

Developing the Skills for Growing Up



On My Way **1** **2** **3**

Young people and their families will go through many changes as they grow up. To get ready for the future, young people and their families need to learn about new resources. Young people may also need to develop new skills and take on new responsibilities.

Developing the Skills for Growing Up is a series of three checklists. It will help you look at how ready you are for the future, think about what you need to work on and plan how you will do it. **On My Way** is the middle level of the series.



Who is this checklist for?

On My Way is for young people who have started to develop the skills they need for growing up and have taken steps to begin planning for the future. The items in this checklist focus on taking more responsibility for yourself and planning for your future. Young people and their families may complete this checklist together. This may give you a chance to talk about how you could work together as a team to get ready for the future.

Note to parents

Families have told us that their child's cognitive abilities affect how they plan for the future and how their child is involved with these plans. The skills your child will require for adult life will depend on their goals for the future. Even if your child is not able to be independent, they will eventually move to adult programs and services. There are some items in this checklist that apply to everyone regardless of ability.

However, there may be other items in this checklist that you feel do not apply to your child. Challenge yourself to think creatively about each item. Think about how you can encourage your child to make choices and actively participate in their life. Some items may be a reminder to you, as a parent, to take responsibility for these tasks. If you have any questions, talk to your child's health care team to find out how you can use this checklist to meet your child's needs.

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How do I complete the checklist?

The first column is where you decide if this is **Something I want to work on**. Circle **y** for yes if you would like to work on the item, and circle **n** for no if you do not want to work on the item.

The second column is where you decide **What do I need to do?** If you have decided that **YES** this is an item you want to work on, this column is where you **write down the step(s) you need to take** to do this.

The third column is where you can keep track of what you have been working on and what you still need to do. **If you have Done** what you need to do, put a checkmark (✓) in this column.

	Something I want to work on?	What do I need to do?	Done ✓
I think and talk about my future.	y n		<input checked="" type="checkbox"/>
I know how my role in my family will change as I become an adult.	y n		<input checked="" type="checkbox"/>
I know where to find support and information about my disability.			<input checked="" type="checkbox"/>

When do I move on to the next checklist?

The decision to move on to a new 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 and there are no other items that you would like to work on, move on to the next checklist: **Almost There**.



Developing the Skills for Growing Up: On My Way

Self Advocacy

I know my rights to privacy, making decisions, and giving consent about my life.

 y

 n


I know my legal rights as a person with a disability.

 y

 n


Social & Recreation

I spend time with my friends outside of school.

 y

 n


I know about safe sex and dating.

 y

 n


I pick my own social and recreation programs.

 y

 n


Independent Living Skills

I make meals with my family.

 y

 n


I help with grocery shopping.

 y

 n


I am responsible for a few chores.

 y

 n


I manage my personal care routine.

 y

 n


I know how to get the health care supplies I need.

 y

 n


I take responsibility for my equipment (e.g. wheelchair repairs, ordering new orthotics).

 y

 n


I can access my own bank account.

 y

 n


I can buy the things that I need (e.g. clothes, CDs) and know where to get them.

 y

 n


	Something I want to work on?	What do I need to do?	Done ✓
I know what to do in an emergency.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I can be at home by myself.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I am learning to use public transportation.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I am learning how to get around my community safely.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have tried assistive devices and technology.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I talk about where I would like to live in the future.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

School & Work

I do my homework by myself.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how my disability affects my learning.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know the supports and strategies I need to succeed in school.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I take part in planning for my education.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know what my skills and interests are related to career choices.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I talk about my plans following high school.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I explore volunteer or part-time job opportunities.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

Health & Wellness

I can name my medications and I know the doses and times I take them.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
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	Something I want to work on?	What do I need to do?	Done ✓
I know about the risks of smoking, alcohol and drugs.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I exercise and eat healthy.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know who to talk to during difficult times.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I make my own health care appointments.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know who my health care team is and what they do.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I ask many questions during health care visits.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I answer many questions during health care visits.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I spend time alone with the doctor during visits.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I take part in making medical decisions.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I keep a record of my health care information.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I talk to my doctor about adult services.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

My Own Stuff

This section is where you can add in items that you would like to work on that are specific to you and your needs.

Notes to Myself

Who do I need to talk to? Write down the names of people that you think you should talk to (e.g. parents, health professionals, teachers, friends, etc.).

Where do I need to go? Write down places that you need to visit or resources that you can use (e.g. local community centre, Internet websites, etc.).

If you have questions about this checklist, or related programs and services, please talk to your health care team or e-mail lifeskills@bloorviewmacmillan.on.ca