

my life, my health...get set

There are items in this checklist that may or may not apply to you. Challenge yourself to think creatively about each item.	SOMETHING I WANT TO WORK ON	WHAT DO I NEED TO DO?	DONE ✓
Self-Advocacy			
I know my rights to privacy, making decisions, and giving consent about my life.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know my legal rights if I am a person with a disability.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social & Recreation			
I spend time with my friends outside of school.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know about dating and safe sex.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I pick my own programs and activities.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Independent Living Skills			
I make meals with my family.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I help with food shopping.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am responsible for a few chores.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I pick out my clothes.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take care of my belongings.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am aware of my personal appearance and clean up regularly.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can access my bank account.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can buy things I need (clothes, CD's, school supplies) and know where to get them.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am learning to safely get around my community.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am learning to use public transportation.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can be home alone.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know how to get the healthcare supplies I need.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take care of my equipment (wheelchair, nebulizer, insulin pumps/syringes, etc.).	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have tried assistive devices and technology.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what to do in an emergency.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I talk about where I would like to live in the future.	<input type="checkbox"/> Y <input type="checkbox"/> N		
School & Work			
I do homework by myself.	<input type="checkbox"/> Y <input type="checkbox"/> N		
If I have a disability, I know how it affects my learning.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what I need and who I should talk to to be successful in school.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take part in planning for my education (guidance, IEP, or 504 meetings).	<input type="checkbox"/> Y <input type="checkbox"/> N		

I know what my skills and interests are related to my career choices.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I talk about my plans after high school.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I explore volunteer and/or part-time job opportunities.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Health & Wellness			
I try to exercise daily and eat healthy.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I am happy with my body.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know the risks of smoking and alcohol and drug use.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know who to talk to in difficult times.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I recognize the changes I am experiencing during my teenage years.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know what medications I take, how much I need to take, and when to take them.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I meet alone with my doctor.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have talked with my doctor about health and wellness goals.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I ask my doctor questions during my office visits.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I answer questions during my office visits.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I take part in making medical decisions.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I keep a record of my healthcare information.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I talk with my doctor about adult services.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have talked with my doctor about the things I should think about when choosing an adult doctor/specialist.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I have talked with older people I know about going to the doctor as an adult.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Healthcare System			
I know the date and reason for my next doctor's appointment.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I can call my doctor's office to make or change an appointment.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know the name of my health insurance and have information about how it works.	<input type="checkbox"/> Y <input type="checkbox"/> N		
I know the difference between primary and specialty care providers.	<input type="checkbox"/> Y <input type="checkbox"/> N		

NOW THAT YOU HAVE COMPLETED THIS CHECKLIST, TAKE SOME TIME TO THINK ABOUT THE WAYS YOU HAVE GROWN IN THE PAST FEW YEARS. CONGRATULATE YOURSELF FOR YOUR SUCCESSES AND RECOGNIZE YOUR MISTAKES.

The decision to move on to the next checklist is up to you. You can use the DONE column to help you decide. If you have a checkmark ✓ beside each item that you wanted to work on, move on to the next checklist: **GO!**

Healthy Adolescent Development Chart

PHYSICAL GROWTH		
EARLY Your body and feelings grow and change.	MIDDLE Your body starts to look more like an adult's body than a kid's body.	LATE Growth begins to slow as you reach physical and reproductive maturity.
KNOWLEDGE & UNDERSTANDING		
EARLY You think mostly about the "here and now" and how you feel. Example: "I don't want to go to the doctor, he'll give me a shot and I hate shots."	MIDDLE You notice things are more complicated then they used to be. Sometimes you need to work harder for the things you want and need. Example: "It's a good idea to go to the doctor and have a physical so you can play sports and go to camp, but I still hate shots."	LATE You are learning to think about things on many levels to see the big picture. You are able to understand, plan, and pursue long-range goals. Example: "When I go to the doctor now, I don't need my parents in the room, and I know shots are important."
DEPENDENT/INDEPENDENT		
EARLY Your parents tell you to do more around the house. One minute they say "you're too old for that," the next they say "you're not old enough." You feel you've outgrown your toys/clothes/games. Your mood changes abruptly; for example, you quickly go from happy to bored to sad. You begin to avoid affection from parents, but you still need it!	MIDDLE You get into more conflicts with your parents and family members. You are more private and don't want to tell them everything. You feel your parents are over protective and don't understand you.	LATE You are free to make your own choices and decisions, and that involves taking responsibility for the consequences.
BODY IMAGE		
EARLY You compare your body to your friends'. You worry about how you look and what people think of you.	MIDDLE You are okay with physical changes but worry more about your personal "attractiveness." Sometimes you are full of energy and other times you just want to lie around.	LATE You are much more comfortable with yourself and how you look.
PEER GROUP		
EARLY Very close friendships tend to be with people of the same sex as you. Contact with the opposite sex usually happens in groups.	MIDDLE You tend to associate with certain groups, teams, cliques, gangs, etc. You begin to think about boyfriends and girlfriends in a one-to-one relationship.	LATE Your friends do not influence your ideas and decisions as much. Your choice in a partner or friend is based on your individual ideas and values and not your friends' preferences.
IDENTITY		
EARLY You question "Am I normal?" You daydream a lot and think "no one understands me." You like to be alone.	MIDDLE You may start to explore new things, like new friends, jobs, or intimate relationships, or try things that you aren't sure are safe or right.	LATE You start to see your family in a new way, and you relate to them as an adult. You have your own ethical and moral values. You have realistic career goals and you know your limitations. You are more capable of intimate and complex relationships.

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