

Preparing to Become an Adult:

The Youth's Perspective

As you prepare to navigate the transition process to becoming an adult, it will be helpful to take some time to answer the following questions about yourself and your own thoughts about your future. There are no right or wrong answers; be honest with yourself.

What do you want your future to look like?

1. What are your goals for your future? Where do you see yourself in 5 years? 10 years?
2. What are your greatest fears about your future?
3. What might get in the way of you reaching your goals?
4. How can your family and friends help you reach your goals?
5. How can others help you reach your goals? School staff? Mental health professionals? Friends?

Education

1. How will the classes you are taking now help you reach your goals?
2. What skills could you learn in school before you graduate that would help you reach your goals?
3. Does your goal mean that you need more classes or training after high school?

Education (continued)

4. How do you feel about attending college or vocational training?
5. How can others help you reach your goals? School staff? Mental health professionals? Friends?

Working

1. What kind of job would you like to be doing in a few years?
2. What are you good at that might help you in that kind of job?
3. What things are hard for you? (Think of something that some jobs might need that would make that job hard for you)
4. What things are important to you in a job? (Money, insurance, schedule, close to home or a bus route, etc.)
5. What interests or hobbies do you have that might be useful in a job in the future?
6. What kind of support do you need from service providers to help you get and keep a job?
7. What kind of support do you need from family members and friends to help you get and keep a job?

Living Arrangements

1. Where do you see yourself living in in the future? A house? An apartment? With family? With friends?
2. What responsibilities do you have where you are living now that will prepare you for living in your own place? (Housework, yard work, etc.)
3. Are there any classes at school or in the community that you could take to help take care of your own apartment? (Cooking, gardening, plumbing, etc.)
4. Would you like to live alone or with someone else?

How will you pay for your goals?

1. How much money do you need each month to be able to reach your goal? (Apartment, utilities, food, car, bike, etc.)
2. How do you keep track of your money? Do you know how to use a budget? How will you keep track of it when you live on your own?
3. How can you find out about classes in school or in the community that teach ways to take care of your money?
4. Do you know about Social Security? Medicaid? Do you know how to apply for these services?

What is available in the area where you live?

1. What support services are available in your community? (Check all that apply)
 - Public transportation
 - Community Recreation
 - Counseling Services
 - Independent living center
 - Accessible medical center
 - Support Groups

What is available in the area where you live? (continued)

2. Who can help you find out about these services?
3. What sort of volunteer service programs exist that you might want to help out with? (Humane Society, wildlife preservation, Big Brother/Big Sister, Kiwanis)

Social Life

1. What do you like to do for fun?
2. What are your friends like? What do they do for fun?
3. What things are most important to you in a friend?
4. What activities do you want to learn to do? (Check all that apply)
 - Paint
 - Hike
 - Write stories
 - Make movies
 - Swim
 - Play team sports
 - Play cards
 - Snow ski
 - Train dogs
 - Other: _____
5. What new activities can service providers, family and friends help you learn?

Medical and Legal

1. Who are your family doctor and dentist? How do you pay for their services? How will you pay in the future?
2. Do you have any special doctors? (Orthopedists, psychologists, psychiatrists, etc.) Who are they?

Medical and Legal (continued)

3. How would you take care of any medical problems that you might run into?

4. What would you do if you had a medical emergency?

5. What sort of medical insurance do you have?

6. What would you do if you had a legal problem? (You think your rights are not being given to you, you have a problem with the police, etc.)

7. Who would you talk to if you had a question about whether something done to you was against the law?

Additional Resources

Life Skills Checklist for Youth: <https://peatc.org/wp-content/uploads/2021/07/Independent-Living-Life-Skills-Checklist-Booklet-ENGLISH-Interactive.pdf>

En español: <https://peatc.org/wp-content/uploads/2021/07/Independent-Living-Life-Skills-Checklist-Booklet-Spanish.pdf>

PEATC's PCP tool: <https://peatc.org/wp-content/uploads/2021/09/Person-Centered-Planning-Youth-1.pdf>

Visual version: <https://peatc.org/wp-content/uploads/2021/09/Person-Centered-Planning-Youth-Visual.pdf>