

Talk to Your Youth About Independent Living: A Checklist for Parents

Use these questions and checklists to begin a conversation with your youth about independent living.

Begin by asking your son or daughter the following questions:

Where do you want to live, and what do you want to live near in your community? (e.g., Do you want to live near a bus stop or other transportation? Do you want to live near your workplace?) _____

What are your favorite recreation and leisure activities? What are three or more of your favorite activities, such as participating in sports, gardening, or playing a musical instrument? _____

How would you connect with people in your community? List three activities you would like to do, such as visit the library, play a sport, volunteer, or join a club. _____

Then ask your youth to respond to the following with a 'yes', 'sometimes', or 'no' answer.

Yes	Sometimes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know that the Americans with Disabilities Act protects me from being discriminated against in the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know how to request the accommodations I need to participate in public programs, purchase services, or shop in the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have good hygiene and grooming skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can maintain personal fitness and well-being.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know how to perform daily cleaning responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can shop for my own clothes and groceries.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can do my own laundry.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can cook a healthy meal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can communicate with peers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know how to use public transportation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have or would like to get my driver's license.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a primary doctor who will see me after I become an adult.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a dentist who will see me after I become an adult.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a medical specialist (e.g., neurologist, psychiatrist, cardiologist, etc.) to help me after I become an adult.

Yes

Sometimes

No

I can arrange my own doctor's appointments.

I can take medications as prescribed without help.

I know and understand my disability.

I know what to do in an emergency situation.

Statements checked "no" may be areas of needed growth. Discuss these with your youth and the IEP team.

Other areas of needed growth: _____

For more information refer to the National Parent Center on Transition and Employment's Learning Center at: PACER.org/transition/learning-center