

Transition to Adulthood Plan (TAP) Questionnaire

Parent/Caregiver Version

1. What are your child's strengths?

2. What are your child's challenges?

3. Have you thought about what your child might do after high school?

Yes No

If yes, what would you like your child to do?

4. Have you discussed a plan on how to achieve this?

Yes No

If yes, how do you plan to achieve this?

5. What excites you about your child's future?

6. What makes you nervous about your child's future?

Not Important at all Not Important, but can be if there is a need Neutral Somewhat Important Very Important

How important is it to you that your child to take care of their own health needs?

How important is it to you that your child...

a. Knows about thier medical needs?

b. Advocates to others about their medical needs?

c. Talks with their health care provider about their needs?

d. Makes medical decisions?

7. Does your child know the names of the medications they take without your help?

Yes No

8. Does your child know when to take their medication without you or someone else reminding them?

Yes No

9. How does your child keep track of upcoming medical appointments?

- I (parent/caregiver) remind my child
- My child puts a reminder on their phone/on my planner/calendar
- They tend to forget if it's left up to them/ if they are not reminded