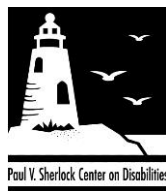


This Adpated Literature resource is available throgth the Shelock Center Resource Library.

The text and graphis are adapted from the origianl source. These resources are provded for teachers to help students with severe disabilities participate in the general curriculum. Please limit the use and distribution of these materials accordingly.

PLEASE NOTE:

The original English and Spanish versions of Get Set? My Health My Life and instructions for parents and teachers for using this publication with youth can be found at <http://www.ric.edu/sherlockcenter/health.html>.

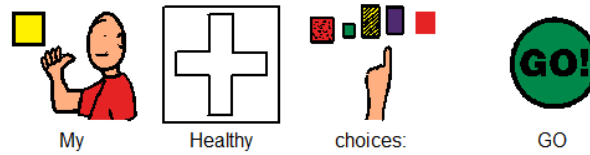


Paul V. Sherlock Center on Disabilities @ Rhode Island College
600 Mt. Pleasant Avenue, Providence RI 02908
401 456-8072 Ph. 401 456-8773 TDD 401 456-8150 FAX
www.sherlockcenter.org



GO!

*my life
my health*



My

Healthy

choices:

GO



I

have

many

skills.



My

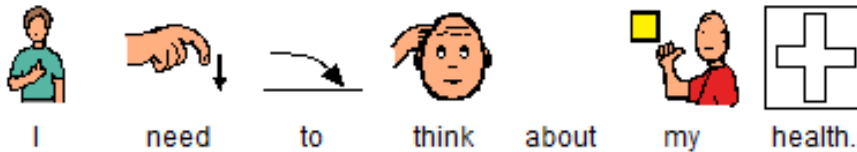
skills

help

me

do things

myself.



I

need

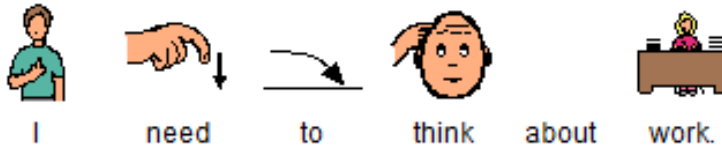
to

think

about

my

health.



I

need

to

think

about

work.



I

am






ready

to be an

adult.



MAKING CHOICES











 What is your disability?











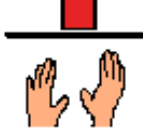


 What do you like to do



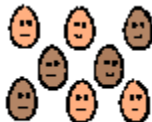


 What are you good at?

 Can you try something new?

 Tell what you want to do.

 Listen to special people you know.

SELF ADVOCACY



SELF ADVOCACY means what

you want. Ask for help.

Help people understand you.

Tell people why you are special.

Listen to people you trust. You can be a leader.

EXPLORING THE POSSIBILITIES



Learn



new



ideas.



Try



new



hobbies.



Go

to



new



places.



Try



new



jobs.



Talk

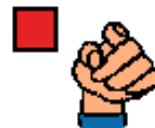


with



people

about



your

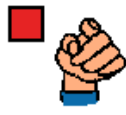


future.

STRONG SELF ESTEEM



Write



your

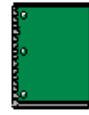


ideas

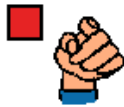


in

a



journal.



Go

in

your



community



Do

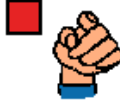


special



things

in



your



community.

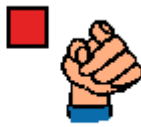


Help



people

in



your



community.



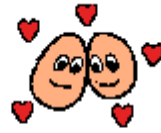
Find



friends



who



care about



you.

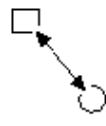


Find

a



man



or

a



woman

to



help



you.

GOALS & PLANS



I



need

to



list



what



I want.

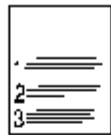


I



need

to



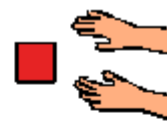
plan



and



list the steps to



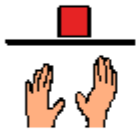
get



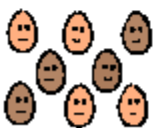
what



I



want.



People

can



help



me

make



plans.

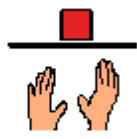
UNDERSTAND REASONABLE RISKS



When



I



want

something,



I



think

of



good



things.



I



think

of the



bad



things.



I

will



ask



advice



even

if



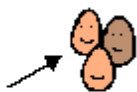
I



do not like



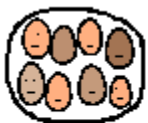
what



they



say.



Everybody

makes



mistakes



and



you

can



learn



from



it.

PROBLEM SOLVE







 Everyone has problems.






 I will make a list.















 I will write good ideas.












 I will write bad ideas.

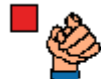
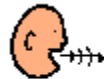
 I will get advice from people who care about

 me. The list will help me choose.



How to complete this form.



Talk with your family or special people to complete this form.

1.



You choose what is important to you.



Your family or special people can help you.

2.

























































They can help you write your plan.

3.



























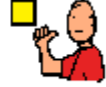




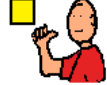









They can help you know when the work is done.















































my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Self-Advocacy			
      I will be an adult and can make choices.	 Yes  No		
     I know where to get information.	 Yes  No		
Social & Recreation			
      I meet my friends in the community.	 Yes  No		
    I know about dating & safe sex.	 Yes  No		
       I choose what fun I want in the community.	 Yes  No		
      I know my parents can help me.	 Yes  No		
      I know other people who can help	 Yes  No		







































my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Independent Living Skills			
   I cook meals.	 Yes  No		
   I clean my laundry.	 Yes  No		
   I brush my hair.	 Yes  No		
  I can shower.	 Yes  No		
  I can shave.	 Yes  No		
    I go to the community myself.	 Yes  No		
   I ride the bus myself.	 Yes  No		
   I can drive a car.	 Yes  No		






































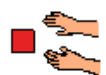




















my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Independent Living Skills			
      I know technology that helps me	 Yes  No		
      I talk about my home in the future.	 Yes  No		
      I know what I can do well.	 Yes  No		
      I know what I do badly.	 Yes  No		
     I can tell about my skills.	 Yes  No		
     I decide what I can buy.	 Yes  No		



















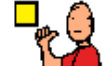







my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
School & Work			
        I know my plans for when I end school.	 Yes  No		
   I have a job.	 Yes  No		
       I know when to tell people about my disability.	 Yes  No		
    I know what to do at a job.	 Yes  No		
      I know what future jobs I want.	 Yes  No		
































































my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Health & Wellness			
    I know about family planning.	 Yes  No		
    I have health goals.	 Yes  No		
       I know smoking and bad drugs can hurt me.	 Yes  No		
    I call for doctor's appointments.	 Yes  No		
     I go to doctor's appointments myself.	 Yes  No		
      I know how to get more medications.	 Yes  No		
      I choose what health treatments I need.	 Yes  No		
      I know how to sign consent forms.	 Yes  No		

my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Health & Wellness			
 I  keep a  list of  my  health information.	 Yes  No		
 I  know  what  medication to  eat  when  sick.	 Yes  No		
 I  know about  my  doctor  and  my  special  doctors.	 Yes  No		

my life, my health....go!

	1. Is this something I want to work on?	2. What do I need to do?	3. Is it done? ✓
Healthcare System			
     I know about my health insurance plan.	 Yes  No		
      I know how much to pay for doctor's appointments.	 Yes  No		
     I know how much to pay for medicine.	 Yes  No		
        I know when my health insurance plan will change.	 Yes  No		
       I know if I get SSI when I am 18.	 Yes  No		
      I know my adult health plans.	 Yes  No		
      I know my adult dental plans.	 Yes  No		
    I know my legal rights.	 Yes  No		