**San Diego County Mental Health Services**

**YOUTH TRANSITION SELF-EVALUATION**

**\*Client Name:**      **\* Program Name:**

**\*Date Completed:**       **\* Date of Birth:**

\***Client’s current age: 16**  **17  171/2  18  Other**  **Age**:

## Please read each of the following LIFE DOMAIN statements and circle the answer that sounds the most like you *(any responses with a 3 or below must be addressed in the ACTIONS/COMMENTS section)*:

| **HEALTH/MENTAL HEALTH** | **No,**  **Not at All** | **Somewhat** | | **Yes,**  **Definitely** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I know how to keep my mental health services, or get them going again. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. I know how to get a copy of my file if I need one. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. I know what problems I have and how to get the help I need. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I know how to find a therapist or doctor and how to make an appointment. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. I know the names of the medicines I take. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. I know and can say why I take the medicines. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. I know how to get more of my medicine so I don’t run out. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. I know how to get help if I have a problem with drugs or alcohol. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. I know what taking illegal drugs, alcohol or smoking can do to my body. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. I can explain the side effects my medicines can cause. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. I show appropriate self-control. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. I know some things I can do to deal with stress. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. I know how I can prevent pregnancy & sexually transmitted diseases. | 1 | 2 | 3 | 4 | 5 | N/A |
| **ACTIONS/COMMENTS**: | | | | | | |

| **SOCIAL SKILLS** | **No,**  **Not at All** | **Somewhat** | | **Yes,**  **Definitely** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. During my free time, I find something to do that doesn’t get me into trouble. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. I have positive free time activities that I enjoy. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. I am involved in group activity (sports, youth group, etc.). | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I can explain how I am feeling. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. I can handle things that make me mad without yelling, hitting, or breaking things. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. I talk over problems with friends/family. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. I am willing to have my family or friends help me. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. I have friends my own age. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. I know how to be  polite to others. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. I am able to introduce myself to new people. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. I know how to be a good listener, and ask questions when I need to understand better. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. I know some ways I could help others who live near me. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. I can explain my own cultural background. | 1 | 2 | 3 | 4 | 5 | N/A |
| **ACTIONS/COMMENTS**: | | | | | | |

| **DAILY LIVING SKILLS** | **No,**  **Not at All** | **Somewhat** | | **Yes,**  **Definitely** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I know who to call if there is an emergency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. I keep my teeth and body clean. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. I know how to do my own laundry. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I keep my room clean. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. I know how to buy things at the grocery store. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. I know how to cook my own meals. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. I know what foods I should eat to keep me healthy. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. I know how to get a driver’s license or California I.D. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. I know how to use buses or other public transportation. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. I can give somebody directions to where I live. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. I can take care of myself if I am sick or get hurt, and I know where to get help. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. I know how to get something fixed at home if it is broken. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. I know what could be unsafe in my home and how to fix it. | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. I know how to find a place to live. | 1 | 2 | 3 | 4 | 5 | N/A |
| **ACTIONS/COMMENTS**: | | | | | | |

| **FINANCIAL** | **No,**  **Not at All** | **Somewhat** | | **Yes,**  **Definitely** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I know how to manage my money so I can always pay my bills. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. I know how to write a check, use a credit card or a debit card, and I know how to pay by cash and get the right change back. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. I know how to decide what to buy first if I want several things and don’t have enough money for everything. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I can explain the good & bad points of buying on credit. | 1 | 2 | 3 | 4 | 5 | N/A |
| **ACTIONS/COMMENTS**: | | | | | | |

| **EDUCATIONAL/**  **VOCATIONAL** | **No,**  **Not at All** | **Somewhat** | | **Yes,**  **Definitely** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I know what helps me learn new things. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. I know what I like to do. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. I know what I am good at doing. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I know what my educational goals are  . | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. I know how to meet my educational goals. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. I know what kind of job or career I would like to have. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. I can explain the education and/or training needed for my career options. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. I can find out what kinds of activities/classes an organization offers. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. I know coming to work on time every day is very important, and I can do it. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. I get my work done on time. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. I follow directions from my supervisor/teacher. | 1 | 2 | 3 | 4 | 5 | N/A |
| **ACTIONS/COMMENTS**: | | | | | | |

**STAFF TO SEE INSTRUCTIONS REGARDING ITEMS THAT MUST BE ADDRESSED.**