

# Transition Action Plan



Child's Name: \_\_\_\_\_

Current Age: \_\_\_\_\_

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





## Next Steps:


Here is a summary of the tools discussed in this workbook as well as a list of additional questions for you to consider as you take the next steps in your child's health care transition.

# Transition Action Plan



Name \_\_\_\_\_ Age: \_\_\_\_\_ Date \_\_\_\_\_

Tool	Page#	Next Step(s)	Who is involved?
 <p data-bbox="338 597 569 695">Adult Provider(s)</p>	4-5		
 <p data-bbox="359 867 548 906">Decisions</p>	6-9		
 <p data-bbox="359 1091 548 1182">Health Insurance</p>	10-11		
 <p data-bbox="344 1338 562 1429">Emergency Contact</p>	12-13		

Tool	Page	Next Step(s)	Who is involved?
 <p data-bbox="310 386 594 435">Appointments</p>	<p data-bbox="646 386 753 435">14-15</p>		
 <p data-bbox="331 699 569 743">Medications</p>	<p data-bbox="646 699 753 743">16-17</p>		
 <p data-bbox="359 987 546 1084">Health Summary</p>	<p data-bbox="646 1016 753 1060">18-20</p>		
 <p data-bbox="394 1300 512 1393">About Me</p>	<p data-bbox="674 1328 722 1372">21</p>		