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)

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)

My Mental Health *Please check the box that applies to you right now.*	*Yes*	*I want to learn*	*No*
I know my mental health diagnoses.	☐	☐	☐
I can explain my mental health symptoms to others.	☐	☐	☐
I know what helps my symptoms.	☐	☐	☐
I know what stresses me out and how to avoid or cope with it.	☐	☐	☐
I know signs of when I am going into crisis.	☐	☐	☐
I know what to do in case I am in crisis.	☐	☐	☐
Accessing Mental Health Services *Please check the box that applies to you right now.*	*Yes*	*I want to learn*	*No*
I know how to make my own therapy appointments.	☐	☐	☐
I have a way to get myself to my therapy appointments.	☐	☐	☐
I know who to call for help if my therapist's office is closed.	☐	☐	☐
I understand that when I turn 18, I have full privacy in my health care.	☐	☐	☐
I know I have to get my own health insurance at age 21.	☐	☐	☐
I know how to sign up for insurance.	☐	☐	☐
I carry important health information every day (insurance card, emergency contact information, medications).	☐	☐	☐
I have a primary care doctor	☐	☐	☐
If you take psychiatric medication, please continue.			
Psychiatric Medication *Please check the box that applies to you right now.*	*Yes*	*I want to learn*	*No*
I know the name(s) of the medication(s).	☐	☐	☐
I know why I take medication.	☐	☐	☐
I know when to take my medication each day.	☐	☐	☐
I know how to refill my medication.	☐	☐	☐
I know the possible side effects of my medication.	☐	☐	☐