



Mary's
Center

www.maryscenter.org
202.483.8196

Saving lives and creating stronger communities, one family at a time.

Young Adults Transition Readiness

Please fill out this form to help us see what you already know about your mental health and how to continue caring for your mental health after high school.

Name: _____ Date of Birth: _____ Date Completed: _____

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

How likely are you to want to continue therapy after high school?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident are you in your ability to access therapy after high school?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Mental Health	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know my mental health diagnoses.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my mental health symptoms to others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what helps my symptoms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what stresses me out and how to avoid or cope with it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know signs of when I am going into crisis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I am in crisis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Mental Health Services	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know how to make my own therapy appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get myself to my therapy appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to call for help if my therapist's office is closed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand that when I turn 18, I have full privacy in my health care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I have to get my own health insurance at age 21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to sign up for insurance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information every day (insurance card, emergency contact information, medications).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a primary care doctor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you take psychiatric medication, please continue.				
Psychiatric Medication	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know the name(s) of the medication(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know why I take medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when to take my medication each day.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the possible side effects of my medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Mary's Center School Based Mental Health Post-Graduation Wellness Plan

Student Full Name	
DOB	
Insurance Name and Number	
Post-Grad Plans (city and state, work, college, live at home, live independently)	
Name and Location of Post-Secondary Education Program (if applicable)	

If you are attending college, what do you know about wellness services offered there?

- If you plan to continue with therapy, does your college offer on-site counseling?
- Is counseling free? If so, is there a limit to how many visits are free?
- Does the location accept your insurance?
- Is there a hotline for mental health emergencies?

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If you're not pursuing college and want to continue therapy after high school, please consider:

- What type of insurance do you have?
- What days and times of the week are you available for appointments?
- Do you have any preference for your new therapist such as location, language, gender, or expertise?
- How will you get to your new appointments?
- Would you like your current therapist to come with you to your first session?

Regardless of your post-graduation plans, what are three steps you can take to keep yourself well and cope with stress in a healthy way?

- 1.
- 2.
- 3.

What are some signs a mental health crisis might be approaching, and how can you get ahead of the crisis?

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Who are some people I can contact for support? (Tip: save emergency numbers into your cell phone!)		
Name	Relationship/Description	Number
National Suicide Prevention Hotline	24/7 confidential and free support www.suicidepreventionlifeline.org	1-800-273-TALK (1-800-273-8255)
CPEP Mobile Crisis Unit	DC residents only, adults 18+ www.dbh.dc.gov/service/emergency-psychiatric-services	202-673-9319
1-800-RUNAWAY	For emergency same-day housing, up to age 21 www.1800runaway.org	1-800-RUNAWAY (1-800-786-2929)
Here please list what else you need to feel prepared for the transition out of high school. Think of people in your life who can help you accomplish these tasks.		
Task	Who owns?	Completed!

Congratulations on taking this important step toward planning your future. Mary's Center is always a resource for your future health and wellness needs!

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