

TRANSITIONAL AGED YOUTH SELF-EVALUATION

Date Completed: _____

Please read each of the following LIFE DOMAIN statements and circle the answer that sounds the most like you:

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 medications.	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	
COMMENTS: _____							
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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 activities (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	

Alpine Special Treatment Center, Inc.

Client: _____

The Starting Point

*** To be completed upon Admission, Quarterly and Discharge by client***

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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
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	

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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 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

Score (Add the Sum of all points -N/A = 0) _____