



# Transition Notebook For Youth



**Please accept this copy of the FVND Transition  
Notebook.**

You may copy the pages for your use.

Please direct any comments, suggestions or questions to:

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# FVND Transition Notebook: A Quick Guide

Transition is your movement from high school to one or more of the following:

- Pediatric to Adult Health Provider
- Job
- Vocational training
- College
- Independent Living
- Other

As you begin the move to independence, this can be an exciting time and can also be one that is a bit frightening. As a young adult with a chronic illness or disability our hope is that we can assist in helping this transition go smoothly.

It is important to learn about your disability or chronic health condition - After you receive a formal diagnosis, it is important that you learn about your disability and how it affects you. It's important to keep in mind that no disability affects two people the same way.

**SELF-ADVOCACY-Know Yourself, Know What You Need, Know How to Get It.** One of the major differences between high school, transitioning to work or college is the need for self-advocacy skills. Self-advocacy is the ability to understand and effectively communicate one's needs to other individuals. Learning to become an effective self-advocate is all about educating the people around you. Young adults who have relied on the support of their teachers and parents now must be able to help themselves. Knowledge is the key to self-advocacy. Like anything else, the more you know, the better you understand, and the easier it is to explain. Knowing yourself, knowing what you need and knowing how to get it are all critical elements of self-advocacy.

At the end of this notebook are guides and fact sheets to help you on when to begin learning about laws, resources and other important aspects of being

an adult with a disability or chronic illness.

The goal of this workbook is to organize your medical transition process into a smooth, successful move from pediatric focused to adult focused health care.

We have also included information for other aspects of transition, like your education needs and moving to independence. Your good health is a vital component in **all** aspects of transition. Please feel free to use these pages as they seem to make sense for you. This workbook is not meant to replace other transition resources you may have available to you from the school system or community providers. You certainly can utilize it to track other information as well. Transition involves **all** aspects of your life.

This workbook is about you and your needs! The final decisions about what to include in these pages should ultimately be your decision. You may want to consider discussing your choices with your parents and current medical providers to make sure all the information is as complete and correct as possible. Have fun putting it together; add what you need to make the booklet unique to you.

Additionally, we value your input. If we have missed an important aspect that should be included, let us know about it. This booklet is for you. Your opinion matters to us. Something that may help you might also help other youth as well.

# FVND Transition Notebook: A Quick Guide

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## What is a Transition Notebook?

A Transition Notebook is an organizing tool for youth with disabilities or a chronic health illness. Use the Transition Notebook to keep track of important information about your health care and the services you will need as you move into independence. This Transition Notebook has been designed for youth living in North Dakota.



## How can a Transition Notebook help me?

Each year as a youth, you may get information and paperwork from many sources. A Transition Notebook helps you organize the most important information in a central place. A Transition Notebook makes it easier for you to find and share key information with others who you choose to be part of your care team, such as your family, doctor, or other providers.



## Use your Transition Notebook to:

- Track changes in your medicines or treatments
- List telephone numbers for health care providers and community organizations

- Prepare for appointments
- File information about your health history
- Share new information with your primary doctor, public health or school nurse, and others who assist in your care



### **What are some helpful hints for using my Transition Notebook?**

- Store the Transition Notebook where it is easy to find. This helps you and anyone who needs information when you are not there.
- Add new information to the Transition Notebook whenever your treatment, medication or care changes.
- Consider taking the Transition Notebook with you to appointments and hospital visits so that information you need will be easy to find.

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# Setting up Your Transition Notebook



**Follow these steps to set up your transition notebook:**

**Step 1: Gather information you already have.**

- Gather up any health information about yourself that you already have. If possible ask your family to assist you in putting it all together. Some of the information you may want include are: reports from recent doctor's visits, recent summary of a hospital stay, this year's school plan, test results, or informational pamphlets.

**Step 2: Look through the pages of the Transition Notebook.**

- Which of these pages could help you keep track of information about your health or care?
- Choose the pages you like. Print copies of any that you think you will use. The Transition Notebook pages are available from the Internet at [www.geocities.com/ndfv/](http://www.geocities.com/ndfv/) Go to Publications Page and choose the "Transition Notebook." We can also assist you with additional pages by calling the Family Voices office.

### **Step 3: Decide which information about yourself that is most important to keep in the Transition Notebook.**

- ❑ What information do you look up often?
- ❑ What information do people caring for you need?
- ❑ Consider storing other information in a file drawer or box where you can find it if needed.

### **Step 4: Put the Transition Notebook together.**

- ❑ Everyone has a different way of organizing information. The only important thing is to make it easy for you to find again. Here are some suggestions for supplies used to create a Transition Notebook:
- ❑ **3-ring notebook** or large accordion envelope. Hold papers securely.
- ❑ **Tabbed dividers.** Create your own information sections.
- ❑ **Pocket dividers.** Store reports.
- ❑ **Plastic pages.** Store business cards and photographs.



# FVND Transition Notebook

## List of Pages

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### Pages to Keep Track of

#### Appointments and Care

- ☀ Appointment Log
- ☀ Diet Tracking Form
- ☀ Equipment
- ☀ Supplies
- ☀ Growth Tracking Form
- ☀ Hospital Stay Tracking Form
- ☀ Information Needed by Emergency Care Providers
- ☀ Lab Work/Tests/Procedures
- ☀ Medical Bill Tracking Form
- ☀ Medical Surgical Highlights
- ☀ Medications
- ☀ Other Considerations
- ☀ Notes

### Pages to Create a Care Summary:

#### Abilities and Special Care Needs

- ☀ Activities of Daily Living
- ☀ Care Schedule
- ☀ Child's Page
- ☀ Communication
- ☀ Coping/Stress Tolerance
- ☀ Mobility
- ☀ Nutrition
- ☀ Respiratory
- ☀ Rest/Sleep
- ☀ Social/Play
- ☀ Transitions

### Pages to Create a Care Team

#### Resource List

Community Health Care/Service Providers:

- ☀ Medical / Dental
- ☀ Public Health
- ☀ Home Care
- ☀ Therapists
- ☀ School
- ☀ Child Care/for those who have a child
- ☀ Respite Care
- ☀ Pharmacy
- ☀ Special Transportation
- ☀ Recreation Opportunities
- ☀ Family Information
- ☀ Support Resources
- ☀ Funding Sources

**Note:** You may use all or just a part of these pages. Not all of the pages may apply to your situation. For example, you may not yet be a parent so you may not need the Child Care form.

**Organize** your pages any way that works for you. (See "**Setting up Your Transition Notebook.**")

**Use** dividers or tabs to help you organize your notebook. Sheet protectors, plastic pages and folders will also be helpful in organizing material.



# Diet Tracking Form

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Tube Feeding							
Breakfast							
Lunch							
Dinner							
Snacks							
Notes							

# Equipment

☼ **Medical Equipment Supplier (DME Supplier):** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Notes (delivery schedule, order schedule, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☼ **Name of Equipment:** \_\_\_\_\_

Description (brand name, size, etc.): \_\_\_\_\_

\_\_\_\_\_

Date Obtained: \_\_\_\_\_ Service Schedule: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

☼ **Name of Equipment:** \_\_\_\_\_

Description (brand name, size, etc.): \_\_\_\_\_

\_\_\_\_\_

Date Obtained: \_\_\_\_\_ Service Schedule: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

☼ **Name of Equipment:** \_\_\_\_\_

Description (brand name, size, etc.): \_\_\_\_\_

\_\_\_\_\_

Date Obtained: \_\_\_\_\_ Service Schedule: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_







**Emergency Preparedness for  
Children and Youth with Special Health Care Needs**  
*Instructions for Youth*

Dear :

Children and youth with special health care needs have very unique medical histories and require very special medical treatment. If an emergency physician does not have access to this important information, these children are in danger of delayed treatment, unnecessary tests, and even serious errors. It is extremely important, then, that parents and physicians work together to give emergency physicians access to the special information they need to properly care for children with very special health care needs.

To address this problem, the American Academy of Pediatrics and the American College of Emergency Physicians have developed the Emergency Information Form. This simple form is used to record health information for children with special health care needs and should be kept in multiple locations for easy access by physicians and emergency medical personnel.

To complete this important form, follow these easy instructions:

1. **GET THE FORM:** Get the Emergency Information Form from the child's primary care physician, specialist, or the local emergency room.
2. **FILL IT OUT:** Begin filling out the form to the best of your ability. Take the form to the child's primary care physician or specialist and ask them to finish filling out the form.
3. **KEEP IT:** Keep 1 copy of the form in each of the following places:
  - a. **DOCTORS:** On file with each of the child's physicians, including specialists.
  - b. **ER:** On file with the local emergency rooms where the child is most likely to be treated in the case of an emergency.
  - c. **HOME:** At the child's home in a place where it can be easily found, such as the refrigerator.
  - d. **VEHICLES:** In each parent's vehicle (i.e., glove compartment).
  - e. **WORK:** At each parent's workplace.
  - f. **PURSE/WALLET:** In each parent's purse or wallet.
  - g. **SCHOOL:** On file with the child's school, such as in the school nurse's office.
  - h. **CHILD'S BELONGINGS:** With the child's belongings when traveling.
  - i. **EMERGENCY CONTACT PERSON:** At the home of the emergency contact person listed on the form.
4. **REGISTER:** Consider registering the child, if he or she is not already registered, with Medic Alert®. Send Medic Alert® a copy of the form so that they can keep it stored in their central database, which is easily accessible by emergency medical personnel.
5. **UPDATE:** It is extremely important that you update the form every 2-3 years, and after any of the following events:
  - a. Important changes in the child's condition.
  - b. The performance of any major procedure.
  - c. Important changes in the treatment plan.
  - d. Changes in physicians.

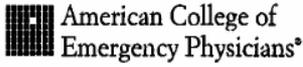
Now, if your child ever has an emergency, the emergency medical personnel will have easy access to your child's very unique medical history, allowing them to provide your child with the best medical care available.

Thank you for your cooperation!

Very truly yours,  
**American Academy of Pediatrics**  
**American College of Emergency Physicians**  
**Emergency Medical Services for Children**

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American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL, 60007, 847-434-4000

# Emergency Information Form for Youth With Special Needs



American Academy  
of Pediatrics



Date form  
completed  
By Whom

Revised  
Revised

Initials  
Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:	Emergency Phone:		
	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Anticipated Primary ED:	Pharmacy:		
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1. _____	Baseline physical findings:
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs:
_____	_____
4. _____	_____
_____	_____
Synopsis:	Baseline neurological status:
_____	_____
_____	_____

\*Consent for release of this form to health care providers

<b>Diagnoses/Past Procedures/Physical Exam continued:</b>	
<b>Medications:</b>	<b>Significant baseline ancillary findings (lab, x-ray, ECG):</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	<b>Prostheses/Appliances/Advanced Technology Devices:</b>
5. _____	_____
6. _____	_____

<b>Management Data:</b>	
<i>Allergies: Medications/Foods to be avoided</i>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____
<i>Procedures to be avoided</i>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____

<b>Immunizations (mm/yy)</b>											
<b>Dates</b>						<b>Dates</b>					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: \_\_\_\_\_ Indication: \_\_\_\_\_ Medication and dose: \_\_\_\_\_

<b>Common Presenting Problems/Findings With Specific Suggested Managements</b>		
Problem	Suggested Diagnostic Studies	Treatment Considerations

<b>Comments on child, family, or other specific medical issues:</b>	
<b>Physician/Provider Signature:</b>	<b>Print Name:</b>

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Last name: \_\_\_\_\_



# Medical Bill Communication Log

Information About the Bill				Information About Who You Talk To					NOTES
Account #	Provider	Date of Service	What bill is for:	Date of Contact	Time	Name	Title (like Account Representative)	Credentials (RN, Dr., none)	



# Dental and Vision

Dentist: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Provider: \_\_\_\_\_

Reason for visit:

\_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Treatment : \_\_\_\_\_

Follow Up Appointment: \_\_\_\_\_

Eye Care Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Provider: \_\_\_\_\_

Reason for visit:

\_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Treatment: \_\_\_\_\_

Follow Up Appointment: \_\_\_\_\_

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# Medications

Remember to read medications instructions closely!

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Allergies: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DATE STARTED	DATE STOPPED	MEDICATION	WHAT IT IS FOR	DOSE/ROUTE	TIME GIVEN	PRESCRIBED BY	SIDE EFFECTS





# Household Emergency Info

My Address: \_\_\_\_\_

Directions to my house:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~

Fire Department Number: 911 or

\_\_\_\_\_

Police Department Number: 911 or

\_\_\_\_\_

Ambulance: 911 or

\_\_\_\_\_

Poison Control Hotline:

\_\_\_\_\_

~~~~~

Fire Escape Plan :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~

Check smoke alarms monthly!

Check fire extinguishers monthly!

# Behavior Care Plan

Crisis Hotline: \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_

Family contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

~~~~~  
What behavior pattern is typical for this you? Include affect, seasonal changes etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~

Worrisome Behavior to Watch for:

\_\_\_\_\_  
\_\_\_\_\_

Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Intermediate Dangerous Behavior:

\_\_\_\_\_  
\_\_\_\_\_

Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Dangerous Behavior:

\_\_\_\_\_  
\_\_\_\_\_

Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Extremely Dangerous Behavior: **CALL 911 or CRISIS HOTLINE**

# Medical Plan

Physician Call Center Number: \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_  
Family contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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What medical symptoms are typical for this you? Include affect, behavioral problems, physical symptoms etc. of frequently occurring illnesses.

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Worrisome Symptoms to Watch for:

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Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Worsening Symptoms:

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Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Dangerous Symptoms:

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---

Action Plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Life Threatening Situations: **CALL 911**

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# Other Considerations

- Have you thought about gynecological issues such as contraception?
- Are there any other concerns that need to be discussed dealing with family planning or sexuality?
- Are there any serious ongoing issues that are in the process of being evaluated or any recent changes to medicines or therapies?

# Care Schedule

---

| TIME             | CARE |
|------------------|------|
| <b>Morning</b>   |      |
|                  |      |
|                  |      |
|                  |      |
|                  |      |
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|                  |      |
|                  |      |
|                  |      |
|                  |      |
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|                  |      |
|                  |      |
|                  |      |
|                  |      |
| <b>Afternoon</b> |      |
|                  |      |
|                  |      |
|                  |      |
|                  |      |
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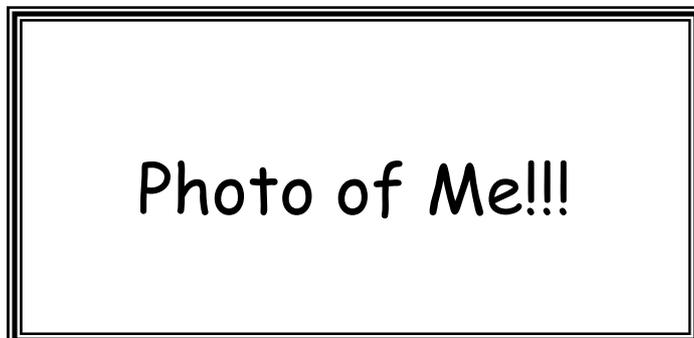
# Care Schedule

---

| TIME    | CARE |
|---------|------|
| Evening |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
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|         |      |
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|         |      |
|         |      |
|         |      |
| Night   |      |
|         |      |
|         |      |
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|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
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|         |      |

# Your Page

---



My name is: \_\_\_\_\_

My nickname is: \_\_\_\_\_

My pet is a: \_\_\_\_\_ My pet's name is: \_\_\_\_\_

My "favorites"

Animal: \_\_\_\_\_

Games: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Songs: \_\_\_\_\_

T.V. Shows: \_\_\_\_\_

Other: \_\_\_\_\_

My favorite foods are: \_\_\_\_\_

My least favorite foods are: \_\_\_\_\_

My friends' names are: \_\_\_\_\_

When I am happy I: \_\_\_\_\_

When I am sad I: \_\_\_\_\_

When I feel pain I: \_\_\_\_\_

Things I need help with (like washing, dressing or brushing teeth): \_\_\_\_\_

Things I can do for myself (but thanks for asking!): \_\_\_\_\_

If you need to know something else, ask me or ask: \_\_\_\_\_

who can be reached by calling: (     ) \_\_\_\_\_



















# Medical / Dental Community Health Care Providers

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☼ Primary / Community Care Provider: \_\_\_\_\_

Date of First Visit: \_\_\_\_\_

Office Nurse/Medical Assistant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Primary Children's Medical Center

Medical Record Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Community or Specialty Hospital: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_

Office Nurse/Medical Assistant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_

Office Nurse/Medical Assistant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Dental Provider: \_\_\_\_\_

Date of First Visit: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Orthodontist: \_\_\_\_\_

Date of First Visit: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**There is space to list more Specialty Care Providers on the next page.**

# Providers (Continued)

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Many specialty physicians may treat you. You may keep track of some of them here:

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Community Specialty Care Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_  
Office Nurse/Medical Assistant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# Home Care Providers

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☼ Home Care Agency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Other Contacts (scheduler, billing, etc.): \_\_\_\_\_

Primary Care Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Home Care Agency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Other Contacts (scheduler, billing, etc.): \_\_\_\_\_

Primary Care Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Home Care Agency: \_\_\_\_\_

Start Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Other Contacts (scheduler, billing, etc.): \_\_\_\_\_

Primary Care Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# Therapists

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☀ **Occupational Therapist (OT):** \_\_\_\_\_

Start Date: \_\_\_\_\_

Agency / Hospital / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☀ **Physical Therapist (PT):** \_\_\_\_\_

Start Date: \_\_\_\_\_

Agency / Hospital / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☀ **Speech-Language Pathologist:** \_\_\_\_\_

Start Date: \_\_\_\_\_

Agency / Hospital / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# School Contacts

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☀ **School District:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Special Education Coordinator:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**504 Accommodation Plan Coordinator** (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**District Nurse assigned to your child's school:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

.....  
☀ **School / Preschool:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Principal / Administrator:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Classroom Teacher:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Resource Instructor:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Aide / Assistant / Intervener:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Special Education Director / Teacher(s):** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Therapist(s):** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(Some store IEP  
and 504 plan  
information in  
sheet protectors  
following this  
section.)

**Other Contacts such as Voc Rehab, Case Managers, Independent Living Centers etc:**

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# If you have a child..Child Care

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☼ Child Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Important Information: \_\_\_\_\_

\_\_\_\_\_

☼ Child Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Important Information: \_\_\_\_\_

\_\_\_\_\_

☼ Child Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Important Information: \_\_\_\_\_

\_\_\_\_\_

# Respite Care

---

☼ Respite Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Respite Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Respite Care Provider: \_\_\_\_\_

Start Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**If applicable:**

Fiscal Agent: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# Pharmacy

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Medical professionals suggest that, if possible, you use one pharmacy for all your prescription medicine needs. In this way, your pharmacist may keep track of all medications being used and any possible problems with interactions between medications. Sometimes, however, you may need to have prescriptions filled at your neighborhood pharmacy and other times you may need to have them filled at the hospital pharmacy. Use this space to keep track of all your pharmacy providers.

☼ Pharmacy: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Pharmacy: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Pharmacy: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Important information for the pharmacist (Such as allergies to medication):**

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# Special Transportation

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☀ **Transportation (to and from medical / therapy appointments):**

Contact person: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Important information** (such as bus route, rules regarding pick-up, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☀ **Transportation (to and from medical / therapy appointments):**

Contact person: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Important information** (such as bus route, rules regarding pick-up, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Recreation

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A number of organizations have programs designed to give young adults with special needs recreation opportunities. These include local park and recreation programs. Check with your providers to find out more about recreation opportunities close to your home. Some include brochures and activity calendars in this section of their Family Voices of North Dakota Transition Notebook.

☼ Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Schedule: \_\_\_\_\_

☼ Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Schedule: \_\_\_\_\_

☼ Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Schedule: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Your Family Information

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☼ Child's or Spouse Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ -  
Date of Birth: \_\_\_\_\_ Social Security  
Number: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Blood Type: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## *Family Members*

☼ Mother's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

☼ Father's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

☼ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
☼ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

☼ Other household members: \_\_\_\_\_

☼ Important Family Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☼ Language spoken at home: \_\_\_\_\_  
Other language(s): \_\_\_\_\_  
Interpreter Needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Preferred interpreter? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## *Emergency Contact*

☼ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# Support Resources

---

☼ Support Group / Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Support Group / Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Religious Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Counseling Services: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Department of Human Services: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Other: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☼ Other: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address/Directions: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# Insurance, Etc.

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☼ Primary Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Secondary Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Medicaid (HMO Name if applicable – this is the company name that appears above your name and ID Number on the Medicaid Identification Card): \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Eligibility Worker: \_\_\_\_\_  
Office/Location of Eligibility Worker: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Supplemental Security Income (SSI): \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☼ Other: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Questions to ask: Do I need a referral; does my insurance change with age or school status; does my insurance change with employment status; if my insurance changes, are there certain services that will be less available after I reach a certain age?**

# Other considerations

## Transfer of Rights (from ND Department of Public Instruction)

### What is the Transfer of Rights?

- In the state of North Dakota the law considers persons to be adults when they reach their 18th birthday; that is, they are of "legal age". This means they are no longer under the natural guardianship, or custody and supervision, of their parents. It also means that persons who are 18 years old are responsible for making their own decisions, including those about school.
- The IDEA (Individuals with Disabilities Education Act) reauthorization of 1997 changed the part of the law referred to as "Transfer of Rights". Now students must be told about the decisions and choices to become their own educational guardian one year before they reach the "age of majority" or legal age.
- If you are receiving special education services in school, a team of people has been planning your education each year (the IEP process). This team includes you, your parents, teachers, and others. Your parents have been guaranteed certain rights that affect your education. Some of these include rights to be told about what the school wants to do, to look at your school records, and to be involved in planning your education. When you become 18 years of age, these rights transfer from your parents to you. You are the decision maker about your education.
- It is important that you know about the choices you will have when you are 18. However, you need time before then to think about what you need and prefer, to talk with your parents, and to plan for the best decisions. Therefore, at the IEP meeting during the year you become 17 years of age, the school people on your team must tell you and your parents about the choices. Whoever is the guardian will make education decision until you complete high school.

## What is Guardianship?

- Guardianship is intended to assist individuals who need guidance in making decisions in major life areas - educational decisions, where to live, employment, money and finances, legal issues, and medical concerns. Guardianship can be limited to education decisions, or it can include more than one major life area.
- Guardianship is a legal process, and the decision is made by a judge. If you and your parents decide that a guardian is needed to make educational decisions after you are age 18, your parents need to contact an attorney. The attorney will begin the process by filing guardianship papers in court.
- Usually the parents request to be guardians. However, any adult who is capable and willing to have the responsibility may be a guardian.
- You and your guardian will continue to be involved in IEP meetings. The guardian will make educational decisions as part of the team.

## What does this mean for you?

You can decide to become your own educational guardian. This means:

- You will receive formal written notice of your IEP meetings and will need to attend all meetings regarding your education;
- You have the right to include (or not include) your parents in the IEP meeting(s);
- You, rather than your parents or guardians, will receive your progress reports;
- You have the right to review your educational records; and,
- You have the right to request mediation, file a complaint, or ask for a due process hearing if you disagree with decisions regarding your education.

Or, you may decide that your parents, or another adult, should continue to be your guardian(s) after you have turned 18, and have primary responsibility to make educational decisions on your behalf. If so, you need to do the following:

- Share the decision with your IEP team;

- Have your parents contact an attorney to begin the process of filing guardianship papers in court where a judge will decide guardianship; and,
- You must continue to be involved in your IEP meetings. Your parent(s) as your guardians will also attend and assist you in making educational decisions based on the IEP team process.

**As listed on IEP's:**

**Transfer of Rights: (615(m)1a-c); 300.517(a1-3))**

At one year before the age of majority (18) the student and family must be informed of the educational transfer of rights.

Date of IEP meeting when  
\_\_\_\_\_ transfer of rights was discussed

**Procedural Safeguards:**

Upon turning 18, document that the student was provided the "Procedural Safeguards in Special Education for Children & Parents" and that all rights as educational guardian were discussed.

Date of IEP meeting when procedural safeguards were discussed

**Include a copy of your most recent IEP or 504 Plan here.**

**Other questions to answer are:**

- **Do I need a vocational rehabilitation advisor to transition from school to work? Have in mind what types of work you would like to do, what are your interests....**

Name of Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date Contact Initiated: \_\_\_\_\_

First Meeting Date: \_\_\_\_\_

TO DO List Prior to the First Meeting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Vocational Rehabilitation

Vocational Rehabilitation is a service agency to help individuals who have a physical or mental disability find and maintain employment. If you have a disability that prevents you from obtaining or keeping a job, VR services may be able to help.

Vocational Rehabilitation offers a wide variety of programs including:

- Evaluation Services: vocational, medical and psychological evaluations
- Career Counseling and Guidance Services: development of rehabilitation plans
- Medical and Psychological Services: counseling to help stay on the job
- Training: on the job, job coaching, business/trade school, college or vocational program
- Job Development and Placement Services: finding the right job for the individual
- Rehabilitation Technology Services: assistive technology to help obtain or keep a job
- Post Employment Services: support services to maintain employment
- Referrals: referrals to other programs and services

A student interested in accessing Vocational Rehabilitation should invite a VR counselor to an IEP meeting during the junior year of high school to begin the application process. The timing allows both the school and the agency to provide adequate services and ensure a seamless plan.

Students interested in accessing VR services should contact the VR office in their region. For additional information about services, contact the VR office in your geographic area.

### **North Dakota Client Assistance Program**

Assists clients and client applicants of North Dakota Vocational Rehabilitation services, Tribal Vocational Rehabilitation, or Independent Living services.

600 South Second Street

Suite 1B

Bismarck, ND 58504

☎ 701-328-8947 - Phone

## Vocational Rehabilitation Services

Region I  
Williston  
(701) 774-4600

Region V  
Fargo  
(701) 298 - 4459

Region II  
Minot  
(701) 857-8643

Region VI  
Jamestown  
(701) 253-6388

Region III  
Devils Lake  
(701) 665-2200

Region VII  
Bismarck  
(701) 328 -8800

Region IV  
Grand Forks  
(701) 795-3100

Region VIII  
Dickinson  
(701) 227-7600

See website for more information and forms online  
- <http://lnotes.state.nd.us/dhs/dhsweb.nsf/b04ca5dd2327035d8625666e0071b1a1/f80eba969987b12d8625666e00708ac8?Open Document>

<http://www.state.nd.us/humanservices/services/disabilities/vr/>

- Do I need an independent living advisor to transition from home to adult living? What are your housing plans? Would you like to mentor others with a disability or chronic illness? Where do I go to socialize with others? Where do I find an advocate to help me navigate this new adult system?

•  
**Independent Living Centers (ILC'S)**

ILC's work toward equality and inclusion for people with disabilities through programs of

[empowerment](#), [community education](#), and [systems change](#).

☎ Dakota Center for Independent Living/Bismarck (701) 222-3636

☎ Freedom Resource Center for Independent Living/Fargo (701) 478-0459

☎ Independence/Minot (701) 839-4724

☎ Options/East Grand Forks (218) 773-6100

Name of Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date Contact Initiated: \_\_\_\_\_

First Meeting Date: \_\_\_\_\_

TO DO List Prior to the First Meeting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Do I need any additional help transitioning from secondary school to college or technical school? Most post secondary and technical schools have a disability coordinator. Contact them to identify what you will need.**

Name of Contact:

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Phone number:

---

Date Contact Initiated:

---

First Meeting Date:

---

TO DO List Prior to the First Meeting:

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### **PREPARATION IS THE KEY! From ND Department of Public Instruction**

#### **Understanding the Law**

The federal law, Individuals with Disabilities Education Act, often referred to as IDEA, assures a "free appropriate public education" (FAPE) until an individual graduates from high school with a diploma or through the age of twenty one. After graduation, students with disabilities can no longer rely on the protections of IDEA; rather, in moving on to college or other post-secondary schools, two other laws now offer protection. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) guarantee that students with disabilities cannot be denied equal access to facilities, services, activities or opportunities solely because they have a disability. In addition, Section 504 views college students as capable of self-identification for any disability; it is now a student's responsibility to inform the appropriate representative, identify a disability and request services and accommodations.

**SECTION 504 of the REHABILITATION ACT OF 1973** states that: "No otherwise qualified individual with a disability in the United States . . . shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance . . ." (29 U.S.C., Section 794). Colleges and universities receiving federal financial assistance must not discriminate in the recruitment, admission, or treatment of students. Students with documented disabilities may request accommodations, which will enable them to participate in and benefit from all postsecondary educational programs and activities. Postsecondary institutions must make such changes to ensure that the academic program is accessible to the greatest extent possible by all qualified students with disabilities.

**THE AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)** is the civil rights guarantee that upholds and extends the standards for compliance in Section 504 to the private sector. With the passage of ADA, not only entities receiving federal money, but also private schools and businesses must provide equal access to education, goods and services to people with disabilities.

In college, these laws prohibit discrimination solely on the basis of a disability. Both Section 504 and ADA require colleges to provide reasonable accommodations so that a student with a disability has equal opportunity and access to take part in a college's programs, activities, and courses. A "qualified person with a disability" is defined as one who meets the requisite academic and technical standards required for admission or participation in the post-secondary institution's programs and activities. Section 504 and the ADA protect the civil rights of individuals who are qualified to participate and who have a disability such as, but not limited to, the following: Chronic illness/disease, such as: - AIDS- Arthritis- Blindness or Visual impairments - Cancer- Cardiac diseases- Cerebral Palsy-Deafness or hearing impairments-Drug or alcohol addiction-Epilepsy or seizure disorders- Learning Disabilities-Multiple Sclerosis-Orthopedic impairment-Psychiatric disabilities-Speech disorder-Spinal cord or traumatic brain injury

## Differences Between High School and College

| Laws and Responsibilities                                                                                                           |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High School                                                                                                                         | College                                                                                                                                                              |
| Individuals with Disabilities Act (IDEA)                                                                                            | Section 504 and Americans with Disabilities Act (ADA)                                                                                                                |
| Provides services to children ages 3-21 or receipt of signed high school diploma                                                    | Covers students with disabilities regardless of age; schools may not discriminate in recruitment, admission, or after admission, solely on the basis of a disability |
| School attendance is mandatory                                                                                                      | Students choose to attend                                                                                                                                            |
| Local school districts are required to identify students with disabilities through free assessment                                  | Students are responsible for revealing and providing current documentation of a disability                                                                           |
| Students receive special education and related services to address needs based on an identified disability                          | Formal special education services are not available                                                                                                                  |
| Services include individually designed instruction, modifications, and accommodations based on the IEP                              | Reasonable accommodations may be made to provide equal access and participation                                                                                      |
| Individual student needs based on the IEP may be addressed by program support for school personnel                                  | No formal program support for school personnel is provided                                                                                                           |
| Progress toward IEP goals is monitored and communicated to the parent(s) and/or the student                                         | Students are required to monitor their own progress and communicate their needs to instructors                                                                       |
| Schools assist in connecting the student with community support agencies if so identified as a transition need according to the IEP | Students are responsible for making their own connections with community support agencies                                                                            |

## Rights and Responsibilities

### Student Rights

As a student with a disability, you have the right to ...

- Equal access to courses, programs, services, jobs, activities, and facilities;
- Reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids determined by the institution on a case-by-case and/or course-by-course basis;
- Information reasonably available in accessible formats; and,
- Appropriate confidentiality of all information pertaining to the disability.

## **College Rights**

As a North Dakota college or university, they have a right to ...

- Request a student with disability provide current documentation completed by a qualified professional;
- Discuss the student's need for and select equally effective reasonable accommodations, academic adjustments and/or auxiliary aids on a case-by-case/course-by-course basis;
- Deny a request if documentation is not sufficient or not provided in a timely manner; and,
- Maintain academic, admissions and graduation standards.

## **Student Responsibilities**

As a student with a disability, you have a responsibility to ...

- Apply for disability services/accommodations and present documentation of your disability from a qualified professional to the college disability services office;
- Request accommodations each semester by contacting the disability services office and follow their policies and procedures;
- Comply with the student code of conduct adopted by the college and all other policies of the institution; and,
- Monitor your grades in classes and request assistance when needed.

## **College Responsibilities**

As a North Dakota college or university, they have a responsibility to ...

- Provide reasonable accommodations based on the functional limitations of the disability. The institution may not discriminate solely on the basis of disability;
- Provide reasonable accommodations most appropriate, without an undue financial burden to the institution;
- Ensure admissions or graduation requirements, as well as the basic nature of individual courses are not changed;
- Review and revise policies and procedures to assure nondiscrimination;
- Assist students with disabilities who self-disclose in receiving reasonable and appropriate accommodations; and,

Inform students with disabilities of college or university policies and procedures for filing formal grievance both internally and/or through external agencies

**How to Access Disability Services Checklist** Contact the disability services office immediately after being admitted to the college. See Directory D for a list of offices. Meet with disability services staff and complete necessary paperwork. Student is encouraged to bring high school Transition Portfolio and/or information (IEP) as well as the required documentation of disability. Determine if the disability services staff can provide assistance/consultation on choosing classes. Determine next steps and next contact with disability services staff for the upcoming semester's classes.

## Questions to Ask Disability Services

*A student who uses a wheelchair might ask:*

1. Is there accessible transportation available on campus? In the community?
2. Are there any buildings that are not accessible? If so, what arrangements will be made for entrance?
3. How will I be assured I can get from one class to another in the time allotted and that my classes are scheduled in accessible rooms?
4. How does a person operate the elevators?
5. Will I be able to open the outside doors myself?
6. Is accessible parking available? How do I get a campus accessible parking permit?
7. Are there accessible rooms in the residence halls? Are all the public areas in the residence halls accessible?
8. Who is responsible for hiring and training my personal care attendant?
9. Is there a wheelchair repair service available in the area?
10. Are the campus recreation facilities accessible?
11. What other services/accommodations/programs are available for someone using a wheelchair on this campus?
12. What are my responsibilities in arranging the services and accommodations I need?

NOTE: Visiting the campus before enrolling is a good idea for all students but is an absolute must for students with mobility impairments. The only way to assess whether the level of accessibility meets the student's needs is to tour the campus, eat in the cafeteria, sit in a class, and see a residence hall room.

*A student with a hearing impairment might ask:*

1. How do I make arrangements for note takers in my classes?
2. Who makes arrangements for interpreters and are interpreters available for non-classroom activities?
3. What systems does your interpreter use? Are there oral interpreters?
4. Do you have assistive listening devices available for checkout?
5. Do you have real time captioning available?
6. Are there TTY's (or TDD's) available?
7. What other services/accommodations/programs are available for deaf or hard of hearing students?
8. What are my responsibilities in arranging the services and accommodations I need?

NOTE: Ask the disability services office to arrange to meet with another deaf/hard of hearing student to interview regarding services.

*A student with a learning disability or Attention Deficit Disorder might ask:*

1. Is tutoring available?
2. Is there someone available to help me with my written work?
3. Will I be able to get testing accommodations?
4. What other accommodations are available to compensate for my specific learning disability or ADD?
5. Are there any courses for credit designed specifically for students with LD or ADD?
6. Are there any courses for credit on improving reading and writing skills?
7. I use medication for ADD, where can I get prescription refills?
8. Would I be eligible to get a course substitution if it's related to my disability?
9. What other services/accommodations/programs are available for students with LD or ADD?
10. What are my responsibilities in arranging the services and accommodations I need?

*A student with a visual impairment might ask:*

1. I need my textbooks, tests, handouts, etc. on tape/in Braille/in electronic text, how do I make those arrangements?
2. How do I arrange for a reader?

3. How do I arrange for someone to record my test answers?
4. What kinds of assistive computer technology are available on campus? Will I have trouble getting access to it when I need it?
5. Is assistance available when I use the library?
6. Do you have transportation available on campus? In the community? How do I apply to use it?
7. Do you offer orientation and mobility training?
8. Are there any special arrangements I need to make to have my guide dog with me?
9. What other services/accommodations/programs are available for students who are blind or visually impaired?
10. What are my responsibilities in arranging the services and accommodations I need?

*A student with a health problem might ask:*

1. Walking long distances is difficult for me. Can I get an accessible parking permit, so I can park closer to my class buildings and residence hall?
2. What medical support is available on campus?
3. Can I get a refrigerator in my room to store medications? Can I request a special diet from Food Service?
4. Is it possible to arrange my classes so they won't interfere with my medical treatment schedule?
5. I sometimes miss class because of my disability. Will I be penalized if the absence is related to my disability?
6. What other services/accommodations/programs are available for students with health problems?
7. What are my responsibilities in arranging the services and accommodations I need?

*A student with a psychological disability might ask:*

1. I get very anxious when I'm taking tests. Can I get testing accommodations?
2. My medication affects my concentration. Can I get a notetaker?
3. Where can I refill my prescriptions?
4. Is there personal counseling available on campus? In the community?
5. I sometimes miss several days of class at a time because of my disability. Will I be penalized if the absence is related to my disability?
6. Are there any other accommodations I would qualify for?
7. It helps if I can meet with someone periodically to help me assess how I'm

doing in my classes. Can you help me with that?

8. What other services/accommodations/programs are available for students with psychological disabilities?
9. What are my responsibilities in arranging the services and accommodations I need? *How To Choose A college: Guide for the Student with a Disability. Association on Higher Education and Disability (AHEAD) and HEATH Resource Center,*

## Resources

**Do I need help managing my transportation needs in order to meet my transition goals? Some resources may be: Independent Living Centers, Case Managers, Vocational Rehabilitation**

### **Vocational Rehabilitation**

- Assists individuals with disabilities to achieve competitive employment and increased independence through rehabilitation services
  - Provides training and employment services to eligible individuals with physical or mental impairments so they can become and remain employed

North Dakota Vocational Rehabilitation  
600 South 2nd Street, Suite 1B  
Bismarck, ND 58504  
☎ (701) 328-8950

- ☎ Bismarck Region: (701) 328-8800
- ☎ Devils Lake Region: (701) 665-2235
- ☎ Dickinson Region: (701) 227-7600
- ☎ Fargo Region: (701) 298-4459
- ☎ Grand Forks Region: (701) 795-3100
- ☎ Jamestown Region: (701) 253-6388
- ☎ Minot Region: (701) 857-8643
- ☎ Williston Region: (701) 774-4662

☎ Fort Totten: (701) 766-4446

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- ☎ Fort Yates: (701) 854-3861
- ☎ New Town (701) 627-2688
- ☎ Belcourt (701) 477-5998

**North Dakota Client Assistance Program**

Assists clients and client applicants of North Dakota Vocational Rehabilitation services, Tribal Vocational Rehabilitation, or Independent Living services.  
 600 South Second Street  
 Suite 1B  
 Bismarck, ND 58504  
 ☎ 701-328-8947 - Phone

**Independent Living Centers (ILC'S)**

ILC's work toward equality and inclusion for people with disabilities through programs of [empowerment](#), [community education](#), and [systems change](#).

- ☎ Dakota Center for Independent Living/Bismarck (701) 222-3636
- ☎ Freedom Resource Center for Independent Living/Fargo (701) 478-0459
- ☎ Independence/Minot (701) 839-4724
- ☎ Options/East Grand Forks (218) 773-6100

Name: \_\_\_\_\_

Phone number:

\_\_\_\_\_

Date Contact Initiated:

\_\_\_\_\_

First Meeting Date:

\_\_\_\_\_

TO DO List Prior to the First Meeting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Do I have any other needs that need to be met prior to implementing my transition plan? If yes list them here and talk to your doctor.**

## **Areas of Assessment and Planning for Transition to Adulthood**

### **Activities of Daily Living:**

What self-care skills (such as for personal hygiene and dressing) does the young person have? What might be learned? What supports and resources are available?

What housekeeping skills does the young person have for meal planning, shopping and cooking; keeping the living quarters clean and maintained; cleaning and maintaining clothing; and dealing with emergencies? For what activities does the person need help during the day? What resources are available to provide this help and how might they be funded?

### **Mobility:**

What ability does the person have to walk or roll within all parts of buildings used for daily activities and between buildings? Are buildings that the person wishes to enter for education, employment, and recreation accessible? What adaptations might reasonably be made?

### **Transportation:**

What abilities does the person have to access public transportation, special transportation services for the disabled, or other transportation options in the community? Is the person able to access and complete driver's education to become a licensed driver? What vehicle adaptations would be required? What adaptation services are available in the person's community? How can they be funded?

### **Health Care:**

What does the young person know about his or her disabilities? What skills does he or she have and/or need to learn to monitor physical and/or psychological conditions? Does he or she participate in therapies and administer own medications with knowledge of regimen and side effects? Does the person communicate with health care providers? What supports would assist the person to do these things, such as educational programs, assistive technology, equipment, supplies, therapies, personal attendants, public health nursing and/or home nursing assistance? Where are these available, and how can they be funded?

What is the person's source of primary care for general health monitoring and education such as normal development, immunizations, diet, exercise, substance use and abuse, risk taking behaviors and safety issues, and sexuality education and supports? Does the person receive regular dental care? What specialty medical care is available from pediatric and adult health care providers knowledgeable or willing to learn about the particular problems? What planning is in process for transition from pediatric primary and specialty care providers to adult health care providers? What options are available in the community? What funding is available?

### **Living Arrangements:**

Where does the young person wish to live—apartment, house, dorm, city, or country? With whom will the young person live—family, friends, independently, supported living? What are the options in the young person's community? Where is the best place to live to be able to go to school and work and participate in the community? What is needed to live more independently—housekeeping skills, transportation, personal assistance? Is help available to learn these? What are the effects of decisions about living arrangements on the family?

### **Housing:**

What adaptations such as ramps, railings, wider doorways, bathroom configuration, kitchen adaptations are needed to support independence? What home maintenance skills does the person have or can learn and what help is available?

### **Recreation and Leisure:**

What does the person like to do for fun and physical and mental fitness? What skills

does he or she have? What is available in the community for sports, shopping, watching or viewing, visiting? What things would the person like to learn to do and what might be available in the community to assist in learning?

**Personal Awareness and Companionship:**

How aware is the person of how he or she interacts with others and the effects he or she has on others because of physical, communication, or emotional expression attributes? How is anger expressed? How does he or she mediate conflict? How does he or she solve problems and make decisions? Does the person have friends? Is he or she dating and sexually active?

Is the person optimistic, and how can a more optimistic attitude be developed? In what attributes or skills does the person express confidence? What seem to be motivating factors? Is the person organized? Does he or she keep appointments? Does he or she have a sense of humor? What skills in personal advocacy does the young person have? What resources are available to build skills in personal awareness? Who are the person's role models, and where might role models with similar disabilities be found?

**Community Participation:**

What is the person currently doing and what does the person like to do? What options are available in the community and which of these appeal to the person—clubs, organizations, cultural activities, etc.? What social interaction opportunities are available? What opportunities for volunteer service to both give service and develop skills? Are there activities at an appealing church or synagogue for spiritual, educational, and service participation? How aware is the person of community activities and resources, politics, and current events?

**Education:**

Will the young person complete high school or equivalency? What are barriers to completing high school, and what services are available? What kind of career would the person like to pursue? What skills and educational programs are required for that career? Does the person have enough education for the job desired? What college or technical school opportunities are available? What are other possible skill development, adult education, or continuing education options that are available? What accommodations would be needed to attend school? What financial aid is available? What do the ADA laws mean in terms of education, jobs, and accommodations?

**Employment and Job Supports:**

What types of home or community jobs has the young person had to contribute to household, family, and community life? What skills does the person have? What does he or she like to do? In what kind of environment does he or she want to work? What types of training programs is the young person interested in attending? What places of employment might fit the person's choices? What places of employment and training programs are available in the person's community? Are there summer jobs, part-time jobs, in-school jobs, non-paid training experiences available? Are there job supports or shadowing experiences available?

**Financial Management:**

What are sources of money for this person? What skills in budgeting, comparison shopping, bill paying, use of checking and savings accounts and credit cards does the person have? What can be learned? What supports are needed, are they available, and how does the person access them? Is the person eligible, and is there access to financial aid programs from federal, state, local, or private sources? What are the trade-offs between earnings from work and aid from these programs?

**Legal Issues:**

What would happen in case of parental/caregiver disability or death? What arrangements have been made for guardianship and estate management if person is not able to achieve adult independence? **Adapted From: KY Healthy and Ready to Work Project 2/2001**

## Transition Developmental Checklist

| <b>Health Behaviors</b>                                                                                                                        | <b>Discussed Date</b> | <b>Status</b> | <b>Age to Discuss</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-----------------------|
| Learning self care                                                                                                                             |                       |               | 2                     |
| Has beginning knowledge of condition/special needs                                                                                             |                       |               | 2                     |
| Independent in self care (especially hygiene, dressing, tooth brushing, hand washing)                                                          |                       |               | 4                     |
| Is building understanding of condition/special needs and treatments                                                                            |                       |               | 5                     |
| Can describe condition to others                                                                                                               |                       |               | 6                     |
| Can determine when condition is worsening                                                                                                      |                       |               | 6                     |
| Is active/exercises to maintain physical fitness                                                                                               |                       |               | 6                     |
| Knows basics of nutrition                                                                                                                      |                       |               | 6                     |
| Has someone to talk to about concerns                                                                                                          |                       |               | 7                     |
| Working with parents/caregivers in doing self-care related to meds and treatments                                                              |                       |               | 9                     |
| Has plan for emergencies                                                                                                                       |                       |               | 9                     |
| Carries list of medications                                                                                                                    |                       |               | 9                     |
| Carries list of physicians and other health care providers                                                                                     |                       |               | 9                     |
| Carries summary medical information                                                                                                            |                       |               | 9                     |
| Carries copy of insurance/medical card                                                                                                         |                       |               | 9                     |
| Answers questions from doctor, nurse, therapists, etc. about condition                                                                         |                       |               | 9                     |
| Knows how condition and treatment affects physical, mental, sexual development                                                                 |                       |               | 9                     |
| Knows how smoking, drinking, chewing, drugs affect body and condition                                                                          |                       |               | 11                    |
| Understands sexuality, pregnancy, and birth control                                                                                            |                       |               | 11                    |
| Sees doctor for some time privately                                                                                                            |                       |               | 13                    |
| Manages own medication and treatment regime; notifies caregiver of need for med refills                                                        |                       |               | 13                    |
| Knows what equipment does and how to fix minor problems                                                                                        |                       |               | 13                    |
| Knows side effects of medication and interactions with food, alcohol, etc.                                                                     |                       |               | 14                    |
| Family explores guardianship if needed (age 18 is age of majority when youth legally makes own decisions); assent to consent; health surrogate |                       |               | 14                    |
| Has plans for adult health care providers (primary, specialty, dental, DME, pharmacy, therapy, mental health)                                  |                       |               | 15                    |

|                                                                |                  |               |            |
|----------------------------------------------------------------|------------------|---------------|------------|
| Has plans for adult health insurance                           |                  |               | 16         |
| Knows how to use health insurance/medical card                 |                  |               | 16         |
| Has adult health care providers                                |                  |               | 17         |
| Has signed release to transfer records                         |                  |               | 18         |
| Has copy of own records                                        |                  |               | 18         |
|                                                                |                  |               |            |
| <b>Independence, School and Work Behaviors</b>                 | <b>Discussed</b> | <b>Status</b> | <b>Age</b> |
| Does home chores                                               |                  |               | 2          |
| Goes places with family in the community                       |                  |               | 2          |
| Communicates own needs and preferences                         |                  |               | 2          |
| Attends preschool/Head Start                                   |                  |               | 2          |
| Family knows about ADA, IDEA, futures planning, wills, trusts, |                  |               | 3          |
| Follows directions                                             |                  |               | 3          |
| Learning to make choices and experience consequences           |                  |               | 4          |
| Interacts appropriately with peers and adults                  |                  |               | 4          |
| Attends school regularly and is progressing                    |                  |               | 4          |
| Responds to "What will you do when you grow up?"               |                  |               | 5          |
| Has fun, recreation, hobbies                                   |                  |               | 6          |
| Talks about things he/she is good at                           |                  |               | 6          |
| Does more advanced home chores                                 |                  |               | 7          |
| Uses computer                                                  |                  |               | 7          |
| Has personal safety skills – phone, seat belts, gun safety     |                  |               | 8          |
| Discusses job and career interests                             |                  |               | 10         |
| Has friends for social activities                              |                  |               | 10         |
| Can manage money and has shopping skills                       |                  |               | 11         |
| Knows about school to work, VR, and other community            |                  |               | 12         |
| Participates in school IEP, 504, transition meetings           |                  |               | 12         |
| Has visited workplaces and/or volunteers                       |                  |               | 13         |
| Can write a resume and complete a job application              |                  |               | 13         |
| Works part-time and/or volunteers                              |                  |               | 13         |
| Can budget money                                               |                  |               | 14         |
| Can grocery shop, cook, plan meals, do laundry, and            |                  |               | 14         |
| Has transportation and is planning for driver's license or     |                  |               | 14         |
| Family knows about reapplying for SSI at age 18 with adult     |                  |               | 14         |
| Has contacted VR to discuss services                           |                  |               | 15         |
| Knows laws, policies, rights, and responsibilities for         |                  |               | 15         |
| Has drivers license or state ID card                           |                  |               | 16         |
| Has job for pay or is actively pursuing education plan that    |                  |               | 16         |
| Knows how to register for college entrance exams               |                  |               | 16         |

**Adapted From: KY Healthy and Ready to Work Project 2/2001**



**Other publications form FVND:**

**New Beginnings- A resource director offering general resources and support information.**

**Accessing and Understanding Health Services**

**Fact Sheets:**

**EPSDT/Medicaid**

**Medical Home**

**Emergency Preparedness for children with special health needs**

**Vocational Rehabilitation**

**COBRA**

**Health Insurance Laws**

**Meeting Your Child's Health Needs**

**Paying the Bills**

**And many others.....**

**FVND has a variety of workshops and trainings available for families and providers.**

**For more information contact FVND at 888-522-9654**

**Or [fvnd@drtel.net](mailto:fvnd@drtel.net)**