

# Transition Readiness Assessment

Children's National Medical Center  
School-Based Health Center

Please fill out this form to help the School-Based Health Center see what you already know about your health and how to use health care and the areas that you need to learn more about.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

## 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 it to you to change from Roosevelt school health center to an adult doctor after graduation?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your ability to change from Roosevelt's school health center to an adult doctor after graduation?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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## My Health

*Please check the box that applies to you right now.*

*Yes, I know this*

*I need to learn*

*I am unsure about*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| I know my health/medical needs.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can explain my health/medical needs to others.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know when I need to see my doctor for an urgent problem (rash, cold, fever).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what to do in case I have a medical emergency (broken bone, trouble breathing).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know which medicines I need to take and take them without someone telling me.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my drug allergies.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my food allergies.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I carry important health information with me every day (such as insurance card, allergies, medications, and emergency contact information). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand I can make my own health care decisions at age 18 when legally an adult.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can express if my health care is not in line with my beliefs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know at least one other person to help me with my health goals.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Using Health Care

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |
| I have a way to get to my doctor's office.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where to go to get medical care when the doctor's office is closed.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how often I should go for a health check-up/physical.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how often I should go for a dental check-up.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If it applies to me, I know where to go if I have mental health needs.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a place at home where I keep my own medical information.                           | <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 what a referral is.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how to get a referral if I need it.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where my pharmacy is and, if applies, how to refill my medicines.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what health insurance I have.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a plan so I can keep my health insurance after graduation.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My family and I have discussed my ability to make my own health care decisions at age 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a non-school photo ID card.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |