2. Adolescent Individualized Transition Plan

Pre-21-year-old Transition Assessment

Projected Date: 

Participants: 

Education/vocation/career plan: 

Family support: 

Housing/goals for independent living: 

Transportation: 

Funding (insurance/copay/prescriptions/OTC/SSI): 

Discuss timing of transition to adult care: 

Other: 

Plan: 

Signature: 

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2. Adolescent Individualized Transition Plan, continued

24-year-old Transition Assessment

Projected Date: 

Participants: 

Education/vocation/career plan: 

Family support: 

Housing/goals for independent living: 

Transportation: 

Funding (insurance/copay/prescriptions/OTC/SSI): 

Transition to adult care, choose provider: 

Plan: 

Signature: 

Initial adult care appt: Physician: Phone: 

Records release consent signed: Records forwarded: 

First appt follow-up phone call: 

3 month follow-up phone call: 

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