan so I can keep my health insurance after 18 or older.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If applies) I have a plan so I can keep my disability benefits (SSI) after 18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



BUILDING A BRIDGE

PEDIATRIC TO ADULT CARE TRANSITIONS TOOLS: TRANSITION READINESS ASSESSMENT FOR PARENTS/CAREGIVERS OF YOUTH WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

This document should be completed by caregivers of youth with intellectual or developmental disabilities who are under the age of 18 years old in order to assess their youth's readiness to transition to an adult health care provider. If a youth's intellectual or developmental disabilities do not prevent him or her from independently filling out this document, the youth should fill out the youth version of this Transition Readiness assessment form instead.

Please fill out this form to help us see what your youth already knows about their health and using health care and areas that you think they/you need to learn more about.

Date:

Patient Name:

Date of Birth:

Caregiver Name:

Are you the main/full-time caregiver? Yes No

Decision-making/Guardianship

- My youth can make my own health care choices.
- My youth needs some help with making health care choices (Name: _____ Consent: _____).
- My youth has a legal guardian (Name: _____).
- My youth/I need a referral to community services for legal help with health care decisions and guardianship.

Personal Care

- My youth can care for all his/her needs.
- My youth can care for his/her own needs with help.
- My youth is unable to care for himself/herself, but can tell others his/her needs.
- My youth requires help for all his/her needs.

Transition Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is for your youth to prepare for and change to an adult doctor before age 22?

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

How confident do you feel about your youth's ability to prepare for and change to an adult doctor before 22?

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

Your Youth's Health

Please check the box that applies to you right now.

	Yes, my youth knows this.	My youth needs do learn this.	I need to learn this.
My youth knows his/her medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can tell other people what his/her medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what to do if he/she has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows the medicines he/she takes and what they are for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can take his/her medicine by himself/herself without a reminder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what medicines he/she should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what he/she is allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can name 2-3 people who can help him/her with his/her health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teen can explain to people how his/her beliefs affect his/her care choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING A BRIDGE

PEDIATRIC TO ADULT CARE TRANSITIONS TOOLS: TRANSITION READINESS ASSESSMENT FOR PARENTS/CAREGIVERS OF YOUTH WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Using Health Care	<i>Please check the box that applies to you right now.</i>	<i>Yes, my youth knows this.</i>	<i>My youth needs to learn this.</i>	<i>I need to learn this.</i>
My youth knows or can find his/her doctor's phone number.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth makes his/her own doctor appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my youth thinks about questions to ask.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a way to get to his/her doctor's office.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows he/she should show up 15 minutes before the visit to check in.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where to get care when his/her doctor's office is closed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a folder at home with his/her medical information, including his/her medical summary and emergency care plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a copy of his/her plan of care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows how to fill out medical forms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows how to ask for a form to be seen by other doctors or therapists.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where his/her pharmacy is and what to do when he/she runs out of his/her medicines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where to get a blood test or x-rays if the doctor orders them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth carries health information with him/her every day (e.g. insurance card, allergies, medications, and emergency phone numbers).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows when he/she is 18 the rules about his/her health privacy change.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a plan so he/she can keep his/her health insurance after 18 or older.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WHAT HAPPENS WHEN I TURN 18?

AGE OF MAJORITY

At 18 years of age, a person in Idaho becomes a legal adult, whether or not he /she has a physical or mental disability. Special Education rights transfer from the parent to the student at this time unless it is agreed that the student is unable to provide informed consent with respect to his special education program. However, even when Special Education rights transfer to the student, "the right to receive written notice is always retained by both the parent and the adult student. The parent will continue to receive copies of any notices, including written notices and invitations to IEP team meetings that the adult student receives." The Idaho Special Education Manual 2020

It is important for families to understand that transition represents the process of moving from services of entitlement, to services of eligibility. In Idaho, students are entitled to educational services up to the age of 21, after that they must meet eligibility criteria to qualify for services. At the age of 18 a person is assumed to be financially independent and eligibility for disability benefits (SSI) will be determined based on individual assets rather than those of his or her parents. If you would like to know more about SSI, the following are places that you can get more information.

- There are three informative articles available from the National Center on Secondary Education and Transition (NCSET) and from PACER at www.pacer.org
- You may request them from IPUL if you don't have internet access.



For more information about what to consider when turning 18 in Idaho visit www.18inidaho.org

Some topics you will find here:

Voting

Registering for Selective Service Laws at age 18 and 21

Driver's License and ID

GUARDIANSHIP & CONSERVATORSHIP

If more areas of decision making are of concern and the individual is likely to suffer substantial harm due to an inability to provide for their personal needs for food, clothing, shelter, health care, or safety or an inability to manage his or her property or financial affairs, a general or partial guardianship may be set up.

Guardianship is a court-ordered relationship between a competent adult (a guardian) and an adult with impairment (proposed ward). Guardianship grants the ability to give consent in specified areas, but does not ordinarily mean that the guardian will have financial responsibility for that care or service. During the court process, the proposed ward may be represented by an attorney of their own choosing or the court will appoint an attorney, to represent him or her, who then has the powers and duties of a guardian ad litem. Guardianships can be as limited or as broad as necessary. For young people today, at a time when self-determination is the goal, it is encouraged that guardianships be as limited as possible, so that the individual with a disability has the right and the responsibility to make decisions in as much of his or her life as possible.

Full or general guardianships give the guardian the right to make decisions for the person with a disability in all areas of life, from where the individual will live, to who their friends will be, and should only be used when absolutely necessary. A partial or limited guardianship can be tailored to address only those areas that are of major concern. Parents do not automatically become their adult child's guardian. They should initiate an inquiry about the process in the year before their child's 18th birthday.

There are three laws in Idaho through which guardianship can be established:

- Under a law that governs people with developmental disabilities: Idaho Code §66-401 et seq
- Through the probate court: Idaho Code §15-5-303 et seq
- For individuals in mental health crisis, temporary guardianship can be established: Idaho Code § 66-317 et seq

It is important for parents to consult professionals who are familiar with the legal issues involved in these complex issues. The following organizations can be consulted for additional information:

- Idaho Parents Unlimited, Inc. (IPUL, Inc)
- Idaho Council on Developmental Disabilities
- National Program Office on Self Determination

Ask for recommendations for attorneys familiar with disability issues, Estate Planning and Guardianship issues from:

- Idaho State Bar Association
- Disability Rights Idaho
- Idaho Legal Aid

Call the Social Security Administration 1-800-2345-ssa with questions about SSI.

ALTERNATIVES TO DD GUARDIANSHIP IN IDAHO

Persons in Idaho who have developmental disabilities are afforded special protections in the appointment of a guardian. Idaho Code §66-401 contains legislative intent that persons with developmental disabilities are entitled to be cared for in a manner consistent with their legal rights and in a manner that is no more restrictive than necessary for their protection.

A guardianship for someone under the DD Act is for the purpose of assuring protection of a person with a developmental disability who may not fully be able to make decisions in their own best interests. Although a full guardianship under the Developmental Disabilities Act may be appropriate in some circumstances, other alternatives may allow the person with a developmental disability to retain and exercise as many of their remaining rights as possible.

Listed below are alternatives to a full guardianship. The alternatives provided below are for informational purposes only. If you have a need for further advice or wish to pursue one of these options, you may consider seeking the advice of legal council or an otherwise qualified professional.

- 1. Limited Guardianships:** The DD Act contains provisions for limited guardianships. In limited guardianships, the powers of the guardian are specified in the letters of guardianship (court order). The ward (person with a developmental disability) retains autonomy in areas that are not specified in the letters of guardianship. Limited guardianships are preferable in any case where the person with a developmental disability has capacity to make some of his own decisions.

Limited guardianships are an alternative to full guardianships for people with developmental disabilities who may possess limited decision making capacity. For example, someone may be able to make routine decisions such as personal preferences for religion, friendships, dietary, or spending small amounts of money but need more support in making significant medical or financial decisions.

- 2. Financial Concerns:** If concerns for a person with a developmental disability are primarily financial, several alternatives may be explored with appropriate professionals, as listed below:
 - Representative Payee for Social Security benefits. The payee receives the monthly payment instead of the eligible person and agrees to spend the money for the care and best interests of that person. This requires that application be made to the Social Security Administration. Guardianship is not required.
 - Bank accounts that require co-signature. Joint accounts do not require legal guardianship status. This allows for oversight of expenditures.
 - Trusts. Both assets and income can be paid into a trust for the benefit of the individual, but under the control of a trustee who is obligated to provide for the support and care according to the terms of the trust.
 - A more restrictive alternative for addressing financial concerns is conservatorship. Generally, a conservator makes decisions regarding a person's property and makes no decision regarding the individual person. In a conservatorship, a person is appointed by the court to manage or make decisions about the property of a protected person.

Conservatorships are likely to be used where there are significant assets and the primary concern is financial. Where there are significant assets and the person also has a need for a guardian, it's recommended that conservator also be appointed at the time a guardian is appointed; the conservator may be a different person than the guardian.

Like a guardian, a conservator is appointed by a court order. Appointment of a conservator may be made if the court determines, "that (1) the person is unable to manage his property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance; and (2) the person has property which will be wasted or dissipated unless proper management is provided, or that funds are needed for the support, care and welfare of the person or those entitled to be supported by him and that protection is necessary or desirable to obtain or provide funds."

3. **Medical Concerns:** If the primary concerns are medical issues, guardianship may not be necessary. Guardianship is not essential for consent to general medical treatment.
 - If an individual is incapable of giving consent for medical care, consent may be given by a parent or spouse. If these persons are unavailable, a relative or other competent person representing him or herself to be responsible for the health care of such person may authorize treatment.
 - Even if a person with a developmental disability has a guardian, Idaho Code prohibits the guardian from consenting to sterilization. Sterilization can only take place following a separate court hearing and an order unless there is a valid medical reason other than to prevent conception. An order of guardianship does not give the guardian power to consent to sterilization.
 - An advance directive is a written instruction which guides care when an individual is terminally ill or incapacitated and unable to communicate his desires. NOTE: The individual must be competent at the time of the creation of such advance directives which may rule this option out for an individual whose competence is in question.
4. **Power of Attorney:** A power of attorney is a voluntary designation by a person of sound mind. The person granting the power of attorney is free to define the scope of authority of the designated person and usually powers of attorney are given for limited and narrowly defined purposes.

This option may only be considered where a person with a developmental disability is competent to make such an appointment to designate another to act on his behalf in the event that he becomes incapacitated. A power of attorney by someone who is not competent is invalid and a person appointed in such case could be prosecuted for exploitation under Idaho criminal codes.

The key point for a person with a developmental disability is whether he is of sound mind and has sufficient capacity at the time the power of attorney was executed. An example where this might be appropriate is for an individual who has a physical disability such as cerebral palsy but is competent to make decisions may be recognized as having the ability to execute a valid power of attorney.

5. **Co-Guardianship:** A Only a court may appoint a guardian for a person with a developmental disability. A court may appoint more than one guardian, known as a co-guardian, in some circumstances. It can be used when there's a possibility of the current guardian becoming unable to act as guardian. An example of this might be an aging guardian of a person with a developmental disability who anticipates becoming unable to carry out his responsibilities as a guardian. He may request the court to appoint another person, such as a sibling, to become a co-guardian. This allows for a smooth transfer of guardianship responsibilities when one of the co-guardians is unavailable or unable to carry out their responsibilities as guardian.

MANAGING YOUR FINANCES

FINANCIAL CONSIDERATIONS

If a young adult is truly not capable of making decisions about some of his or her day-to-day needs, there are a variety of options available to the families to deal with this issue. They are listed below.

If the young adult is capable of making most of the necessary day-to-day decisions, but is not capable of doing a good job of managing the financial aspect of life there are several options. If it is only a matter of seeing that bills are paid, that the individual gets guidance on day-to-day expenditures, and if the student individual will be living on SSI funds, then a representative

payee may be appointed to receive and disperse funds. This requires that application be made to the Social Security Administration. Another option is a joint bank account. Neither of these options require a guardianship or a conservatorship.

If there is a considerable amount of property involved, and if no trust has been set up, a conservator can be appointed to make decisions about the property of a protected person. If money is to be left to the young person through a will, and if that money would make the young person ineligible for Supplemental Security Income (SSI) or Medicaid, then that money can be put into a special needs trust that can be established to enhance the individual's life while protecting eligibility for SSI and Medicaid. Trusts are controlled by a trustee who can hold both the assets and income for the benefit of the individual with a disability.

ABLE ACCOUNTS: WHAT IS AN ABLE ACCOUNT?

ABLE Accounts are savings accounts for people with disabilities. The passage of the Stephen Beck Jr., Achieving a Better Life Experience Act of 2014, or the ABLE Act, provides the opportunity to save money beyond typical resource limits.

Several thousand Idahoans with disabilities and their families depend on public benefits for health care, food, utility and housing assistance. ABLE accounts allow eligible Idahoans to save money to purchase qualified disability goods and services that will help them gain independence and choice without losing the assistance they need.

Idaho does not offer an ABLE Program at this time. However, eligible Idahoans with disabilities may sign up for an out of state program, if that state offers out of state enrollment.

The passage of House Bill 41, signed by the Governor on March 20, 2017 (Idaho Statute §56-708), allows eligible people with disabilities to save up to \$100,000 in an ABLE account without losing state, local and federal benefits. Savings in an ABLE account does not count when determining an Idaho resident's eligibility for a state or local assistance program/need-based state or local grant, as long as the ABLE account, and the activity related to it, is disregarded in determining the person's eligibility for a federal assistance program. This legislation also established, subject to appropriation, a function to provide individuals with disabilities, and those assisting them, technical assistance relating to the ABLE Act.

The Idaho State Independent Living Council (SILC) provides information and referral about the ABLE Act; and technical assistance regarding setting up an ABLE savings account in another state. The SILC provides limited individual financial literacy education as needed, as well as one-day financial literacy workshops scheduled regionally.

BUILDING A BRIDGE

IMPORTANT SUGGESTIONS FOR RECORD KEEPING

There are many decisions to be made and much information to be kept track of as you prepare for the transition to adulthood. Parents and students often find working with adult service providers a confusing and time consuming process. Many people may be involved.

CONTACTED	PHONE	DATE	Services available, eligibility requirements, referrals, etc.	FOLLOW UP

AGENCIES PROVIDING SERVICES FOR ADULTS WITH DISABILITIES

There are many agencies that provide services for transition aged adolescents with disabilities. A variety of placements and opportunities ranging from community based work to living placements in your neighborhood, to day centers, workshops and homes for persons with disabilities may be available. Seek placements that are based as much as possible in the person's neighborhood and community. This allows people with disabilities to build networks of support and camaraderie within their own communities in ways that will benefit all citizens. Challenges you may face when looking for a particular service include: finding an agency that provides the service you need, finding an agency that has knowledge about your particular disability, or finding an agency doesn't have a long waiting list of eligible persons with disabilities. Even though an agency may not offer the service you are looking for, be sure to ask what services the agency does provide and if you are eligible. Asking questions is often the catalyst that leads to information about other opportunities. In addition to the agencies listed below, ask your school about other resources or call the organizations listed below for additional services for transition-aged young adults.

Idaho Parents Unlimited, Inc. (IPUL) Is a statewide networking organization dedicated to the attainment of appropriate services for people with disabilities; promoting better public understanding of the problems facing children and adults with disabilities; promoting programs in Idaho which provide parent training, special services, advocacy, and information and referral services; stimulating communication and joint activities among parent support and training organizations; promoting coordination with all public and private agencies and organizations, promoting parent/professional collaboration; and providing a network for dissemination of information through publications, workshops and conferences in the state of Idaho. www.ipulidaho.org

Department of Health and Welfare Regional Service Centers are located in the larger communities of Idaho. They are the hub for service delivery in the counties they serve. Field offices are the local branches of regional offices. ACCESS Units are located in regional Developmental Disabilities Programs. These offices provide access to care coordination, evaluation, services and supports. ACCESS Units determine eligibility, authorize many publicly funded developmental disabilities services and plan development. After eligibility is determined, consumer plans are developed and services are authorized. Regional ACCESS Units include representatives from regional Developmental Disabilities and Medicaid programs. For the ACCESS Unit nearest you, check with the Regional Services Center for your region by going to the Idaho Department of Health and Welfare (DHW) website: www.state.id.us/dhw for a listing of DHW offices, programs and services.

Developmental Disability Agencies (DDAs) are private centers that provide developmental therapy, skill development, and community based activities in centers, homes, and communities for children and adults with developmental disabilities. Call Idaho Parents Unlimited (IPUL) or your regional Department of Health and Welfare to identify DDAs in your area.

Comprehensive Advocacy, Inc. (Co-Ad) protects and advocates for the rights of individuals with disabilities. If an individual is denied vocational employment services, or encounters changes in the delivery of services, Co-Ad may intervene to resolve differences. CO-AD may be reached in the Boise area at 336-5353- or 1-866-COADINC (1-866-262-3462) or on their website: www.users.moscow.com/co-ad

Idaho Division of Vocational Rehabilitation (IDVR) provides service to assist persons with physical and/or mental disabilities to obtain and maintain employment. IDVR can provide individualized services to eligible persons that may include vocational assessment, guidance and training, career education and on the job training, supported employment services and rehabilitation technology services. Contact your Regional IDVR office or go to their website: www.state.id.us/idvr

BUILDING A BRIDGE

Idaho Commission for the Blind and Visually Impaired (ICBVI) provides services to assist people with blindness or visual impairments to obtain, retain, or regain employment. ICBVI can provide individualized services to eligible clients that may include alternative skills of blindness, assessment, vocational guidance and counseling, training, and rehabilitation technology services. Contact your regional ICBVI office or go to their website: www.state.id.us/icbvi

The Idaho Assistive Technology Project (IATP) provides statewide information and assistance to Idahoans regarding assistive technology (AT) and provide AT assessments and trainings for educators and students with disabilities. www.idahoat.org

Independent Living Centers assist persons with physical and/or mental disabilities to live independently in their communities. There are six Centers in Idaho. Services may include assistance in obtaining modifications to a home or vehicle, adaptive equipment, personal care assistance, advocacy, peer counseling and independent living skills training. www2.state.id.us/silc/

Medicaid provides financial assistance in meeting medically related costs to persons with limited income and/or disabilities. Developmental Disability Therapy and Personal Care Services (PCS) are also Medicaid programs. PCS is an alternative to nursing home or institutional care. Medicaid is administered by the Department of Health and Welfare. Individuals receiving Supplemental Security Income are eligible for a Medicaid card. Contact your Department of Health and Welfare regional service center to find you local office.

Social Security Administration (SSA) administers Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), and Work Incentives. Call 1-800-772-1213 between 7a.m and 7p.m. Monday through Friday for information, applications, and appointments times.

The Idaho Benefits Planning, Assistance & Outreach Program focuses upon the federal work incentives that facilitate going on to college, specific vocational development, and a host of individually chosen goals.

P.O. Box 2572
Boise, ID 83701
info@edcid.org
www.edcid.org
Voice: (208) 250-7974
Toll Free in Idaho: (866) 250-7974
Fax: (208) 334-3661

Parent Educational Advocacy Training Center at www.peatc.org

National Center for Secondary Education and Transition at www.ncset.org

National Dissemination Center for Children with Disabilities has many free publications for families and youth available on their website at www.nichcy.org/pubs/

KEY LAWS RELATED TO TRANSITION FROM SCHOOL TO ADULT LIFE

- The Individuals with Disabilities Education Act (IDEA) re-affirms the right of all children to a free and appropriate public education program. It further states that the IEP must include a statement of needed transition services.
- Enacted In 1990, the Americans with Disabilities Act (ADA) is designed to ensure that work, transportation, living, and recreational opportunities are accessible to students with disabilities (and all people with disabilities) when they leave school. The U.S. Department of Labor, Office of Disability Employment Policy (ODEP) works to develop and disseminate key written and online resources for businesses that want to attract and retain top talent, and individuals who want to work, advance in their careers and start their own businesses. These resources include a recently redesigned Web site at www.dol.gov/odep and new resources from the Job Accommodation Network (JAN), a free information and referral service on job accommodations, return-to-work strategies, and the Americans with Disabilities Act (ADA).
- The Rehabilitation Act, which is now a section of the Workforce Investment Act (WIA) which was originally enacted in 1973, was reauthorized most recently. The purpose of this Act is to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, inclusion and integration into society.
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities by any organization or institution that receives federal financial assistance. Like the ADA, Section 504 is a broad civil rights statute, and the two laws have similar or identical provisions, but Section 504 applies only to institutions and programs receiving federal financial assistance. Section 504 affects a wide range of educational practices, including:
 - Provision of services to students
 - Physical accessibility
 - Employment
 - Compliance procedures
- Section 508, an amendment to the Rehabilitation Act, requires that Federal agencies' electronic and information technology be accessible to people with disabilities. A lot of information technology is used in educational arenas, but all too often either the hardware or the software is not truly accessible to the students or employees with disabilities who are intended to use it. Too often web content or operational educational software is not designed to be accessible. The potential for information technology to maximize independence, participation, and production by students with disabilities will only occur when we all procure, develop and use accessible information technology.
- Carl D. Perkins Vocational and Applied Technology Act of 1990, which has since then also become a section of the Workforce Investment Act (WIA), expands the original Act of 1984 that was enacted to increase the quality of vocational instruction and include all students. It further promotes higher quality programs and directs vocational educators to increase the participation of persons with disabilities in vocational programs.
- The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014. WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Congress passed the Act with a wide bipartisan majority; it is the first legislative reform of the public workforce system since 1998.
- The Technology Related Assistance for Individuals with Disabilities Act (Tech Act) was enacted to enable people with disabilities to have increased access to and funding for assistive technology. In Idaho the Idaho Center on Disabilities and Human Development administers the TECH Act through the federally funded Idaho Assistive Technology Project (IATP) to provide statewide information and assistance to Idahoans regarding assistive technology. The IATP, in partnership with the State Department of Education (SDE), provides AT assessments and trainings for Idaho Educators.

BUILDING A BRIDGE

	IDEA	SECTION 504	ADA
Mission	To provide a free, appropriate, public education (FAPE) in the least restrictive environment	To establish a “level playing field” and prevent discrimination based on a disability	Strengthens Section 504 and extends coverage to employment, private institutions and other previously unnamed agencies & organizations
Applies to	All public schools, pre-kindergarten to 12th grade or age 21 if enrolled in a public secondary program	All institutions and programs receiving federal financial assistance. Includes private institutions where students receive federal financial assistance (i.e., colleges and universities receiving federal aid).	Public and private education, employment, transportation, accommodations and telecommunications, regardless of whether there is federal funding (i.e., all colleges and universities).
Covers	Those who have educational disabilities that require special education services to age 21 or graduation	All qualified persons with disabilities regardless of whether they received services in elementary or secondary school. A person is “otherwise qualified” if the person is able to meet the requisite academic and technical standards, with or without accommodations.	All qualified persons with disabilities and people without disabilities who are discriminated against because of their relationship with a person with a disability.
Defined as	Disabilities covered are defined in the Act and are too numerous to list here.	No specific list of disabilities. The definition of a person with a disability is a person with a physical or mental impairment that: <ul style="list-style-type: none"> • Substantially limits one or more major life activities. • Has a record of a disability • Is regarded as having a disability 	Same criteria as Section 504. HIV status, contagious and non-contagious diseases are also defined as disabilities.
ID/Process	Responsibility of the school. No expense to the parent or the student. Transfer of parental rights to the student at age 18.	Responsibility of the student to self-identify to the institution and provide appropriate documentation of Disability.	Same as Section 504

ACRONYMS AND ABBREVIATIONS

SECTION 504 - Section 504 of the Rehabilitation Act of 1973

AA - Alternate Assessment

ADA - Americans with Disabilities Act

ADD - Attention Deficit Disorder

ADHD - Attention Deficit Hyperactivity Disorder

AT - Assistive Technology

BIP - Behavioral Intervention Plan

CAP - Corrective Action Plan

DD - Developmental Delay

DHW - Department of Health and Welfare

DR - Dispute Resolution

EBD - Emotional Behavioral Disorder

ESEA - Elementary and Secondary Education Act

ESSA - Every Student Succeeds Act

ESY - Extended School Year

FAPE - Free and Appropriate Public Education

FBA - Functional Behavioral Assessment

FERPA - Family Educational Rights and Privacy Act

GED - General Education Development

IBI - Intensive Behavioral Interventions

IDAPA - Idaho Administrative Procedures Act

IDEA - Individuals with Disabilities Education Act

IDELR - Individuals with Disabilities Education Law Report

IEE - Independent Educational Evaluation

IEP - Individual Education Program

IFSP - Individual Family Services Plan

IPUL - Idaho Parents Unlimited, Inc.

IQ - Intelligence Quotient

ISAT - Idaho Standards Achievement Test

LEA - Local Education Agency

ACRONYMS AND ABBREVIATIONS

LEP - Limited English Proficiency

LI - Language Impairment

LD - Learning Disability

LRE - Least Restrictive Environment

MTSS - Multi-Tiered System of Support

OCR - Office of Civil Rights

OHI - Other Health Impaired

OI - Orthopedic Impairment

OT - Occupational Therapy

PBIS - Positive Behavioral Interventions and Supports

PBS - Positive Behavioral Supports

PII - Personally Identifiable Information

PLAAFP - Present Levels of Academic Achievement and Functional Performance
(Also known as PLOP for Present Levels of Performance)

PLOP - Present Levels of Performance (Also known as PLAAFP for Present Levels
of Academic Achievement and Functional Performance)

PT - Physical Therapy

PTI - Parent Training and Information Center

RTI - Response to Intervention

SCI - Significant Cognitive Impairment

SD - Standard Deviation

SDE - State Department of Education

SEA - State Education Agency

SEAP - Special Education Advisory Panel

SI - Speech Impairment

SLD - Specific Learning Disability

SP - Services Plan

SS - Standard Score

TBI - Traumatic Brain Injury

VI - Visual Impairment

WIOA - Workforce Innovation and Opportunity Act

GLOSSARY

Academic achievement. A student's level of performance in basic school subjects, measured either formally or informally.

Accommodation. Changes in the curriculum, instruction, or testing format or procedures that enable students with disabilities to participate in a way that allows them to demonstrate their abilities rather than disabilities. Accommodations are generally considered to include assistive technology as well as changes in presentation, response, timing, scheduling, and settings that do not fundamentally alter the requirements. Accommodations do not invalidate assessment results and do not fundamentally alter the requirements (or course expectations).

Adaptation. Changes to curriculum, instruction, or assessments that fundamentally alter the requirements, but that enable a student with a disability that significantly impacts performance an opportunity to participate. Adaptations include strategies such as reading the reading portion of a test, using spelling/grammar check for language arts assessments, and substituting out-of-level testing. Adaptations fundamentally alter requirements and invalidate assessment results and provide non-comparable results.

Adaptive behavior. Behavior that displays an age-appropriate level of self-sufficiency and social responsibility which includes the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, direction, functional academic skills, work, leisure, health, or safety.

Adverse Impact (adverse effect). A determination made by the evaluation team that the student's progress is impeded by the disability to the extent that their educational performance is significantly and consistently below the level of similar age peers, preventing the student from benefitting from general education. The phrases "adverse impact" and "adverse effect" are used interchangeably in this Manual and have the same meaning. See also "educational performance."

Adult student. A student with a disability, age eighteen {18} or older, to whom rights have transferred under the IDEA and Idaho Code, and who has not been deemed legally incompetent by a court or deemed ineligible to give informed consent by the IEP team.

Age-appropriate activities. Activities that typically-developing children of the same age would be performing or would have achieved.

Age of majority. The age at which, by law, a child assumes the responsibilities of an adult. In Idaho, the age of majority is eighteen {18}.

Aggregated data. Information that is considered as a whole. In this Manual, the term refers to collective data on all students, including students with disabilities.

Alternate assessment. An academic assessment based on alternate academic achievement standards that have been reduced in depth and complexity from the Idaho Content Standards. The alternate assessment (AA) is intended only for those students with the most significant cognitive impairments, representing about 1% of the total student population.

GLOSSARY

Alternative school. A public school placement option that may be utilized for students who are not succeeding in the traditional school environment but may benefit through the use of modified curriculum or flexible programming.

American with Disabilities Act (ADA) of 1990. A federal law prohibiting discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

Assessment. The formal or informal process of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. It is an integral component of the evaluation process. A test is one method of obtaining valid and reliable information within the assessment process. Assessment data may also include observations; interviews; medical reports; data regarding the effects of general education accommodations, adaptations, and interventions; and other formal or informal data.

Assistive technology device. Any item, piece of equipment, or product system whether acquired commercially, off a shelf, modified, or customized that is used to increase, maintain, or improve the functional capabilities of a student with a disability. Excludes surgically implanted medical devices.

Assistive technology service. Any service that directly assists a student with a disability with the assessment, selection, acquisition, or use of an assistive technology device. The term includes the evaluation of the need of the student; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing devices; coordinating and using other therapies, interventions, or services with existing education and rehabilitation plans and programs; training or technical assistance for a student and/or family; and training or technical assistance for professionals, employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the student.

Attention deficit disorder (ADD). A biologically based mental disorder that has these typical characteristics: short attention span; distractive behavior; difficulty following directions and staying on task; and an inability to focus behavior. The disorder compromises many skills needed for academic success, including starting, following through with, and completing tasks; moving from task to task; and following directions.

Attention deficit hyperactivity disorder (ADHD). A biologically based mental disorder in which a person has inappropriate degrees of inattention, impulsiveness and hyperactivity.

Audiologist. A licensed health care professional who diagnoses and supports management of hearing loss, counseling to auditory needs across environments, and fitting of hearing technology.

GLOSSARY

Autism. A disability category in which a developmental disability, generally evident before age three (3), significantly affects verbal or nonverbal communication skills and social interactions and adversely affects educational performance. Other characteristics often associated with autism include engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Behavioral intervention plan {BIP}. A plan comprising practical and specific strategies designed to increase or reduce a definable behavior. These strategies address preventative techniques, teaching replacement behaviors, how to respond or resolve behaviors, and crisis management, if necessary.

Benchmark. A major milestone which describes the progress the student is expected to make toward annual goals within a specified period of time. Similar to an objective.

Business day. A workday (Monday through Friday) except for federal and state holidays, unless specifically included.

Calendar day. Used interchangeably with day unless otherwise indicated as a business day or a school day.

Case manager. A member of the evaluation and/or IEP team (usually the special education teacher) who is designated to perform administrative functions for the team, including: (1) setting up meetings; (2) ensuring appropriate forms are completed; (3) ensuring timelines are met; and (4) includes the responsibility of coordinating and overseeing the implementation of the IEP.

Child. An individual who has not attained age eighteen (18).

Child find. A process to locate, identify, and evaluate individuals ages three (3) to twenty-one (21) who are suspected of having a disability and in need of special education.

Civil action. A judicial action that any party who is aggrieved by the final decision of a due process hearing officer may bring in either a federal district court or a state court of competent jurisdiction (as designated by Idaho law).

Complaint. (State complaint) A formal, written, and signed statement submitted to the Idaho State Department of Education by an individual or organization that contains one or more allegations and the facts on which the statement is based that a district or agency has violated a requirement of IDEA within the last year (365 days).

Consensus. Following the opportunity for each member to provide input and gain clarification, the resulting outcome where each member agrees to support the decision of the group. Consensus is both the general agreement to support the decision, and the process of reaching such agreement to support the decision.

Consent. Voluntary, written approval of a proposed activity, as indicated by a parent/adult student signature. The parent/adult student must be fully informed of all relevant information in his or her native language or other mode of communication and must understand all information relevant to the activity to make a rational decision.

GLOSSARY

Conservator. A person appointed by the court to handle financial decisions for a person who is incapacitated or debilitated. In Idaho the conservator has all of the powers conferred in Idaho Statute 15-5-424 and any additional powers conferred by law on trustees in this state. In addition, a conservator of the estate of an unmarried minor under the age of eighteen (18) years, as to whom no one has parental rights, has the duties and powers of a guardian of a minor described in section 15-5-209 of this code until the minor attains the age of eighteen (18) or marries, but the parental rights so conferred on a conservator do not preclude appointment of a guardian as provided by part 2 of this chapter, Idaho Statute 15-5-424.

Core academic subjects. These include English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography under the ESEA.

Corrective action plan (CAP). A plan that orders a district as a result of an IDEA complaint to take corrective actions to resolve legal deficiency as found by the SOE.

Critical life skill. Skills that lead to independent functioning. Development of these skills can lead to reduced dependency on future caretakers and enhance students' integration with individuals without disabilities. Skills may include such things as toileting, feeding, mobility, communication, dressing, self-help, and social/emotional functioning.

Data-based decision making. The collecting of information that can be charted or graphed to document performance over time followed by an analysis of the information to determine needed changes in instruction, policies, programs, or procedures.

Day. Refers to a calendar day unless otherwise indicated as a business or school day.

Deaf-blindness. An IDEA disability category in which a student demonstrates hearing and visual impairments, and where the combination of these two disabilities causes such severe communication and other developmental and educational needs that the student cannot be accommodated with special education services designed solely for students with deafness or blindness.

Deaf or Hard of Hearing. A child with a hearing loss, whether permanent or fluctuating, that impairs the access, comprehension, and/or use of linguistic information through hearing, with or without amplification, and that adversely affects a child's educational performance.

Developmental delay. An IDEA disability category used only for students ages three (3) through nine (9) for whom a significant delay exists in one or more of the following skill areas: receptive/expressive language; cognitive abilities; gross/fine motor functioning; social/emotional development; or self-help/adaptive functioning. The use of this category is optional for districts.

Discipline. Actions taken in response to a student's violation of the student conduct code.

Disclosure. The access to or the release, transfer, or other communication of education records or personally identifiable information contained in these records by oral, written, electronic, or other means.

GLOSSARY

Disproportionality. A disparity or inequality In this Manual, the term refers to a statistical range of data where students of a specific race or ethnicity are identified in either greater or fewer numbers than expected when compared to the representation of that race or ethnicity within the general school population. The areas addressed in the IDEA are: (1) identification as a student with a disability; (2) identification of a student with a specific category of disability; and (3) placement in a particular educational setting and (4) the incidence, duration of any type of disciplinary actions, including suspensions and expulsions.

District. A local educational agency (LEA) inclusive of the following terms: a local district, a state authorized charter school, a state operated program, and a traditional school. See also "LEA."

Dropout. A student who has voluntarily left an education system before completion of requirements and is not known to be enrolled in any other educational program.

Dual enrollment. A child of school-age who is enrolled in a nonpublic school (including a homeschool) or a public charter school and enrolled in a public school to participate in public school programs and activities, Idaho Statue 33-203. See also "nonpublic school" and "nonpublic student."

Due process hearing. An administrative hearing conducted by an SOE-appointed hearing officer to resolve disputes on any matter related to identification, evaluation, educational placement, or the provision of a free appropriate public education under the IDEA.

Educational performance. A student's educational performance in achievement, developmental, and/or functional skills.

Education record. A student's record containing personally identifiable information maintained by an educational agency or institution, or by a party acting for the agency or institution, which may include, but is not limited to print, handwriting, computer media, video or audio tape, film, microfilm, and microfiche, but is not within the exceptions set out in the Family Educational Rights and Privacy Act (FERPA). The documents in the education record used to determine current eligibility and monitor current progress are considered part of the education record and are maintained. Items in the educational record that are no longer used, or have been summarized, may be removed from the educational record after written parental notification.

Educational services agency, other public institution or agencies. (1) An educational service agency, as defined in 34 CFR §300.12; and (2) Any other public institution or agency having administrative control and direction of a public elementary school or secondary school, including a public nonprofit charter school that is established as an LEA under State law.

Eligibility/evaluation team. A group of people, including the parent/adult student, charged with the responsibility to make decisions regarding evaluation, assessments, and eligibility. This team includes the same membership as the IEP team (although not necessarily the same individuals) and other qualified professionals, as appropriate.

GLOSSARY

Emotional behavioral disorder. An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term does not include students who are socially maladjusted unless it is determined they have an emotional behavioral disorder. The term emotional behavioral disorder does include students who are diagnosed with schizophrenia.

Evaluation. A term that means using all required procedures to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

Expedited due process hearing. An administrative hearing conducted by an SDE-appointed hearing officer to resolve disputes concerning discipline for which shortened timelines are in effect in accordance with the IDEA.

Expulsion. Removal of a student from school for an extended period of time. For general education students, services usually cease during an expulsion.

Extended school year (ESY). A program to provide special education and related services to an eligible student with a disability beyond the conventional number of instructional days in a school year and at no cost to the parents. An ESY program must be based on an IEP team decision and meet Idaho standards.

Extracurricular activities. Programs sponsored by a district that are not part of the required curriculum but are offered to further the interests and abilities of students.

FAPE. (See "Free appropriate public education.")

FERPA. (See "Family Educational Rights and Privacy Act.")

Facilitation. A voluntary process during which a neutral and impartial individual, contracted by the SDE, is appointed to conduct an IEP team or other special education related meeting.

Family Educational Rights and Privacy Act (FERPA). A federal law protecting the privacy of students and parents by mandating that personally identifiable information about a student contained in education records must be kept confidential unless otherwise provided by law. FERPA also contains provisions for access to records by parents, students, staff, and others.

Fluency disorder. Stoppages in the flow of speech that are abnormally frequent and/or abnormally long. These interludes take the form of repetitions of sounds, syllables, or single syllable words; prolongations of sounds; or blockages of airflow and/or voicing in speech.

Free Appropriate Public Education (FAPE). A basic IDEA requirement which states that special education and related services are provided at public expense (free); in conformity with an appropriately developed IEP (appropriate); under public supervision and direction (public); and include preschool, elementary, and secondary education that meets the education standards, regulations, and administrative policies and procedures issued by the State Department of Education (education).

GLOSSARY

Functional achievement and performance. Gains made by a student which include programming in community living, reading, communication, self-care, social skills, domestic maintenance, recreation, employment or vocational skills. Also called independent living skills.

Functional behavioral assessment (FBA). A systematic process for defining problem behavior and gathering medical, environmental, social, and instructional information that can be used to hypothesize about the function of student behavior.

General education curriculum. The curriculum that is designed for all students, usually consisting of a common core of subjects and curriculum areas adopted by a district that are aligned to the Idaho Achievement Standards or district standards. The general education curriculum is defined by either the Idaho Achievement Standards or the district content standards if they are as rigorous.

General education interventions. Educational interventions designed to address the students using the core and supplemental interventions. Such interventions may include wholeschool approaches, scientifically based programs, and positive behavior supports, including accommodations and instructional interventions conducted in the general education environment. These interventions may also include professional development for teachers and other staff to enable such personnel to deliver scientifically based literacy instruction and/or instruction on the use of adaptive and instructional software.

Goal. A measurable statement of desired progress. In an IEP, annual goals must include academic and functional goals designed to meet a child's needs that result from his or her disability, enable the child to be involved in and make progress in the general curriculum, and meet the child's other educational needs that result from the child's disability.

Graduation. The point in time when a student meets the district and State requirements for receipt of an Idaho high school diploma.

Guardianship. A judicial determination under which a competent adult has the legal right and duty to deal with problems, make decisions, and give consent for an adult with a disability (at least eighteen (18) years of age) who cannot act on his or her own behalf. The court will specify the nature and scope of the guardian's authority.

Health services. See "School health services."

High school. Idaho Statute 33-119 defines secondary school as grades seven (7) through twelve (12) inclusive of any combination thereof. See "secondary school."

Homebound student. A student whose IEP team determines the child's home is the least restrictive environment.

Homeless children and youth. Children and youth who lack a fixed, regular, and adequate nighttime residence as defined in the McKinney-Vento Homeless Assistance Act.

GLOSSARY

Homeschool. An education program delivered by parents who have decided to provide instruction in the home and not in a public or private school. A homeschool is a nonpublic school, but is not considered a private school. A virtual public school is not a homeschool.

Homeschooled students. A homeschooled student is one whose parents have decided to provide an educational program in the home with instruction provided by the parents. A homeschool student is considered a nonpublic school student, but is not considered a private school student. A student who is enrolled in a virtual public school is not considered a homeschooled student for the duration that they attend that virtual public school.

Idaho content standards. Educational standards in math and English language arts detailing what K-12 students should know at the end of each grade and establishing consistent standards across the states, as well as ensuring that students graduating from high school are prepared to enter credit-bearing courses at two- or four-year college programs or enter the workforce.

Independent educational evaluation (IEE). One or more assessment(s) conducted by a qualified examiner(s) who is not employed by or contracted by the public agency or district responsible for the education of the student in question.

Individualized education program (IEP). A written document (developed collaboratively by an IEP team made up of parents and school personnel) which outlines the special education program for a student with a disability. This document is developed, reviewed and revised at an IEP team meeting at least annually.

Individualized education program (IEP) team. A team established by the IDEA and comprised but not limited to the student's general education teacher, a special education teacher, a district representative, parents, the student when appropriate, and other knowledgeable persons. The team is responsible for developing an IEP, determining placement, and reviewing and revising the student's IEP and placement at least annually.

Individuals with Disabilities Education Act (IDEA). A federal law ensuring services to children with disabilities. The IDEA governs how states and public agencies provide early intervention, special education and related services to individuals with disabilities. Infants and toddlers with disabilities (birth to two) and their families receive services under IDEA Part C. Children and youth (ages three (3) to twenty-one (21) receive special education and related services under IDEA Part B.

Initial provision of service. The first time that a child with a disability is provided special education and related services. This is also referred to as the "initial placement" and means the first time a parent is offered special education and related services for their child after an initial evaluation and eligibility determination.

In-lieu of transportation. Alternate method of transporting students to and from school.

Instructional intervention. An action or strategy based on an individual student's problem that is designed to remedy, improve, or eliminate the identified problem.

GLOSSARY

Intellectual disability. An IDEA disability category in which significant sub-average general intellectual functioning exists concurrently with deficits in adaptive behavior. These deficits are manifested during the student's developmental period and adversely affect the student's educational performance. The terms "mental retardation" and "cognitive impairment" were previously used to refer to this condition.

Interagency agreement. A written document that defines the coordination between the state and/or public/private agencies and/or districts with respect to the responsibilities of each party for providing and funding special education programs and special education and related services.

Interpreting services. The process of providing accessible communication between and among persons who are deaf, hard of hearing, or deaf-blind, and those who are hearing. The process includes, but is not limited to, communication between American Sign Language or other form of manual communication and English. The process may also involve various other modalities that involve visual, gestural and tactile methods including oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell.

Joint custody. A court order awarding custody of a minor child to both parents and providing that physical and/or legal custody shall be shared by the parents.

Joint legal custody. A court order providing that the parents of a child are required to share the decision-making rights, responsibilities, and authority relating to the health, education, and general welfare of the child.

Joint physical custody. A court order awarding each parent significant periods of time in which a child resides with or is under the care and supervision of each parent. The actual amount of time is determined by the court.

Language impairment. An IDEA disability category in which a delay or disorder exists in the development of comprehension and/or the uses of spoken or written language and/or other symbol systems and which adversely affects the student's educational performance. A language impairment may involve any one or a combination of the following: the form of language (morphological and syntactic systems); the content of language (semantic systems); and/or the function of language in communication (pragmatic systems).

Learning disability. See "specific learning disability."

Least restrictive environment (LRE). The IDEA requirement that students with disabilities, including those in public or private institutions or other care facilities, be educated with students who are nondisabled to the maximum extent appropriate.

GLOSSARY

Limited English proficient (LEP). An individual aged three (3) to twenty-one (21), who is enrolled or preparing to enroll in elementary or secondary school, he or she was not born in the United States or his or her native language is a language other than English; he or she is a Native American or Alaska Native, or a native resident of the outlying areas; he or she comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or the individual is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant. The LEP individual's difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the him or her the ability to meet the State's proficient level of achievement on State assessments; the ability to successfully achieve in classrooms where the language of instruction is English; or the opportunity to participate fully in society.

Listening comprehension. For the purpose of specific learning disability eligibility, refers to the understanding of the implications and explicit meanings of words and sentences of spoken language. This includes following directions, comprehending questions, and listening and comprehending in order to learn (e.g., auditory attention, auditory memory, and auditory perception). Listening comprehension also includes the ability to make connections to previous learning.

Local district. See "district" and "local educational agency (LEA)."

Local educational agency (LEA). A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools. See "district."

Manifestation determination. A determination by the parent and relevant members of the EP team of whether the conduct in question was caused by or had a direct and substantial relationship to the student's disability or if the conduct in question was the direct result of the LEA's failure to implement the IEP.

Mediation. A voluntary, confidential, and structured process during which an SOE-contracted individual is appointed to serve as an impartial and neutral third party to help parents and district or agency personnel resolve an IDEA-related conflict. Mediation usually results in a written, legally-binding agreement that is mutually acceptable to both parties and enforceable in court.

Medicaid services (school-based). Those services, assessment, and plan development for students receiving Medicaid which school districts may bill for reimbursement with the consent of the parent.

Medical services. Medical services mean services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

Middle school. A middle school is a school that does not meet the definition of an elementary school and contains grade eight (8) but does not contain grade twelve (12).

GLOSSARY

Migrant student. A student who has not graduated from high school or completed a high school equivalency certificate and resides within a family that is composed of migrant fisher or agricultural workers. The student has moved within the preceding thirty-six {36} months in order for the family to obtain or seek this type of temporary or seasonal employment that is a principal means of livelihood.

Multiple disabilities. An IDEA disability category in which two or more impairments co-exist (excluding deaf-blindness), whose combination causes such severe educational needs that the student cannot be accommodated in special education services designed solely for one of the impairments.

Native language. The language or mode of communication normally used by an individual or, in the case of a student, the language normally used by the student's parents. In all direct contact with a student, the native language would be the language or mode of communication normally used by the student in the home or learning environment.

Nonpublic school. An educational institution or program providing instruction outside a public school, including but not limited to a private school or homeschool.

Nonpublic student. Any student who receives educational instruction outside of a public school, including but not limited to a private school or homeschool student.

Nonprofit. The term 'nonprofit,' as applied to a school, agency, organization, or institution, means a school, agency, organization, or institution owned and operated by one (1) or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

Nursing services. See "School health services."

Objectives. Measurable, intermediate steps that describe the progress the student is expected to make toward an annual goal in a specified amount of time; similar to a benchmark.

Occupational therapist. A professional licensed by the Occupational Therapy Licensure Board of Idaho who, in a school setting, is responsible for assessing fine motor skills, including student's use of hands and fingers and developing and implementing plans for improving related motor skills. The occupational therapist focuses on daily living skills such as eating, dressing, schoolwork, play, and leisure.

Office of special education programs {OSEP}. The branch of the Office of Special Education and Rehabilitative Services (OSERS) within the U.S. Department of Education which is responsible for administering programs relating to the free appropriate public education to all eligible beneficiaries under the IDEA.

Oral expression. For the purpose of specific learning disability eligibility, the ability to convey wants, needs, thoughts, and ideas in a meaningful way using appropriate syntactic, pragmatic, semantic, and phonological language structures. It relates to a student's ability to express ideas, explain thinking, retell stories, categorize, and compare and contrast concepts or ideas, make references, and problem solve verbally.

GLOSSARY

Orientation and mobility (O&M) services. Services provided by qualified personnel to blind and visually impaired students by qualified personnel to enable these students to attain systematic orientation to and safe movement within the home, school, and community, including teaching (1) spatial and environmental concepts and use of information received by the senses to establish, maintain, or regain orientation and line of travel; (2) use of the long white cane, or a service animal, as appropriate to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; (3) understanding and use of remaining vision and distance low vision aids; and (4) other concepts, techniques, and tools.

Orthopedic impairment. An IDEA disability category that includes severe orthopedic impairments that adversely affects a student's educational performance and are caused by congenital anomaly (e.g., clubfoot, absence of an appendage, etc.); disease (e.g., poliomyelitis, bone tuberculosis, etc.); or from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contracture).

Other health impairment (OHi). An IDEA disability category in which a student exhibits limited strength, vitality or alertness, including heightened alertness to environmental stimuli that results in limited alertness with the respect to the educational environment that is due to chronic or acute health problems (such as asthma, ADD or ADHD, cancer, diabetes, epilepsy, Fetal Alcohol Syndrome, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome and stroke) to such a degree that it adversely affects the student's educational performance.

Paraprofessional. A noncertified, non-licensed individual who is employed by a district and who is appropriately qualified, trained and supervised in accordance with state standards to assist in the provision of special education and related services.

Parent. As defined by IDEA, a parent is: (1) a biological or adoptive parent of a child; (2) a foster parent who has lived with the child for six (6) or more months; (3) a guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child (but not the State if the child is a ward of the State); (4) An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or (5) A surrogate parent who has been appointed by the school district. If the child is a ward of the state, the judge overseeing the child's case may appoint the surrogate. The surrogate may not be an employee of the state or local education agency or any other agency that is involved in the education or care of the child, has no personal or professional interest which conflicts with the interest of the child, has knowledge and skills that ensure adequate representation of the child.

Personally identifiable information (PII). Includes but not limited to, student's name, name of parent or other family member, address of student or family, social security number, student number, list of personal characteristics, or other information that would make it possible to identify the student with reasonable certainty.

GLOSSARY

Physical therapist. A professional licensed by the Idaho Physical Therapy Licensure Board who, in the school setting, assesses students' needs and provides interventions related to gross motor skills. In working with students with disabilities, the physical therapist provides treatment to increase muscle strength, mobility, endurance, physical movement and range of motion; improve posture, gait and body awareness; and monitor function, fit and proper use of mobility aids and devices.

Positive behavioral intervention and supports (PBIS). Positive reinforcement, rewards or consequences provided to a child for specific instances of behavior that impedes learning or the learning of others (or refraining from behavior) as appropriate for the purpose of allowing the student to meet his or her behavioral goals/benchmarks.

Power of attorney. The designation, in writing, by a competent person of another to act in place of or on behalf of another person.

Present level of performance (PLOP) or Present levels of academic achievement and functional performance (PLAAFP). Used interchangeably, these area statement of the student's current level of achievement or development in an area of need and how the student's disability affects his or her involvement and progress in the general education curriculum offered to students without disabilities. For preschool students, as appropriate, how the disability affects the child's participation in appropriate activities.

Private school. A nonpublic school that is not funded by or under federal or state control or supervision. A homeschool is not a private school.

Private school student. Any student who receives educational instruction in a school not funded by or under federal or state control or supervision is considered a nonpublic private school student. A homeschool student is not a private school student.

Problem-solving team. A general education team established at the local level, whose name may vary, with the purpose to problem solve regarding the educational needs of any student. Procedures, meeting schedules, and team membership are established locally. The team is likely to include general educators and administrators and could include counselors, specialists, and special education personnel. Parent participation is valuable, but not required.

Procedural safeguards. The requirements of Part B of the IDEA that are designed to allow a parent/adult student to participate meaningfully in decisions concerning an appropriate educational program for a student with a disability and, if necessary, dispute such decisions. Also referred to as special education rights.

Reading comprehension. For the purpose of specific learning disability eligibility, refers to the ability to understand and make meaning of written text and includes a multifaceted set of skills. Reading comprehension is influenced by oral language development including new vocabulary acquisition, listening comprehension, working memory, application of comprehension-monitoring strategies, and understanding of text structure including titles, paragraphing, illustrations, and other details. Reading comprehension is significantly affected by basic reading skills.

GLOSSARY

Reading fluency. For the purpose of specific learning disability eligibility, refer to the ability to read words and text accurately, using age-appropriate chunking strategies and a repertoire of sight words, and with appropriate rate, phrasing, and expression (prosody). Reading fluency facilitates reading comprehension.

Reasonable measures. A combination of recorded written and/or oral documentation to meet notification requirements of the district to parents/adult students.

Reasonable time. A period of ten (10) calendar days unless there are exceptional circumstances that warrant a shortened period of time such as an emergency or disciplinary meeting.

Reevaluation. A periodic evaluation conducted at least every three years, or more frequently if conditions warrant, or if the student's parent or teacher requests an evaluation of a student already identified as eligible for services under the IDEA. Reevaluations may occur not more than once a year, unless the parent and the district agree otherwise or may be waived by the parent and LEA.

Related services. Refers to transportation and such developmental, corrective, and other supportive services required to assist a student with a disability to benefit from special education and includes the following: speech therapy, language therapy, audiology services, psychological services, physical therapy, occupational therapy, recreation, therapeutic recreation, early identification and assessment of disabilities in children, counseling services, rehabilitation counseling, orientation and mobility services, interpreting services, medical services for diagnostic or evaluation purposes, school health/nursing services (excluding surgically implanted medical devices), social work services in schools, and parent counseling and training.

Resolution session. A meeting involving the parents, relevant members of the IEP team, and a representative of the district who has decision-making authority, required prior to a due process hearing if the parent has requested the due process hearing.

School-age. Includes all persons between the ages of five (5) (i.e., turns five (5) on or before September 1) and twenty-one (21) years who reside in Idaho. For students with disabilities who qualify for special education and related services under the IDEA, school-age begins at age three (3) and continues through the semester of school in which the student attains the age of twenty-one (21).

School day. Any day, including a partial day, when all students are in attendance at school for instructional purposes.

School health services. School health services and school nurse services means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

School psychologist. A professional who holds an Idaho Pupil Personnel Services Certificate with an endorsement in Psychology and is charged with the responsibility to conduct assessments and determine a student's cognitive, academic, social, emotional, and/or behavioral functioning. This professional also provides direct services to students, consults with district staff, and may be a member of the evaluation and/or IEP team.

GLOSSARY

Screening. An informal, although organized process, of identifying students who are not meeting or who may not be meeting Idaho Content Standards.

Secondary school. The term “secondary school” means a nonprofit institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under State law, except that it does not include any education beyond grade. The term secondary school is not defined in Idaho Code. See “high school.”

Section 504 of the Rehabilitation Act of 1973. A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: “No otherwise qualified individual with a disability in the United States ... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance ... ”

Services plan (SP). Services plan means a written statement that describes the special education and related services the LEA will provide to a parentally-placed child with a disability enrolled in a private school who has been designated to receive services, including the location of the services and any transportation necessary.

Setting. The location where special education services occur.

Significant cognitive impairment. A designation given to a small number of students with disabilities for the purposes of their participation in AAs. Having a significant cognitive impairment is not solely determined by an IQ test score, nor based on a specific disability category, but rather a complete understanding of the complex needs of a student. Students with significant cognitive impairments have a disability or multiple disabilities that significantly impact their adaptive skills and intellectual functioning. These students have adaptive skills well below average in two or more skill areas and intellectual functioning well below average (typically associated with an IQ below 55).

Social worker. A professional who holds an Idaho Pupil Personnel Services Certificate with an endorsement in Social Work and helps students and teachers address social and emotional issues. This professional may be a member of the evaluation and/or IEP team.

Socially maladjusted. A child who has a persistent pattern of violating societal norms with truancy, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative.

Special education. Specially designed instruction or speech/language therapy at no cost to the parent to meet the unique needs of a student with a disability including instruction in the classroom, the home, hospitals, institutions, and other settings; instruction in physical education; speech therapy and language therapy; transition services; travel training; assistive technology services; and vocational education.

Special educational placement. Refers to the provision of special education services along the continuum of placements under the least restrictive environment requirements, rather than a specific place or location, such as a specific classroom or school. The balance of setting and services to meet an individual student’s needs.

GLOSSARY

Specially designed instruction. Adapting the content, methodology, or delivery of instruction to address the unique needs of an eligible student that result from the student's disability and to ensure access to the general education curriculum so that the student can meet the education standards of that district that apply to all students.

Specific learning disability (SLD). A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional behavioral disorder, or of environmental, cultural, or economic disadvantage.

Speech impairment. A speech-language disorder, such as speech fluency, impaired articulation/phonology, a language impairment, or a voice impairment that adversely affects a student's educational performance.

Speech-language pathologist. A professional holding an Idaho Pupil Personnel Services Certificate who can assess and treat persons with speech, language, voice, and fluency disorders. This professional coordinates with and may be a member of the evaluation and IEP teams.

Student (school-age). For resident children with disabilities who qualify for special education and related services under the IDEA and subsequent amendments thereto, and applicable state and federal regulations, "school-age" shall begin at the attainment of age three (3) and shall continue through the semester of school in which the student attains the age of twenty-one (21) years.

Stay put. A requirement that a district or agency maintain a student with a disability in his or her present educational placement while a due process hearing or subsequent judicial proceeding is pending unless the parties agree otherwise.

Supplementary aids and services. Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Suspension. A temporary stop, delay, interruption, or cessation of educational service due to a violation of the student conduct code. This may include in-school suspension.

Traditional public school. "Traditional public school" means any school existing or to be built that is operated and controlled by a school district in this state as per Idaho Statute, Chapter 33-5202A(7).

Transition age student. A student whose upcoming IEP will be in effect when the student is

Transition services. A coordinated set of activities for a student with a disability designed within a results oriented process focused on improving the academic and functional achievement of the student to facilitate the student's movement from school to postschool activities. Services are based on individual student needs addressing instruction, related services, community experiences, employment, post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

GLOSSARY

Traumatic brain injury (TBI). An IDEA disability category that refers to an injury to the brain caused by an external physical force and resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perception and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to congenital or degenerative brain injuries or to brain injuries induced by birth trauma.

Twice exceptional. Twice exceptional students are identified as gifted/ talented in one or more areas of exceptionality (specific academics, general intellectual ability, creativity, leadership, visual or performing arts) and also identified with a disability defined by State eligibility criteria (SLD, ED, Autism, Orthopedic Impairments, etc.) that qualifies the student for an IEP.

Universal design. A concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly usable (without requiring assistive technologies) and products and service that are made usable with assistive technologies.

Visual impairment including blindness. An IDEA disability category characterized by an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes partial sight, which refers to the ability to use vision as one channel of learning if educational materials are adapted, and blindness.

Voice disorder. (See "speech impairment") Refers to the absence or abnormal production of voice quality, pitch, intensity, or resonance. Voice disorders may be the result of a functional or an organic condition.

Ward of the state. A child who, as determined by the State where the child resides, is a foster child (unless the foster parent meets the definition of a "parent" in Section 34 CFR §300.30), a ward of the State, or in the custody of a public child welfare agency.

Written expression. For the purpose of specific learning disability eligibility, the processes related to the transcription of ideas and thoughts into a written product, such as handwriting and spelling. It also involves generative processes such as the communication of ideas, thoughts, and feelings. Required skills include using oral language, thought, grammar, text fluency, sentence construction, and planning to produce a written product.

Written notice. A written statement provided by the district to a parent/adult student within a reasonable amount of time before proposing or refusing to initiate or change to the identification, evaluation, educational placement, or the provision of FAPE.



IDAHO PARENTS UNLIMITED  INC.



4619 W. Emerald St., Suite E | Boise, ID 83706
800.242.4785 or 208.342.5884

WWW.IPULIDAHO.ORG