



Transition Milestones - Independent Living

Name: _____ Age: _____ Date _____

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

Living Skills & Abilities	Yes	No	N/A	Need More Info	Age to Discuss
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Nutritional Skills & Abilities

1	Do you eat a variety of foods (or take tube feedings well)?				
2	Are you able to feed yourself (or do tube feedings), once your food is set on the table?				
3	Can you fix a meal without help?				
4	Do you know about the need for good nutrition?				
5	Are you happy with your weight?				
6	Do you eat healthy snacks?				
7	Do you shop for groceries by yourself?				
8	Do you know how to eat nutritionally balanced meals?				

Personal Skills & Abilities

9	Do you brush and floss your own teeth?				
10	Do you dress yourself?				
11	Do you bathe yourself?				
12	Do you brush/fix your own hair?				
13	Do you have regular sleep times?				
14	Do you know how much sleep you need each day?				
15	Do you put yourself to bed?				
16	Do you wake up on your own (with the alarm clock)?				
17	Wash your own clothes				

		Yes	No	N/A	Need More Info	Age to Discuss
18	Do you get at least 8 hours sleep each night?					
19	Do you take care of your own personal care?					
20	Do you feel you get plenty of rest?					
21	Do you pay attention to the way you look in public?					

Personal Hygiene & Abilities

22	Can you tell when you need to go to the bathroom?					
23	Do you go to the bathroom on your own?					
24	Do you handle your clothing, wipe yourself and flush the toilet?					
25	Do you need a personal assistant to help you with activities of daily living?					

Mobility/Exercise Skills and Abilities

26	Can you get out of bed, or the tub or shower, on your own?					
27	Do you exercise on a regular basis (walk, lift weights, stretching exercises, swim, etc.)?					
28	Do you do your share of family chores (clean up after yourself, set the table, etc.)?					
29	Are you learning to do things around the house (laundry, fixing meals, etc.)?					
30	Do you keep home and/or room clean or clean up after meals?					
31	Do you use nearby stores and services (know what to buy, where to find things, and how to pay for groceries)?					
32	Do you help plan or fix meals or food?					
33	Have you spent nights away from your family (camp, sleepover with friends, school trips)?					
34	Are you happy with how you are able to get around (home to school or work)?					
35	Do you call and use community services (accessible transportation) and advocacy services (legal services) when you need them?					
36	Do you have a plan for where you will live when you leave your family home?					
37	Do you know how to go places on your own (bus, follow directions or maps)?					
38	Have you made plans for an ADA card or getting a driver's license?					
38	Do you have a state identification (ID) card or driver's license?					
39	Do you manage your own money (make change, use debit or checks, balance checkbook, follow a budget)?					
40	Have you found housing that meets your health and safety needs?					
41	Do you know your fair housing rights that are listed in the Fair Housing Act?					
42	Do you have a plan for housekeeping help, if needed?					
43	Do you know how to locate disability support and counseling services?					
44	Do you need help making major decisions with living or health care?					

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

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