

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded “No” or “I want to learn” to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY HEALTH	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor's visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor's office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor's office, with ___% accuracy.
I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.

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<i>HCT READINESS ASSESSMENT ITEM</i>	<i>SAMPLE GOAL</i>
MY MEDICINES	
I know the name of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medicines, with __% accuracy.
I know the amount of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the dosages of their medicines, with __% accuracy.
I know when I need to take my medicines.	By the end of the IEP cycle, student will identify at what time to take their medicines, with __% accuracy.
I know how to read and follow the direction labels on my medicines.	By the end of the IEP cycle, student will identify, read, and follow the directions on their medicines, with __% accuracy.
I know what to do when I run out of my medicines.	By the end of the IEP cycle, student will call their doctor's office or pharmacy to ask about medication refills, with __% accuracy.
I know my medicine allergies.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of the medicines they are allergic to, with __% accuracy.

