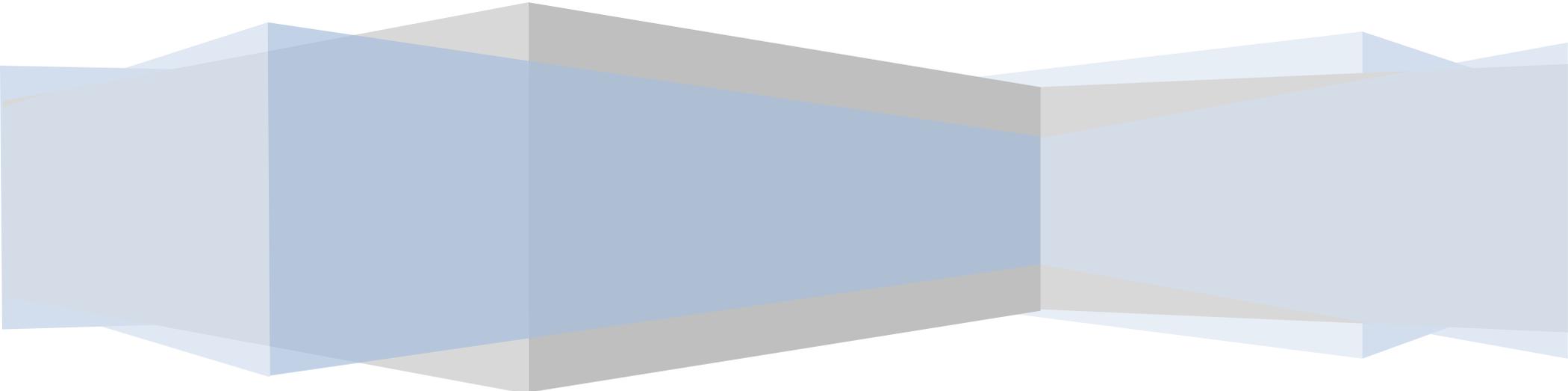# STEPPING INTO THE FUTURE

Planning for Adult Agency Services

STEPPING INTO THE FUTURE

A collaborative project developed by:

Educational Service Unit #7

Nebraska Autism Spectrum Disorders Network

Versatile Support Services, Inc.

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Background

PURPOSE

The purpose of the "*Stepping into the Future*" packet is to provide practical information regarding the young adult that can be used by the adult agency provider as the individual prepares to enter adult services. The school will have certain information to share with the provider, including the most recent IEP, Summary of Performance, etc., but this may not give the complete picture of the individual that is necessary to get adult services off to a good start.

WHEN TO COMPLETE

It is recommended that this packet be completed during the last year of the student's high school program. It will be helpful if it is completed before the student and family begin to meet with adult agency providers and tour services. This may be done at an IEP meeting or at a time separate from the meeting.

WHO COMPLETES

The packet should be completed and compiled by those who know the young adult best. This may be a combination of the parents, guardian, or another significant person in the student's life. It is important that school personnel be a part of the process and, at the request of the parents or guardian, they may take the lead in the completion of the information.

ABOUT THE QUESTIONS

It is not required that all questions be answered. These are provided as a suggestion for the information that may be useful. In some instances, it may be most efficient to attach documents (such as medical information) to this packet of information.

HOW TO USE THE INFORMATION

When "shopping" for an adult agency provider, share this packet with the agency staff. This will give them a better idea of the needs of the young adult and help them determine if they might meet those needs. Once an adult agency provider is selected, it will be helpful for staff to have this information before they begin working with the individual.

Identifying Information

Name of Individual:

Address:
City/State:
Zip:
School District:
Date of Birth:
☐ Male ☐ Female

Primary Person* Completing This Form:

Relationship to Individual:
Address:
City/State:
Zip:
Phone:
E-Mail:
Date:

*If others are involved in completion of the form, list here.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Contact Person(s):

☐ Parent ☐ Legal Guardian ☐ Other:
Address:
City/State:
Zip:
Home Phone:
Cell Phone:
Work Phone:
E-Mail:

Others Living in the Individual's Home

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

List others who are involved with the individual on a regular basis (i.e., grandparents, other family members, friends, caregivers, etc.):

Medical Information

Diagnoses
List current medical/psychiatric diagnoses:
Check all that apply:

☐ Asthma	☐ Heart Condition
☐ Headaches	☐ Diabetes
☐ Stomach/Digestive Issues	☐ Muscle Issues
☐ Skin Issues	☐ Respiratory Issues

☐ Epilepsy (indicate type /frequency of seizures):

Surgeries (list):

Additional comments/information regarding medical/psychiatric condition:

Allergies/Restrictions
Food Allergies:
Environmental Allergies:
Dietary Restrictions or Preferences:
Other Restrictions:

Medications	
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**
Name/Dosage:	**Reason:**

General Medical Information		
Self-administers prescription medications.	Yes ☐	No ☐
Self-administers over-the-counter medications.	Yes ☐	No ☐
Independently cares for menstrual needs.	Yes ☐	No ☐
Identifies or reports when feeling ill.	Yes ☐	No ☐

Primary Physician
Name:
Address:
Phone:

Therapies/Counseling	
☐ Speech Therapy	Frequency:
☐ Physical Therapy	Frequency:
☐ Occupational Therapy	Frequency:
☐ Counseling	Frequency:
☐ Other:	Frequency:

Social/Behavioral Information

Expressive Language: The individual…

- [ ] Uses communication device. If so, describe:

- [ ] Speaks with basic single word vocabulary
- [ ] Speaks in phrases
- [ ] Speaks in sentences
- [ ] Exhibits repetitive speech
- [ ] Asks questions
- [ ] Engages in conversation
- [ ] Uses simple sign language
- [ ] Uses complex sign language
- [ ] Other (please describe):

Receptive Language: The individual understands…

- [ ] Objects and visuals better than words
- [ ] Basic vocabulary
- [ ] Simple, one-step directions
- [ ] Multiple (2 or more) step directions
- [ ] Spoken conversational language
- [ ] Humor and sarcasm
- [ ] Basic social language rituals (appropriate volume, taking turns in conversation, etc.)
- [ ] Simple sign language
- [ ] Complex sign language
- [ ] Other (please describe):

Social Interaction: The individual…

- [ ] Maintains eye contact with others
- [ ] Is generally shy with others
- [ ] Is generally outgoing with others
- [ ] Requests comfort (i.e., touch, hug, favorite object)
- [ ] Greets others appropriately
- [ ] Greets others inappropriately
- [ ] Requests or agrees to participate in social activities
- [ ] Secures listener's attention appropriately
- [ ] Seeks attention inappropriately (i.e., verbal, physical)
- [ ] Requests permission appropriately
- [ ] Requests permission inappropriately
- [ ] Uses inappropriate language
- [ ] Respects personal space of others
- [ ] Other(please describe):

General Notes Regarding Communication:

Indicate prompts, cues, reminders that are regularly provided for the individual when communicating with others:

Are there specific topics to avoid with the individual? If so, describe.

Please indicate any other comments regarding communication:

Preferred Hobbies and Activities: (List hobbies, social, and recreational activities enjoyed by the individual.)

Social/Behavioral Information

Behavior	Frequency	Severity	Triggers	Effective Response(s) to Behavior
		Mild: Disruptive, but little risk to property, self, or others **Moderate:** Property damage or minor injury to self or others **Severe:** Significant threat to health, safety, property	Indicate any known factors that trigger the behavior, such as: day or time, setting, activity, specific persons, etc.	Indicate actions that are effective in responding to the behavior. Examples include: ignoring, re-directing to alternate activity, removal from situation, providing attention, providing quiet environment, listening to music, etc.
Aggression Toward Others	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Avoidance	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Attention Seeking	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Self-Injury	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Property Destruction	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Self-Stimulation	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		

Social/Behavioral Information

Behavior	Frequency	Severity	Triggers	Effective Response(s) to Behavior
		Mild: Disruptive, but little risk to property, self, or others **Moderate:** Property damage or minor injury to self or others **Severe:** Significant threat to health, safety, property	Indicate any known factors that trigger the behavior, such as: day or time, setting, activity, specific persons, etc.	Indicate actions that are effective in responding to the behavior. Examples include: ignoring, re-directing to alternate activity, removal from situation, providing attention, providing quiet environment, listening to music, etc.
Refusals	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Other (Describe):	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		
Other (Describe):	☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely	☐ Mild ☐ Moderate ☐ Severe		

General Comments Regarding Individual: Please list any other information regarding the individual that may be helpful for others to know.