

Developing the Skills for Growing Up



Getting Started **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. **Getting Started** is the first level of the series.



Who is this checklist for?

Getting Started is for young people who would like to start or have only just started to think about their future and the changes that happen as they grow up. Items in this checklist will help you begin to develop the skills you need for growing up and will get you to start thinking about what you would like to do when you grow up. 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.

Bloorview
KIDS REHAB

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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.	y n		<input checked="" type="checkbox"/>

When do I move on to the next checklist?

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 and there are no other items that you would like to work on, move on to the next checklist: **On My Way**.



Developing the Skills for Growing Up: Getting Started

Self Advocacy

	Something I want to work on?	What do I need to do?	Done ✓
I think and talk about my future.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I can speak up for what I need or want.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

Social & Recreation

I spend time with my friends.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I go to programs in my community.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how to use the internet safely.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

Independent Living Skills

I can make my own snack or tell someone how to make it for me.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I am responsible for a chore.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I pick out my own clothes.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I take care of my own belongings.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know my personal care routine.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know my health care supplies (e.g. medications, catheter, etc.).	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I have an allowance and know how to spend it.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

	Something I want to work on?	What do I need to do?	Done ✓
I know my home phone number and address.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I use the phone.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how to get help in an emergency.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know about assistive devices and technology.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

School & Work

I am responsible for getting my homework done.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I talk about what I want to be when I grow up.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>

Health & Wellness

I know my height, weight and birth date.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know when I am sick.	<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 can tell someone what my disability is and how it affects me.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I know how puberty will affect me and my disability.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I ask at least one question during health care visits.	<input type="checkbox"/> y <input type="checkbox"/> n		<input checked="" type="checkbox"/>
I answer at least one question during health care visits.	<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.

A large rectangular area with horizontal blue lines, intended for writing notes or a list. The lines are evenly spaced and cover the majority of the page below the introductory text.

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 care 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