

Something I do want to work on	What do I need to do?	Done
My own stuff: Add items here that you would like to work on – specific to you and your child's needs		
		<input type="checkbox"/>

Notes to myself

Who do I need to talk to? Write down the names of people that you think you should be talking to (e.g. parents, teachers, doctors, friend etc)

Where do I need to go? Write down the places you need to visit or resources you can use (e.g. internet, Centerlink, health services etc)

Queensland Paediatric Rehabilitation Service



Developing the skills for growing up

1 Getting started

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. The 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.

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. 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.

How do I complete the checklist?

The first column is where you decide if this is something you want to work on. Tick the yes box if you would like to work on the item, and tick the no box 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 tick (ü) in this column.

When have I finished the checklist?

You decide when you have finished the checklist. You can use the "Done" column to help you decide. If you have ticked each item that you wanted to work on and there are no other items that you would like to work on, you have finished the checklist.

What do I do when the checklist is finished?

The process of developing skills and planning for the future doesn't stop here. Continue to work on the skills that you feel are important to you, your family and your future.



Contact us

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Developing the skills for growing up

1

Getting started

Something I want to work on?	What do I need to do?	Done
Knowing about myself		
I can think and talk about my future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I can speak up for what I want	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I am able to make decisions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Social and recreation		
I spend time with my friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I go to activities in my neighbourhood or community	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I know how to behave around other people	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I know how to use the internet safely	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Health and wellness		
I know my height, weight and birth date	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I know when I am sick	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I exercise regularly and eat healthy food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I can tell someone what my disability is and how it affects me	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I know how puberty will affect me and my disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I like to ask at least one question during health care visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
I like to answer at least one question during health care visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

	Something I want to work on?	What do I need to do?	Done
Independent			
I can make my own snack or tell someone how to make it for me	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am responsible for a household chore	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can pick up my own clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can take care of my own belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am able to carry out self-care or know my self-care routines	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know my health care supplies, equipment needs and routines (e.g. medications, catheter, stretching program etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I get pocket money and know how to manage spending/saving	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am able to use the phone	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
School and work			
I am responsible for getting to school on time	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am responsible for getting homework done	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am responsible for providing information to my family about school matters (e.g. passing on notes and newsletters etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am able to regulate my behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I have awareness of my special care needs at school	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I talk about what I would like to do in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

Something I do want to work on	What do I need to do?	Done
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		<input type="checkbox"/>

Notes to myself

Who do I need to talk to? Write down the names of people that you think you should be talking to (e.g. parents, teachers, doctors, friend etc)

Where do I need to go? Write down the places you need to visit or resources you can use (e.g. internet, Centerlink, health services etc)

Queensland Paediatric Rehabilitation Service



Developing the skills for growing up

2 On my way

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?

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 the future. The items in this checklist focus on taking for responsibility

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. 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.

How do I complete the checklist?

The first column is where you decide if this is something you want to work on. Tick the yes box if you would like to work on the item, and tick the no box if you do not want to work on the item.

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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 tick (ü) in this column.

When have I finished the checklist?

You decide when you have finished the checklist. You can use the "Done" column to help you decide. If you have ticked each item that you wanted to work on and there are no other items that you would like to work on, you have finished the checklist.

What do I do when the checklist is finished?

The process of developing skills and planning for the future doesn't stop here. Continue to work on the skills that you feel are important to you, your family and your future.



Contact us

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	I want to work on?	What do I need to do?	Done
Self advocacy			
I know my rights about privacy, making decisions and giving consent for my life	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about my injury/condition and how it may affect my health and my future	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can explain to others about my condition, know where to get the help I need	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am able to tell people what I want or need	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Social and recreation			
I spend time with my friends outside of school	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I pick my own social and recreation programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about safe sex and dating	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Health and wellness			
I can name my medications and know the doses and time I take them	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take responsibility for exercise and eating well	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know who to talk to during difficult times	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know who my health care team is and what they do	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I ask many questions during health care visits	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I answer many questions during health care visits	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I spend time alone with the doctor during visits	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take part in making medical decisions	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I keep a record of my health care information	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I talk to my doctor about adult services	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

	I want to work on?	What do I need to do?	Done
Independent living skills			
I make meals with my family	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I help with grocery shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am responsible for a few household chores	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I manage my personal care routine	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know how to get the health care supplies I need	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take responsibility for my equipment (e.g. wheelchair, laptop, splints etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can buy things I need and know where to get them	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can access my own bank account	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know what to do in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can be at home by myself	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am learning to use public transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am learning to get around my community safely	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I talk about where I would like to live in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I have tried assistive devices and technology	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
School and work			
I do my homework myself	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know how my disability affects my learning	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know the supports and strategies I need to succeed in school	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take part in planning my education (ie subject choices)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know what my skills and interests are in relation to thinking about a career	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I talk about my plans following high school	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I explore work experience or part-time work opportunities	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>



	I want to work on?	What do I need to do?	Done
Me as an adult			
I know how my role in my family will change as I become an adult	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about my injury/condition and how it may affect my health, work capacity and daily life.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can explain my condition, know how to find the support I need or can ask for help	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about the extra responsibilities of being an adult (e.g. voting, my rights to make choices)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about funding sources for living, study, work etc (if CTP-understand how this will work)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Social and recreation			
I make plans to spend time with my friends	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I participate in teenage or adult social and recreation activities	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about safe sex and healthy relationships.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Health and wellness			
I know about sexual health, genetics and family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take responsibility for exercise and eating well	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about the effects of drugs and alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about mental health and who I can talk to	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know how to purchase and manage my medications	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I have my own Medicare card and understand about public and private health care systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am organising my medical history and keep track of medical appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I attend health care visits alone or can choose who goes with me	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am getting ready for moving on to adult health services and understand how it will differ from the children's programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I can explain my medical history, ask questions and am able to participate in decision making	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

	I want to work on?	What do I need to do?	Done
Independent living skills			
I prepare meals or direct someone to do so	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I do my laundry or direct someone to do so	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I manage my personal care needs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I manage my budget	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I buy or direct someone to buy the things I need	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take public transport on my own or can order and direct a taxi	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I go out in my community on my own	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know how to find information about such things as shows, activities and people to fix things	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know about medical clearance for driving and have started the process	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I have the assistive devices and technology I need	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I take responsibility for arriving to school, work and appointments on time	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I explore where I will live in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
School and work and other options			
I have a plan of what I will do when I finish high school	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I am aware of how my disability may impact on my study or work capacity and can discuss this with	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I have a part-time job or do volunteer work	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know the strategies and resources I need to succeed in tertiary education, at work or in adult support programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
I know how Centrelink can assist with financing study, or training for work	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>