



KIT: KEEPING IT TOGETHER™
FOR YOUTH



The KIT Keeping It Together™ for Youth

...best known as

"The Youth KIT"

Online version

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The KIT: Keeping It Together™ *for Youth* known as "The Youth KIT" is a tool for youth (this term includes teenagers and young adults)...

To help you GIVE, GET AND ORGANIZE INFORMATION...
So you can use information to be the best you can be!

The Youth KIT can help you...

- Learn about the kind of information you need as you go through the teenage years and make the transition to adulthood;
- Keep track of important information that you need to do what you want, to get what you want, or to give to other people;
- Use information to get the right supports and services for you as you get older.

Getting Started with the Youth KIT ...

- The Youth KIT is a binder with modules of information that youth need to give, get and organize. Each module has worksheets for you to complete.
- The Youth KIT is not intended to be completed in a specific order. The purpose of the dividers is to keep the modules separate in your binder, but you can decide the order of the modules that is the best fit for you.
- To start using the Youth KIT: First, read the TABLE OF CONTENTS to see the different modules and worksheets.
- Fill out the "Planning for Your Future" worksheet in Section I to find out what information is important to you
- Choose a module that interests you, and fill out the parts of a worksheet you can do right now, either by yourself or with another person
- For any parts of a worksheet you don't know, ask someone or look up the information, then fill in the parts as you go.

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Section I: Getting Started with the Youth KIT

Step 1: This "Planning for Your Future" Worksheet will help you get started in planning for your future.

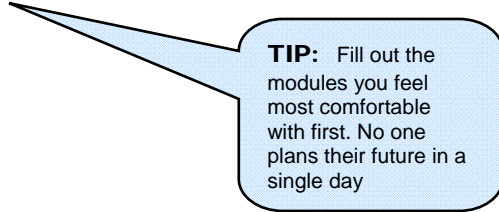
Place an "X" in the boxes below that apply to you.

Step: 2: After you have completed the first worksheet, review the things you want to be able to do.

If you are ready, start entering these things into the next form, called the Setting Goals Worksheet.

Step: 3: After you have set your goals, check out the different modules and start with one that fits with your goals and interests.

You can use these forms to help you set goals and find the right services and supports during your transition to adult life.



TIP: Fill out the modules you feel most comfortable with first. No one plans their future in a single day

PLANNING FOR YOUR FUTURE

This worksheet will help you get started in planning for your future.

Personal Information

	I am able to:	As an adult, I plan to:
• Tell others my contact information	<input type="checkbox"/>	<input type="checkbox"/>
• Tell others the contact information for my parents	<input type="checkbox"/>	<input type="checkbox"/>
• Tell others information about myself	<input type="checkbox"/>	<input type="checkbox"/>

Social Information

	I am able to:	As an adult, I plan to:
• Keep contact information for my friends	<input type="checkbox"/>	<input type="checkbox"/>
• Plan parties and events	<input type="checkbox"/>	<input type="checkbox"/>
• Tell others what I like to do with my friends	<input type="checkbox"/>	<input type="checkbox"/>

Organized and Informal Social Activities

	I am able to:	As an adult, I plan to:
• Become involved in community activities	<input type="checkbox"/>	<input type="checkbox"/>
• Participate in the activities that my friends are doing	<input type="checkbox"/>	<input type="checkbox"/>
• Find out more information on the activities in my school, community or church	<input type="checkbox"/>	<input type="checkbox"/>

School Information

	I know my:	As an adult, I plan to know my:
• Educational interests	<input type="checkbox"/>	<input type="checkbox"/>
• Educational strengths and skills	<input type="checkbox"/>	<input type="checkbox"/>
• Educational goals, i.e. improving computer skills, communication skills, going to university etc.	<input type="checkbox"/>	<input type="checkbox"/>
	I am able to:	As an adult, I plan to learn how to:
• Be apart of IEP process	<input type="checkbox"/>	<input type="checkbox"/>
• Get assistance from teacher	<input type="checkbox"/>	<input type="checkbox"/>
• Get assistance from education assistant	<input type="checkbox"/>	<input type="checkbox"/>
• Get / ask for accommodations	<input type="checkbox"/>	<input type="checkbox"/>
• Organize a team meeting to talk about my education plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Information

	I know my:	As an adult, I plan to know my:
• Work interests	<input type="checkbox"/>	<input type="checkbox"/>
• Work strengths and skills	<input type="checkbox"/>	<input type="checkbox"/>
• Needs for modifications	<input type="checkbox"/>	<input type="checkbox"/>
	I am able to:	As an adult, I plan to learn how to:
• Find information about volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>
• Find information about job shadowing opportunities	<input type="checkbox"/>	<input type="checkbox"/>
• Find information about participating in a co-op program	<input type="checkbox"/>	<input type="checkbox"/>
• Find information about part-time jobs	<input type="checkbox"/>	<input type="checkbox"/>
• Do odd jobs	<input type="checkbox"/>	<input type="checkbox"/>

After High school...

I am planning for:

As an adult, I plan to
look into:

• Full-time employment	<input type="checkbox"/>	<input type="checkbox"/>
• College or university	<input type="checkbox"/>	<input type="checkbox"/>
• Supported employment	<input type="checkbox"/>	<input type="checkbox"/>
• On the job training	<input type="checkbox"/>	<input type="checkbox"/>
• Part-time employment	<input type="checkbox"/>	<input type="checkbox"/>
• Volunteer work	<input type="checkbox"/>	<input type="checkbox"/>

Budget / Financial Information

I am able to:

As an adult, I plan to:

• Use a bank card	<input type="checkbox"/>	<input type="checkbox"/>
• Budget my allowance	<input type="checkbox"/>	<input type="checkbox"/>
• Use cash and give/get proper change	<input type="checkbox"/>	<input type="checkbox"/>
• Pay bills	<input type="checkbox"/>	<input type="checkbox"/>
• Budget	<input type="checkbox"/>	<input type="checkbox"/>
• Make financial decisions	<input type="checkbox"/>	<input type="checkbox"/>
• Fill out a cheque	<input type="checkbox"/>	<input type="checkbox"/>
• Use a credit card	<input type="checkbox"/>	<input type="checkbox"/>
• Apply for disability support funding at age 18	<input type="checkbox"/>	<input type="checkbox"/>

I will get financial
support from:

As an adult, I plan to
look into getting
financial support from:

• My self	<input type="checkbox"/>	<input type="checkbox"/>
• Ontario Works	<input type="checkbox"/>	<input type="checkbox"/>
• Insurance	<input type="checkbox"/>	<input type="checkbox"/>
• ODSP	<input type="checkbox"/>	<input type="checkbox"/>

Personal Care and Life Skills

	I am able to:	As an adult, I plan to:
• Complete or direct my personal care, i.e. grooming, transfers, bathing, toileting etc.	<input type="checkbox"/>	<input type="checkbox"/>
• Speak up for my needs	<input type="checkbox"/>	<input type="checkbox"/>
• Grocery shop	<input type="checkbox"/>	<input type="checkbox"/>
• Prepare nutritious meals	<input type="checkbox"/>	<input type="checkbox"/>
• Keep my room and/or home clean	<input type="checkbox"/>	<input type="checkbox"/>
• Do laundry	<input type="checkbox"/>	<input type="checkbox"/>
• Care for my equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Call for help in emergencies, i.e. call 911, parents	<input type="checkbox"/>	<input type="checkbox"/>

As an adult, I want to live:

<input type="checkbox"/> On my own	<input type="checkbox"/> With my parents
<input type="checkbox"/> With other family members	<input type="checkbox"/> In supportive housing or a group home
<input type="checkbox"/> In a campus dormitory	<input type="checkbox"/> With friend(s)
<input type="checkbox"/> With roommate(s)	<input type="checkbox"/> Other:

Transportation

	I am able to:	As an adult, I plan to:
• Arrange for my own transportation by asking parents	<input type="checkbox"/>	<input type="checkbox"/>
• Arrange for my own transportation by calling accessible transportation services, such as paratransit or a taxi	<input type="checkbox"/>	<input type="checkbox"/>
• Use public transportation, i.e. bus or subway	<input type="checkbox"/>	<input type="checkbox"/>
• Drive myself	<input type="checkbox"/>	<input type="checkbox"/>
• Fly on a plane for vacation	<input type="checkbox"/>	<input type="checkbox"/>
• Tell my friends how to get to my house	<input type="checkbox"/>	<input type="checkbox"/>
• Get to my friends house by myself	<input type="checkbox"/>	<input type="checkbox"/>

• Go to the corner store by myself	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------	--------------------------	--------------------------

Medical & Health Information

	I am able to:	As an adult, I plan to:
• Explain my disability and/or medical condition	<input type="checkbox"/>	<input type="checkbox"/>
• Find a physician who treats adults	<input type="checkbox"/>	<input type="checkbox"/>
• Perform and direct my own medical care and daily treatments	<input type="checkbox"/>	<input type="checkbox"/>
• Manage my medications	<input type="checkbox"/>	<input type="checkbox"/>
• Make my own appointments	<input type="checkbox"/>	<input type="checkbox"/>
• Call doctor or pharmacist to refill my medications and supplies	<input type="checkbox"/>	<input type="checkbox"/>
• Find and contact therapists I need	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following if you are 16 years or older.

TIP: Ask your parents, career counselor, doctors, or nurses, or contact the Independent Living Centre in your area, and/or search the web

Healthcare

I am able to: As an adult, I plan to:

• Give permission for my medical care and treatments	<input type="checkbox"/>	<input type="checkbox"/>
• Know my own equipment options	<input type="checkbox"/>	<input type="checkbox"/>

GOAL SETTING WORKSHEET

This worksheet will help you set goals as you start to plan for your future. Use one page for each goal you want to ~~set~~.

TIP: It makes sense to start with just a couple of goals on the first try

Once you set your goal, go back to the table of contents and locate the module of the Youth KIT that will help you reach your goal.

Complete only the modules you are most comfortable with at first, but remember to keep returning to this Goal Setting worksheet to check the progress of attaining your goal.

It may take more than one try to achieve your goal. This worksheet helps you to figure what parts of your "plan" you need to change after you've tried something.

"Checking" on how you are doing helps you to change your plans to find the best way to reach your goal.

Once you reach one goal, congratulate yourself and begin to set another.

GOAL SETTING

Date:

Goal A goal that I want to achieve in the coming year is:

TIP: Look over the "Planning for your Future" in section 1 to find the things that you want to be able to do

-

Plan What do I need to do to meet my goal?

1.

2.

3.

4.

5.

6.

People I can ask for assistance are:

-

-

Do Try the plan out. What steps did I do?

-

-

-

Check How did it go?

Date:

Did I achieve my goal?

Yes

Ongoing

No

What went right?

-

What went wrong?

-

What part of the plan will change
for next time?



Personal Information MODULE

Knowing this information makes it easier for you to answer questions from other people, fill out forms for services and supports and direct others to give you the support you need.

This is where you keep information about yourself, such as:

- Important contact information for your family and workplace
- The skills and abilities that make you unique, your strengths and weaknesses
- Your awards and accomplishments

YOU ARE READY to use this module when...

- You want to keep track of your own personal information
- You want to have personal information all together in one place
- You need to have this information ready to show other people or services
- You have set „ keeping track of personal information “as a goal for yourself on the goal setting worksheet

TIPS: FOR GETTING STARTED

- If you are just getting started on keeping your own information, ask a parent, friend or support worker to help you.
- Start by filling out questions you feel most comfortable with.
- If you get stuck on a question, look for the tips located on the forms for help.

PERSONAL INFORMATION

****If you are unsure what information goes in this form, ask your parents for help.**

Personal

TIP: A social insurance number is important to have as you get older because it is necessary when you begin working or when you apply for government assistance.

If you are unsure, ask your parents if you have a social insurance number or to assist you in starting the application process.

Name	●
Date of birth	●
Health card number	●
Social Insurance Number	● Keep this number in a safe place with your other private information
Home address	●
Home Phone Number	● () -
Cell Phone Number	● () -
Email Address	●

Emergency Contact

Name	●
How do you know them?	●
Address	<input type="checkbox"/> Same as mine ●
Home phone number	<input type="checkbox"/> Same as mine () -
Daytime phone number	<input type="checkbox"/> Same as above () -
Cell phone number	<input type="checkbox"/> Same as above () -

My Family Information

Mother/Guardian	Name	●
	Address	<input type="checkbox"/> Same as mine ●
	Home phone number	<input type="checkbox"/> Same as mine () -
	Daytime phone number	() -
	Cell phone number	() -

Father/Guardian	Name	●
	Address	<input type="checkbox"/> Same as mine ●
	Home phone number	<input type="checkbox"/> Same as mine () -
	Daytime phone number	() -
	Cell phone number	() -

Siblings (brothers and sisters)

Name	Date of birth
●	●
●	●
●	●
●	●
●	●



INFORMATION ABOUT ME

I am unique because:

•
•
•

If any of the sections below don't apply to you, leave them blank and skip to the next part.

**I am unique because my mind and my body work differently from others.
Some examples are:**

<input type="checkbox"/> I need extra time to understand	<input type="checkbox"/> I need simple instructions
<input type="checkbox"/> I can only focus on something for so long	<input type="checkbox"/> I need to write things down to remember
<input type="checkbox"/> I need step-by-step instructions	<input type="checkbox"/> I have difficulty with reading, spelling, math, and writing
<input type="checkbox"/> I use a wheelchair to get around	<input type="checkbox"/> I use crutches or a walker to get around
<input type="checkbox"/> I take longer to write	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

I have many strengths. Some things I am good at are:

-
-
-

Things that I can do just as good as others are:

-
-
-

Things I find tricky and need assistance with are:

-
-
-

Another person can assist me by:

-
-
-

Things I like to do are:

-
-
-

Things I don't like are:

-
-
-

My favourite things to do are:

-
-
-

Places I like to go are:

-
-
-

Clothes I like to wear are:

-
-
-

My closest friends are:

-
-
-

My boy/girlfriend's name is:

<input type="checkbox"/> Can't be bothered	<input type="checkbox"/> I'm looking
--	--------------------------------------

WISHES & DREAMS

Date:	
-------	--

My wishes and dreams for the future are:

TIP: Look over Section 1 "Planning for Your Future" to find the things that you want to be able to do

Personal:	
Social:	
Community Activities:	
School	
Work:	
Financial:	
Independent Living:	
Medical:	
Other:	

In five years I want to achieve:

•
•
•

When I grow up I want to be:

•

<input type="checkbox"/> Can't be bothered	<input type="checkbox"/> I'm looking
--	--------------------------------------

WISHES & DREAMS

Date:	
-------	--

My wishes and dreams for the future are:

TIP: Look over Section 1 "Planning for Your Future" to find the things that you want to be able to do

Personal:	
Social:	
Community Activities:	
School	
Work:	
Financial:	
Independent Living:	
Medical:	
Other:	

In five years I want to achieve:

•
•
•

When I grow up I want to be:

•

ACCOMPLISHMENTS & AWARDS

Things that I worked hard for and got are:

•	Date achieved	•
•		•
•		•

TIP: Use the pockets in this section to keep certificates and awards.

The awards that I have received are:

Name of Award	Organization	Year Received
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

SOCIAL INFORMATION MODULE

This module is where you keep information about your social life - about other people in your life such as friends, and about the things you like to do with others, such as parties & events.

This information will help you to know how to get hold of friends and other important people quickly and easily. Some of the forms also help you to organize and plan social events as you get older.

YOU ARE READY to use this module when...

- You want to know how to get in touch with family and friends yourself.
- You want to be able to plan social events yourself (or with support).
- You have set „knowing how to get in touch with family and friends yourself and planning social events“ as goals.

TIPS: FOR GETTING STARTED

1. Start with the information you feel most comfortable filling out.
2. If you don't know the full contact information for your friends, ask them.
3. Copies of the forms are on the Youth KIT website if you need more....

ADDRESS BOOK

Name	●
Address	●
	●
E-mail	●
Home phone	●
Cell	●
Birthday	●
I met this person:	●
I like this person because:	●
This person likes:	●

Name	●
Address	●
	●
E-mail	●
Home phone	●
Cell	●
Birthday	●
I met this person:	●
This person is cool because:	●
This person likes:	●

PLANNING FOR PARTIES & EVENTS

TIP: Put the date and time of the event in your schedule

Occasion:	●	
Theme:	●	
Date:	●	
Time:	●	
Place:	●	Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address:	●	

Guest List

Name:		Are they coming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1.		<input type="checkbox"/>	<input type="checkbox"/>
	2.		<input type="checkbox"/>	<input type="checkbox"/>
	3.		<input type="checkbox"/>	<input type="checkbox"/>
	4.		<input type="checkbox"/>	<input type="checkbox"/>
	5.		<input type="checkbox"/>	<input type="checkbox"/>
	6.		<input type="checkbox"/>	<input type="checkbox"/>
	7.		<input type="checkbox"/>	<input type="checkbox"/>
	8.		<input type="checkbox"/>	<input type="checkbox"/>
	9.		<input type="checkbox"/>	<input type="checkbox"/>
	10.		<input type="checkbox"/>	<input type="checkbox"/>
	11.		<input type="checkbox"/>	<input type="checkbox"/>
	12.		<input type="checkbox"/>	<input type="checkbox"/>

Menu

Item	Cost	Who Will Bring It?
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
Total		

TIP: When planning the menu, be sure to ask the people you invite if they have any allergies.

Supplies

TIP: When budgeting for the party, go first to the financial section of the Youth KIT to find out more about your income and expenses.

Item	Cost	Who Will Bring It?
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
Total	• _____	

Activity

What do I need?

•

•

•

•

•

•

•

Activity

What do I need?

•

•

•

•

•

•

•

3 weeks before

- Find a place. Ask the right questions, i.e. is it accessible, number of people allowed, is there a cost, when is it available etc.
- Make guest list.
- Find out how much money you have to spend on the party.
- Plan what decorations and supplies that you need. What do they cost?
- Plan what food you need. What does it cost?
- Add up all costs.
- Figure out what you **REALLY** need so that you have enough money to cover costs.
- Plan and tell guests what they need to bring (one way to save money).
- Plan games or entertainment, i.e. dance, movie night, pool party etc.

A few days before

- Call guests who have not got back to you.
- Make shopping list.
- Buy decorations and supplies.
- Buy food and beverages.

Day of Party

- Clean party room, arrange furniture, and decorate.
- Prepare food.
- Set out food.

PLANNING FOR UPCOMING SOCIAL EVENTS

TIP:
Remember
to put
upcoming
events in
your
schedule

Date: ●

Time: ●

Place: ●

Occasion: ●

Theme: ●

What can I wear: ●

Phone number: ●

What do I have to bring: ●

What can I do to help the host: ●

Other information: ●

Date: ●

Time: ●

Place: ●

Occasion: ●

Theme: ●

What can I wear: ●

Phone number: ●

What do I have to bring: ●

What can I do to help the host: ●

Other information: ●

VACATION PLANNING

TIP:
Remember
to put
vacation in
your
schedule

Date:	●
Place:	●
Address:	●
How long will I be staying?	●
Contact person:	●
Phone number:	●

What do I need?	How many?	Packed It!	What do I Need?	Number	Packed It!
<input type="checkbox"/> Underclothes		<input type="checkbox"/>	<input type="checkbox"/> Shampoo/ conditioner		<input type="checkbox"/>
<input type="checkbox"/> Socks/ stockings		<input type="checkbox"/>	<input type="checkbox"/> Soap		<input type="checkbox"/>
<input type="checkbox"/> Pants		<input type="checkbox"/>	<input type="checkbox"/> Toothbrush/ Toothpaste		<input type="checkbox"/>
<input type="checkbox"/> Shorts		<input type="checkbox"/>	<input type="checkbox"/> Gel/mousse		<input type="checkbox"/>
<input type="checkbox"/> Skirt / Dress		<input type="checkbox"/>	<input type="checkbox"/> Lotion/creams		<input type="checkbox"/>
<input type="checkbox"/> T-shirt		<input type="checkbox"/>	<input type="checkbox"/> Suntan lotion		<input type="checkbox"/>
<input type="checkbox"/> Sweater		<input type="checkbox"/>	<input type="checkbox"/> Bug spray		<input type="checkbox"/>
<input type="checkbox"/> Shoes		<input type="checkbox"/>	<input type="checkbox"/> Medications		<input type="checkbox"/>
<input type="checkbox"/> Sandals		<input type="checkbox"/>	<input type="checkbox"/> Medical supplies		<input type="checkbox"/>
<input type="checkbox"/> Bathing suit/ towel/sunglasses		<input type="checkbox"/>	<input type="checkbox"/> Deodorant		<input type="checkbox"/>
<input type="checkbox"/> Jacket		<input type="checkbox"/>	<input type="checkbox"/> Feminine Products		<input type="checkbox"/>
<input type="checkbox"/> Rain jacket		<input type="checkbox"/>	<input type="checkbox"/> Shaving Cream/Shaver		<input type="checkbox"/>
Other:		<input type="checkbox"/>	Other:		<input type="checkbox"/>

THINGS I LIKE TO DO WITH FRIENDS

I like to do these things with my friends.	Names of friends I could call to do this
<input type="checkbox"/> Going to parties	
<input type="checkbox"/> Hanging out	
<input type="checkbox"/> Going to the movies	
<input type="checkbox"/> Going to the library	
<input type="checkbox"/> Going to camp	
<input type="checkbox"/> Playing board games	
<input type="checkbox"/> Building things	
<input type="checkbox"/> Dancing	
<input type="checkbox"/> Swimming	
<input type="checkbox"/> Playing cards	
<input type="checkbox"/> Driving go-karts	
<input type="checkbox"/> Playing sports	
<input type="checkbox"/> Talking on the phone	
<input type="checkbox"/> Shopping	
<input type="checkbox"/> Listening to music	
<input type="checkbox"/> Eating out at restaurants	
<input type="checkbox"/> Going fishing	
<input type="checkbox"/> Playing computer games	
<input type="checkbox"/> Watching T.V.	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	

ORGANIZED & INFORMAL SOCIAL ACTIVITIES MODULE

This information will help you fill out any forms for organized social activities and help you keep track of your schedule.

This is where you keep track of the information about “Organized Activities” such as:

- Community or recreation programs
- Camps
- Clubs and other such activities

YOU ARE READY to use this module when...

- You want to know about organized social activities you are doing
- You want to fill out the forms for organized activities
- People are asking you questions about these activities
- You want to keep track yourself of your activities
- You have set a goal of becoming more involved in social activities.

TIPS: FOR GETTING STARTED

1. If you don't know what programs are available in your area, ask your friends what they are involved in;
2. Reflect on your strengths and weaknesses listed in section; and
3. Talk to your parents about what you'd like to be involved in.

ORGANIZED ACTIVITIES

Activities I want to plan for:

<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content;"> <p>TIP: Make sure to enter the dates and times of these activities into your schedule</p> </div>	Activity #1	●
	Date	●
	Address	●
	Contact Person	●
	Phone number	●
	Start Date	●
	End Date	●
	Times	●

What supports or assistance will I need to make it possible to participate?

●
●

What equipment will I need?

●
●

How do I plan to get there?

<input type="checkbox"/> My parents will drive	<input type="checkbox"/> I will drive myself	<input type="checkbox"/> Accessible transportation services like paratransit or a taxi	<input type="checkbox"/> Other
<input type="checkbox"/> Friends	<input type="checkbox"/> Bus		
Is a medical release form required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a consent form required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Activities I want to plan for:

<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content;"> <p>TIP: Make sure to enter the dates and times of these activities into your schedule</p> </div>	Activity #2	●
	Date	●
	Address	●
	Contact Person	●
	Phone number	●
	Start Date	●
	End Date	●
	Times	●

What supports or assistance will I need to make it possible to participate?

●
●

What equipment will I need?

●
●

How do I plan to get there?

<input type="checkbox"/> My parents will drive	<input type="checkbox"/> I will drive myself	<input type="checkbox"/> Accessible transportation services like paratransit or a taxi	<input type="checkbox"/> Other
<input type="checkbox"/> Friends	<input type="checkbox"/> Bus		
Is a medical release form required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a consent form required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SCHOOL INFORMATION MODULE

This information helps you plan for your future - either high school or after high school (college/ university), and to take charge of your own learning.

This is where you keep information about school. This may include:

- Information about high school including keeping track of requirements for graduation, including required courses, elective courses and volunteer hours
- Things that people can do to make it easier for you to learn or activities that help you learn better
- Information on modifications for the classroom and testing
- Copies of your report cards, your Individualized Education Report (IEP), etc.

YOU ARE READY to use this module when...

- You want to plan for school and courses yourself (with support as needed)
- You want to speak up or “advocate” for your own needs at school
- Teachers, assistants or other school people are asking you questions and they expect you to know the answer.

STARTING HIGH SCHOOL

My favourite subjects are:

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Math /Algebra /Geometry /Calculus | <input type="checkbox"/> English | <input type="checkbox"/> Art | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Science /Chemistry /Physics/ Biology | <input type="checkbox"/> Drama | <input type="checkbox"/> Phys. Ed./Gym | <input type="checkbox"/> Music |
| <input type="checkbox"/> Home Economics | <input type="checkbox"/> Shop | <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Languages, e.g. French, | <input type="checkbox"/> Geography | <input type="checkbox"/> Other: | _____ |

My least favorite subjects are:

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Math /Algebra /Geometry /Calculus/ | <input type="checkbox"/> English | <input type="checkbox"/> Art | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Science /Chemistry /Physics/ Biology | <input type="checkbox"/> Drama | <input type="checkbox"/> Phys. Ed./Gym | <input type="checkbox"/> Music |
| <input type="checkbox"/> Home Economics | <input type="checkbox"/> Shop | <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Languages, e.g. French, | <input type="checkbox"/> Geography | <input type="checkbox"/> Other: | _____ |

Subjects that I find most difficult are:

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Math /Algebra /Geometry/ Calculus | <input type="checkbox"/> English | <input type="checkbox"/> Art | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Science /Chemistry /Physics/ Biology | <input type="checkbox"/> Drama | <input type="checkbox"/> Phys. Ed./Gym | <input type="checkbox"/> Music |
| <input type="checkbox"/> Home Economics | <input type="checkbox"/> Shop | <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Languages, e.g. French, | <input type="checkbox"/> Geography | <input type="checkbox"/> Other: | _____ |

TIP: In this section you can also include copies of your Individualized Education Plan (IEP), report cards, or work that you want to

What the teacher or Educational Assistant can do that makes it easier for me to learn:

- | | |
|--|--|
| <input type="checkbox"/> Make changes to the program so I can participate in class | <input type="checkbox"/> Teacher and EA speak to each other regularly on my progress |
| <input type="checkbox"/> Give easy to follow instructions | <input type="checkbox"/> Give me additional notes |
| <input type="checkbox"/> Put the modifications I need in place | <input type="checkbox"/> Send homework and progress sheets to my parents |
| <input type="checkbox"/> Come up with ways for me to interact with other students | <input type="checkbox"/> Speak up for my needs |
| <input type="checkbox"/> Give simple one-step instructions | <input type="checkbox"/> Modify subjects, projects and/or tests |
| <input type="checkbox"/> Let me solve problems on my own | <input type="checkbox"/> Other: _____ |

Activities I learn best from are:

- | | | |
|---|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Discussion | <input type="checkbox"/> Working on a project |
| <input type="checkbox"/> Writing reports | <input type="checkbox"/> Listening | <input type="checkbox"/> Watching videos |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Talking reports | <input type="checkbox"/> Using study guides |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Hands on | <input type="checkbox"/> Teacher guiding my hands |
| <input type="checkbox"/> Internet tutorials | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

I learn best when I work:

- | | | |
|---|--|--|
| <input type="checkbox"/> By myself | <input type="checkbox"/> With a peer tutor | <input type="checkbox"/> With another student(s) |
| <input type="checkbox"/> With an Educational Assistant (EA) | <input type="checkbox"/> With a teacher | <input type="checkbox"/> Other |
- _____

I do the best on tests which are:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Multiple choice | <input type="checkbox"/> True/false | <input type="checkbox"/> Interview, discussion |
| <input type="checkbox"/> Matching | <input type="checkbox"/> Short answer | <input type="checkbox"/> Given in quiet setting |
| <input type="checkbox"/> Open notebook | <input type="checkbox"/> Essay | <input type="checkbox"/> Other: _____ |

Classroom modifications I may need are:

- | | |
|--|--|
| <input type="checkbox"/> Extra time for tests | <input type="checkbox"/> Access to SpellCheck during assignments |
| <input type="checkbox"/> A note-taker for class | <input type="checkbox"/> No reading out loud in front of the class |
| <input type="checkbox"/> Extra notice before tests | <input type="checkbox"/> Extended time for assignments |
| <input type="checkbox"/> Special seating arrangements | <input type="checkbox"/> Notes photocopied |
| <input type="checkbox"/> Extra time to copy class notes from board | <input type="checkbox"/> Be given visual clues (things to look at) |
| <input type="checkbox"/> Laptop computer | <input type="checkbox"/> Buddy system |
| <input type="checkbox"/> Modified projects and/or tests | <input type="checkbox"/> Don't have to write exams |
| <input type="checkbox"/> EA or resource person | Other: _____ |

Materials or activities that help me learn in school:

•
•
•
•

Skills I would like to learn or improve for next year to do better in school:

•
•
•
•

At school I participate in the following extracurricular activities:

•
•
•
•

PLANNING FOR THE FUTURE IN HIGHSCHOOL

Planning for High school

Date	•
In order to graduate the number of required credits I need are:	•
In order to graduate, the number of volunteer hours I need to complete are:	•
I am familiar with extracurricular activities offered at my school are:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Some of the unique courses offered at my school are:	•
	•
	•
	•
	•

After Grade 11

Date:	•
I have achieved the following number of required credits:	•
I have met my volunteer hours requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am ready to receive more information about postsecondary educational opportunities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am ready to receive more information about work or volunteer opportunities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My goals for next year is:	•

TIP: Fill out a Goal Setting Worksheet (Section 1.3) if this goal is important to you.

PLANNING FOR COLLEGE OR UNIVERSITY

Careers I am interested in?	Why am I interested
•	•
•	•
•	•
•	•
•	•
•	•

What do I want to do after high school?

<input type="checkbox"/> College	If yes, what year?	
<input type="checkbox"/> University	If yes, what year?	
<input type="checkbox"/> On the job training	If yes, what year?	

I plan on living in residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------	------------------------------	-----------------------------

How I will pay for my education?

<input type="checkbox"/> Parents	<input type="checkbox"/> My own income	<input type="checkbox"/> Bursaries	<input type="checkbox"/> Student loans
----------------------------------	--	------------------------------------	--

The schools and cities and programs of interest I want to consider:

Name	Programs	Location / City
•	•	•
•	•	•
•	•	•

TIP: You can keep copies of documentation and assessment records in the sleeves of this section. Written documentation is often required to confirm necessary modifications and supports.

Supports and modifications I will need?

Documentation/Letters needed to back this up.

•	•
•	•
•	•
•	•

Information about Educational Assessments:

Date last educational assessment was completed	•
Completed by:	•
I will need an updated educational assessment for after high school:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date (year) to set up next assessment:	•

To Do List: Planning for College/University

- Go to websites to research colleges and universities that offer services to students with special needs
- Get contact numbers for university or colleges' centre for students with disabilities
- Visit campuses including classrooms and dormitories
- Participate in college/university information nights
- Speak with current college/university student with disabilities
- Go to college/university websites to look into what bursaries apply to you
- Meet with professors/instructors to discuss needs
- Arrange for a new educational assessment
- Other:
- Other:
- Other:
- Other:

Contact information for Universities and/or Colleges.

TIP: Keep any information or brochures from colleges or universities that you have contacted or visited in this section

Name	•			
Website	•			
Contact person's name	•			
Telephone number	•			
Size of university/college	•			
Date of campus tour	•			
E-mail	•			
Does it offer services for students with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Is the campus accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are classrooms accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are the residences accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are they willing to give modifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are they willing to allow the buddy system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Will they allow people to audit course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Comments	•			

College/University Life

TIP: Do this before the course starts or the first week of classes so you are ready to go!

Planning to meet with my instructors to explain my needs

Course	●
Instructor	●
Office hours:	●
E-mail	●
Contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of meeting	●
	●
Results of meeting	

Course	●
Instructor	●
Office hours	●
E-mail	●
Contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of meeting	●
	●
Results of meeting	

WORK INFORMATION MODULE

This information helps you to plan for finding work, and keeping track of your work experiences

This is where you keep information about work or employment. This may include things like:

- Information you gather when you are looking for work
- Your resume or work experience, both paid and unpaid work
- Career interest or work surveys you have done
- Reports from co-op placements at school

YOU ARE READY to use this module when...

- You have set a goal for „ working or volunteering „
- Others are interested in learning more about your work experience
- You will have a co-op placements this year

LOOKING FOR WORK

I am interested in:

•
•
•
•

My perfect job:

<input type="checkbox"/> Working alone	<input type="checkbox"/> Working with others	<input type="checkbox"/> Working with customers
<input type="checkbox"/> Desk job	<input type="checkbox"/> Physical job	<input type="checkbox"/> Same tasks/repetitive
<input type="checkbox"/> Noisy/social environment	<input type="checkbox"/> Quiet environment	<input type="checkbox"/> Changing tasks
<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Reporting to supervisor
<input type="checkbox"/> In charge of own schedule	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

I want to start looking for work (date):

Things that would make it difficult for me to work are:

•
•
•
•

Supports and modifications I will need:

Documentation/ Letters to back up these needs:

TIP: Include copies of assessments and reports in the sleeves of this section.

•	•
•	•
•	•
•	•

Information about my last work/vocational assessment:

Date last work/vocational assessment was completed:	•
Type of Assessment (i.e., Vocational Assessment, Work Place Assessment, other?):	•
Completed by:	•
Copy Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>

My last job was:

The things I liked best about my last job or volunteer experience are:

-
-
-
-

The things I liked least about my last job or volunteer experience are:

-
-
-

Ideas For How to Find the Perfect Job**Comments /Information**

<input type="checkbox"/> Speak with school counselor to learn about different jobs	•
<input type="checkbox"/> Find out about having a vocational assessment completed	•
<input type="checkbox"/> Volunteer in areas of interest	•
<input type="checkbox"/> Job shadow someone who is working in your field of interest	•
<input type="checkbox"/> Find an individual with special needs who has successfully found a job	•
<input type="checkbox"/> Find community programs that will help you find a job	•
<input type="checkbox"/> Get information regarding job searching, interview tips, resume and application process and how to dress for an interview	•

To Do List**Comments /Information**

<input type="checkbox"/> Put together a resumé and cover letter	•
<input type="checkbox"/> Get letters of recommendation from teachers, school counselors, employers, coaches etc.	•
<input type="checkbox"/> Contact human resources of jobs that you are interested to find out if there are any job openings	•
<input type="checkbox"/> Send out resume	•
<input type="checkbox"/> Follow up with contacts to make sure that they got your resume	•
<input type="checkbox"/> Practice interview skills with friends or family members	•
<input type="checkbox"/> Send out thank you letter to employer after your interview	•

Preparing for Work

TIP: Ask parents, career counselor, doctors, or nurses, or contact the Independent Living Centre in your area, and/or search the web

Find out about community programs that will help you find a job.

Organization	1.	
Contact Person	●	
Phone number	●	
Services offered	<input type="checkbox"/> Vocational Assessment	<input type="checkbox"/> Skills training
	<input type="checkbox"/> Job placement	<input type="checkbox"/> Resumé, cover letter, and interview skills
	<input type="checkbox"/> Supported employment	<input type="checkbox"/> Other:
Meeting date	●	
Comments from meeting		

Organization	2.	
Contact Person	●	
Phone number	●	
Services offered	<input type="checkbox"/> Vocational Assessment	<input type="checkbox"/> Skills training
	<input type="checkbox"/> Job placement	<input type="checkbox"/> Resumé, cover letter, and interview skills
	<input type="checkbox"/> Supported employment	<input type="checkbox"/> Other:
Meeting date	●	
Comments from meeting		

JOB SEARCH TRACKING SHEET

Company/Organization	1.
Contact Name	●
Address	● ●
Phone	●
E-mail	●
Fax	●
I have contacted this individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date contacted:	●
Cover letter and Resume sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date sent:	●
Follow-up phone call:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date contacted:	●
Date of interview:	●
Comments	

Company/Organization	2.
Contact Name	●
Address	● ●
Phone	●
E-mail	●
Fax	●
I have contacted this individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date contacted:	●
Cover letter and Resume sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date sent:	●
Follow-up phone call:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date contacted:	●
Date of interview:	●
Comments	

"IS THE JOB RIGHT FOR ME?"

TIP: Research the job and company to which you are interested in applying. Complete this form to help you write your cover letter and plan questions to ask the employer in the interview

Name of the Company/Organization:	
Position:	

My "on the job" tasks will be:

-
-
-
-
-
-

The skills I need for this job are:

-
-
-
-

The social skills I need for this job are:

-
-
-

The days and hours I would work are:

I will be paid:

I get the following amount of vacation time:

Would I get benefits?	<input type="checkbox"/> Yes, starting when _____	<input type="checkbox"/> No
Which ones:	<input type="checkbox"/> Dental _____ %	<input type="checkbox"/> Healthcare _____ %
	<input type="checkbox"/> Short term disability	<input type="checkbox"/> Long term disability
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Do they offer training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type:		

Do I need to buy anything to work here (i.e. uniform, tools):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type:		

Do they have a mentorship program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type:		

I have indicated to my workplace I will require modifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type:		

Is there a probation period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

This job offers opportunity for me to get promoted or a change in responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

My workplace is located at:

I will get to work by:	
<input type="checkbox"/> Self	<input type="checkbox"/> Accessible Transportation
<input type="checkbox"/> Family members	<input type="checkbox"/> Public transportation (the accessible bus routes are:)
<input type="checkbox"/> Walking	<input type="checkbox"/> Other:

JOB SKILLS INVENTORY

TIP: Complete this form to help you write your resume.

My career objective (what do I want to do) is:

•

My qualifications (list your training and experience):

•
•
•
•
•

My educational background (Where and when I went to school; what degrees/ diplomas I received) is:

•	•
•	•
•	•

Awards/certifications that I have received are:

Year:

•	•
•	•
•	•

Previous Work, CO-OP or Volunteer Experience:

TIP: Think about whether your supervisor for this job would provide you with a letter of reference and add their contact information to the reference section of this form

Name of the organization:	1.
Position:	●
Date Started:	●
Date Finished:	●
My work was paid or unpaid?	●
A sentence describing the organization:	●
My responsibilities(what did I do) were:	● ● ●

Name of the organization:	2.
Position:	●
Date Started:	●
Date Finished:	●
My work was paid or unpaid?	●
A sentence describing the organization:	●
My responsibilities(what did I do) were:	● ● ●

References (people who speak about my strengths)

TIP: You can put copies of vocational assessments and letters of recommendation in this section.

Name:	1.
Organization:	●
Position:	●
Phone number:	●
E-mail:	●
Address:	●
Best time to call:	●
My strengths that they could speak about	●

Name:	2.
Organization:	●
Position:	●
Phone number:	●
E-mail:	●
Address:	●
Best time to call:	●
My strengths that they could speak about	●

BUDGET INFORMATION MODULE

This information helps you to plan budgets, and keep track of your spending habits

This is where you keep information about your finances. This may include things like:

- Information you gather about your finances
- Budget management
- Spending habit logs

YOU ARE READY to use this module when...

- you want to know more about your own financial situation
- You will be applying to ODSP or have employment income
- You have started to think about living on your own

BUDGET QUESTIONS TO GET STARTED

Comments

I receive a monthly allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have my own bank account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I can use an ATM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have an ATM card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have a credit card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I can write a cheque	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I can count change	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I earn my allowance in the following ways:	<input type="checkbox"/> Helping with household chores <input type="checkbox"/> Babysitting siblings <input type="checkbox"/> Helping neighbors <input type="checkbox"/> My parents give me my allowance <input type="checkbox"/> Other:		
I am currently saving money	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, I am saving money for:		
I am expected to contribute to any household expenses	Yes <input type="checkbox"/> : List		No <input type="checkbox"/>

MONTHLY BUDGET

My Monthly Income (money I get):

Money from paid job	\$
Money from babysitting	\$
Money from parents	\$
Trust Fund or other investments	\$
ODSP or other plans	\$
Other	\$
Total	\$

My Monthly Expenses (money I spend):

	Clothes	\$
	Going to the movies/entertainment	\$
	Transportation	\$
	Cell phone	\$
	Food	\$
	Room and Board	\$
	Utilities (e.g. phone, cable tv)	\$
	Groceries	\$
	Going to restaurants	\$
	Medical supplies	\$
	School fees	\$
	Other	\$
	Total	\$

TIP: To get your total monthly income, add all of the numbers in the call them together.

TRACKING MY SPENDING

Month/Year:	
--------------------	--

TIP: Look over Section 1.1 "Starting to Plan for your Future" to find the things that you want to be able to do

The items I bought this month were:

Date	Item(s)	Amount	Running total
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$
•		\$	\$

PERSONAL CARE & LIFE SKILLS MODULE

Knowing this information makes it easier for you to answer questions about your housing needs, determine transportation service requirements and directs others to give you the support you need with your personal care.

This is where you keep information about your independent living, such as:

- Housing needs and contacts
- Personal care and life skills information
- Information about your neighbourhood and transportation requirements

YOU ARE READY to use this when...

- You want to investigate your own housing needs
- You want to have independent living and personal skills information all together in one place or people are asking you about your skills
- You need to have information about your neighbourhood and transportation services
- You have set these areas as goals for yourself

PERSONAL CARE

Date: _____

TIP: Look over "Starting to Plan for your Future" worksheet to find the things that you want to be able to do

	I can do this myself:	I can do this better if someone helps me:	Comments
• Dress myself	<input type="checkbox"/>	<input type="checkbox"/>	
• Feed myself	<input type="checkbox"/>	<input type="checkbox"/>	
• Prepare snacks for myself	<input type="checkbox"/>	<input type="checkbox"/>	
• Make a full meal for myself	<input type="checkbox"/>	<input type="checkbox"/>	
• Do my own laundry	<input type="checkbox"/>	<input type="checkbox"/>	
• Go to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	
• Transfer	<input type="checkbox"/>	<input type="checkbox"/>	
• Wash myself	<input type="checkbox"/>	<input type="checkbox"/>	
• Have a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	
• Brush my teeth	<input type="checkbox"/>	<input type="checkbox"/>	
• Hair care	<input type="checkbox"/>	<input type="checkbox"/>	
• Put makeup on	<input type="checkbox"/>	<input type="checkbox"/>	

I feel safe:	Yes	No	Comments
• When transferring independently	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• When others are assisting me transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• If I fall during a transfer I can usually help myself up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• When I am sitting in a bathtub or shower by myself	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• When I am in the kitchen by myself	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Currently, I'm receiving personal care assistance from:

<input type="checkbox"/> No one, I handle all my own personal care	<input type="checkbox"/> Parents
<input type="checkbox"/> Siblings	<input type="checkbox"/> Friends
<input type="checkbox"/> Educational Assistants	<input type="checkbox"/> Special Needs Worker or assistant
<input type="checkbox"/> Attendant/Personal Support worker	<input type="checkbox"/> Other

MY SUPPORT NEEDS

I feel comfortable receiving care from others for the following:

This section does not apply to me because I don't need to receive care from others

	Yes	No	Under the following circumstance
<input type="checkbox"/> Dressing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Toileting	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bathing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Transferring	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Making a snack or meal	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Eating	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Laundry	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Brush my teeth	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hair care	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Put on makeup	<input type="checkbox"/>	<input type="checkbox"/>	

MY ASSISTIVE DEVICES

My assistive devices are:

Comments:

<input type="checkbox"/> I have no assistive devices	
<input type="checkbox"/> Scooter	
<input type="checkbox"/> Manual wheelchair	
<input type="checkbox"/> Transfer Aid: <i>Please Describe:</i>	
<input type="checkbox"/> Augmentative Communication System: <i>Please Describe:</i>	
<input type="checkbox"/> Assistive devices for daily living such as reaching aids	
<input type="checkbox"/> Power wheelchair	
<input type="checkbox"/> Walker: Used when?	
<input type="checkbox"/> Crutches: Used when?	
<input type="checkbox"/> A guide dog or a special needs dog	
<input type="checkbox"/> Bath equipment	
<input type="checkbox"/> Other:	

SUPPORT SERVICES AND PEOPLE

	Contact information	Information/Notes
Attendant Care	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Special Needs Worker	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Mentor	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Community Facilitator/ Navigator	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	

Contact information**Information/Notes**

My Support Circle Organizer	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		

Contact information**Information/Notes**

Case Manager	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		

Contact information**Information/Notes**

Other:	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		

Contact information**Information/Notes**

Other:	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		

Part A: Knowing my Neighbourhood

My Address is			
Some of the landmarks in my neighbourhood are (list three)	1. 2. 3.		
The major intersections around my neighbourhood are:			
I can follow someone's directions to go places	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand directions (e.g. North/South, left/right, up/down)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand how to use the Internet to find directions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand how to read a map	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

	Yes	No	Location
• I can describe to my friends how to get to my house	<input type="checkbox"/>	<input type="checkbox"/>	
• I can find the local movie theatre	<input type="checkbox"/>	<input type="checkbox"/>	
• I can find the NEAREST store in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	
• I can find my local public library branch	<input type="checkbox"/>	<input type="checkbox"/>	

Part B: Skills and Abilities (Transportation)

<p>My sources of transportation currently are:</p>	<input type="checkbox"/> Parents driving me <input type="checkbox"/> Siblings driving me <input type="checkbox"/> I drive myself <input type="checkbox"/> Friends driving me <input type="checkbox"/> Using special accessible transportation services (i.e., modified public bus, van) <input type="checkbox"/> Using public transportation services <input type="checkbox"/> Rollerblading <input type="checkbox"/> Walking
<p>Some of the places I like to go outside of school are:</p>	
<p>Some of the places I wish I could go more independently outside of school are:</p>	

Social Outings	Yes	No	Sometimes
<ul style="list-style-type: none"> The locations where my friends hang out are accessible to me 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> My friends take or drive me with them when we go out 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I visit with my friends regularly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I feel comfortable traveling on my own 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Accessible Transportation

	Yes	No
I can arrange my own accessible transportation trip	<input type="checkbox"/>	<input type="checkbox"/>
I can plan my own trip on an accessible bus	<input type="checkbox"/>	<input type="checkbox"/>
I am registered with accessible transportation services in my city	<input type="checkbox"/>	<input type="checkbox"/>

The phone number to arrange accessible transportation services in my city is:	
Name of the accessible Transportation Company #1	
Phone Number	
Name of the accessible Transportation Company #2	
Phone Number	

Bus Routes and Schedules

The closest bus route(s) in my neighbourhood area are:	
Phone Number	

Part A: Thinking about moving out someday

As an Adult, I could live:

Comments

<input type="checkbox"/> On my own	
<input type="checkbox"/> With other family members	
<input type="checkbox"/> In a campus residence	
<input type="checkbox"/> With roommate(s)	
<input type="checkbox"/> With my parents	
<input type="checkbox"/> In supportive housing	
<input type="checkbox"/> With friend(s)	
<input type="checkbox"/> Other:	

As an Adult, if I choose to live on my own I want to live:

Comments

<input type="checkbox"/> In the same city as my parents	
<input type="checkbox"/> Downtown in a major city	
<input type="checkbox"/> Somewhere close to my work or school	
<input type="checkbox"/> Closer to other family or siblings	
<input type="checkbox"/> In a quiet community	
<input type="checkbox"/> Somewhere close to my friends	

Part B: Knowing My Needs

When I think about living on my own, my living space might need the following modifications:

<input type="checkbox"/> Wheelchair accessible: What rooms?	
<input type="checkbox"/> Lower counters and closet shelves	
<input type="checkbox"/> Visual warning signals attached to the fire alarm	
<input type="checkbox"/> Automatic door openers	
<input type="checkbox"/> An elevator: Specific type, location?	
<input type="checkbox"/> Grab bars in the washroom: Specific location & position? Type?	
<input type="checkbox"/> Sound warning instead of visual cues	
<input type="checkbox"/> Controls for appliances	

When I think about living on my own, I might need the following personal assistance:

• Attendant care for:	
• Occasional supervision for:	
• Other	

Part C: Checking out information on housing

I now feel that I'm ready for more information regarding housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Places I could check out	Contact information	Information/Notes
Apartment	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Supportive living	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Residence	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Townhouse/House	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Co-op	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	
Other:	<ul style="list-style-type: none"> • Name • Address • Phone • Email • Date 	

HEALTH CONDITION/DISABILITY INFORMATION MODULE

This information is important for you to know - so you can answer questions yourself at appointments as you get older; plan your own appointments and keep track of your own medical needs.

This is where you keep information about your health condition/disability including:

- Family medical information
- Medical and therapy appointments
- Medications and anything else you want to add
- Nutrition, health and fitness

YOU ARE READY to use this module when...

- You want to know your medical history
- You want to keep track of your own medical information
- You want to start making and going to medical appointments on your own
- Doctors and/or therapist are asking YOU questions (instead of your parents)
- You want to begin to take charge of your own healthcare, taking your medications, appointments etc.
- You want keep track of your nutritional and fitness information

FAMILY MEDICAL HISTORY

Immediate Family

Health issues or illness

Mother	•	•
Father	•	•
Brother(s)	•	•
Sister(s)	•	•

Extended Family

Health issues or illness

Grandmother (mom's side)	•	•
Grandfather (mom's side)	•	•
Aunts/uncles (mom's side)	•	•
Grandmother (dad's side)	•	•
Grandfather (dad's side)	•	•
Aunts/uncles (dad's side)	•	•

Any other significant health issues within my family:

•
•
•
•

INFORMATION ABOUT MY HEALTH CONDITION/DISABILITY

If this section does not apply to you, leave blank.

The name of my health condition is:

•

My health condition is caused by:

•
•
•

I was diagnosed when I was born

years old.

The most common questions I get asked and my answers.

1.	•
2.	•
3.	•

I explain my health condition to other people who don't know about it by saying:

--

PERSONAL MEDICAL INFORMATION

Brief Personal Medical History

•
•
•
•

Illnesses/ health issues during childhood

•	•
•	•
•	•
•	•

Surgeries

Type/Name	Date	Reason
•	•	•
•	•	•
•	•	•
•	•	•

Allergies

Allergy	What happens to me:	What should I do:
•	•	•
•	•	•
•	•	•
•	•	•

MEDICAL & THERAPY SERVICES CONTACT INFO

Family Doctor

Doctor's name	•	
Specialty	•	
Address	•	
Phone number	•	

Medical Specialist:

Doctor's name	•	
Specialty	•	
Address	•	
Phone number	•	

Occupational Therapist

Name	•	
Name of organization	•	
Address	•	
Phone number	•	

Physiotherapist

Name	•	
Name of organization	•	
Address	•	
Phone number	•	

Speech Language Therapist

Name	•
Name of organization	•
Address	•
Phone number	•

Social worker

Name	•
Name of organization	•
Address	•
Phone number	•

Psychologist/Counsellor

Name	•
Name of organization	•
Address	•
Phone number	•

Pharmacist

Name	•
Name of organization	•
Address	•
Phone number	•

Pharmacist

Name	•
Name of treatment centre	•
Address	•
Phone number	•

Other:

Name	•
Name of treatment centre	•
Address	•
Phone number	•

Other:

Name	•
Name of treatment centre	•
Address	•
Phone number	•

Other:

Name	•
Name of treatment centre	•
Address	•
Phone number	•

MEDICAL & THERAPY APPOINTMENTS

TIP: Fill in one of these forms for each person you have multiple appointments with

Name	•
Profession/	
Specialty	•
Address	•
Phone number	•

TIP: Remember to put upcoming events in your schedule

Appointment date	Reason	Results
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

MEDICATIONS

Name of Medication	•
I take this medication because:	•
This medication helps me by:	•
How often I take this medication:	•
Some of the side effects of this medication are:	•
	•
	•
	•
	•

Name of Medication	•
I take this medication because:	•
This medication helps me by:	•
How often I take this medication:	•
Some of the side effects of this medication are:	•
	•
	•
	•
	•
	•

Discontinued Medications

Name	Reason	Date discontinued	How long did I take it?
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•

NUTRITION, HEALTH & FITNESS

Part A: My Eating and Meal Habits

I consider myself a healthy eater	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Healthy eating to me means:		
I eat breakfast everyday.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Things I would like to change in my diet are:		

I am familiar with Canada's Food Guide	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like more information about the latest Canada's Food Guide	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The food(s) I am allergic to are		
I know what to do in case I have an allergic reaction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, describe	

Favourite recipe	Add a copy on the reverse	
I like to try new food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please name 2:	

Part B: Getting meals on the table

TIP:
Take a look at the
Canada Food Guide.

	I can do now	I would like to learn to do	Ideas / Comments
• Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	
• Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	
• Following a recipe	<input type="checkbox"/>	<input type="checkbox"/>	
• Using the stove	<input type="checkbox"/>	<input type="checkbox"/>	
• Using the microwave	<input type="checkbox"/>	<input type="checkbox"/>	
• Using the oven	<input type="checkbox"/>	<input type="checkbox"/>	
• Planning a menu	<input type="checkbox"/>	<input type="checkbox"/>	
• Chopping fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	
• Measuring out portions	<input type="checkbox"/>	<input type="checkbox"/>	
• Washing dishes	<input type="checkbox"/>	<input type="checkbox"/>	
• Setting the table	<input type="checkbox"/>	<input type="checkbox"/>	
• Serving the food	<input type="checkbox"/>	<input type="checkbox"/>	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	

My Food & Fitness Tracking Form

	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner	Evening Snack	Other	Fitness Activity
Date	MON							
Time								
What?								
Date	TUES							
Time								
What?								
Date	WED							
Time								
What?								
Date	THURS							
Time								
What?								
Date	FRI							
Time								
What?								
Date	SAT							
Time								
What?								
Date	SUN							
Time								
What?								

Part C: Health and Fitness

	Yes	No	Explain / Comments
I feel comfortable with my body	<input type="checkbox"/>	<input type="checkbox"/>	
I would like to learn more about my body	<input type="checkbox"/>	<input type="checkbox"/>	
I enjoy exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise is important to me	<input type="checkbox"/>	<input type="checkbox"/>	
I do some activities with friends	<input type="checkbox"/>	<input type="checkbox"/>	

I enjoy participating in the following types of physical activity:

<input type="checkbox"/> Hockey	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Baseball	<input type="checkbox"/> Dance
<input type="checkbox"/> Soccer	<input type="checkbox"/> Weight Training
<input type="checkbox"/> Swimming	<input type="checkbox"/> Horseback Riding
<input type="checkbox"/> Skating	<input type="checkbox"/> Skiing
<input type="checkbox"/> Sledge Hockey	<input type="checkbox"/> Other

Fitness Contacts

Type of information	Contact information and date of contact	Information/Notes: (Times/Places of Activities)
Sledge Hockey	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	
Baseball	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	
Soccer	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	
Swimming	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	
Track and Field	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	
Dance	● Name	
	● Address	
	● Phone	
	● Email	
	● Date	

Weight Training	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		
Horseback Riding	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		
Skating	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		
Skiing	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		
Other:	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		
Other:	• Name		
	• Address		
	• Phone		
	• Email		
	• Date		

My Fitness Plan

		Morning	Afternoon	Evening
Date	MONDAY			
Time				
What?				
Date	TUESDAY			
Time				
What?				
Date	WEDNESDAY			
Time				
What?				
Date	THURSDAY			
Time				
What?				
Date	FRIDAY			
Time				
What?				
Date	SATURDAY			
Time				
What?				
Date	SUNDAY			
Time				
What?				

SECTION III: OTHER INFORMATION I NEED TO KEEP

USE THIS SECTION TO KEEP ADDITIONAL INFORMATION YOU HAVE GATHERED THAT DOESN'T FIT IN THE MODULES LISTED IN THE TABLE OF CONTENTS.

YOU CAN ALSO DEVELOP YOUR OWN WORKSHEETS AND KEEP THEM HERE.

This is where you keep information, such as:

- Reports from organizations or special services I use or get information from
- Information about specific community supports I use that aren't covered in the other Youth KIT modules
- Worksheets that I have developed myself.