

YOUTH ELEMENTS FOR SURVIVAL (YES)

	Skills I already Know Rate your skills from 1 to 10 1 = not at all 10 = expert	I want to learn the following 1 = not at all 10 = very important	What technology can help	How do I modify or adapt
Do I know how to use.....?	Kitchen <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Can opener <input type="checkbox"/> Dishwasher <input type="checkbox"/> Dryer <input type="checkbox"/> Open Refrigerator Communication <input type="checkbox"/> Telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Music (DVD / VCR, stereo, CD) <input type="checkbox"/> Internet / e-mail Misc. <input type="checkbox"/> Unlock the door <input type="checkbox"/> Vacuum <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Lawnmower	Kitchen <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Can opener <input type="checkbox"/> Dishwasher <input type="checkbox"/> Dryer <input type="checkbox"/> Open Refrigerator Communication <input type="checkbox"/> Telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Music (DVD / VCR, stereo, CD) <input type="checkbox"/> Internet / e-mail Misc. <input type="checkbox"/> Unlock the door <input type="checkbox"/> Vacuum <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Lawnmower		

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	<p style="text-align: center;">Skills I already Know</p> <p style="text-align: center;">Rate your skills from 1 to 10 1 = not at all 10 = expert</p>	<p style="text-align: center;">I want to learn the following</p> <p style="text-align: center;">1 = not at all 10 = very important</p>	<p style="text-align: center;">What technology can help</p>	<p style="text-align: center;">How do I modify or adapt</p>
Household tasks	<input type="checkbox"/> Set the table <input type="checkbox"/> Keep my room reasonably clean <input type="checkbox"/> Put my clean clothes away <input type="checkbox"/> Clean the kitchen when I am finished <input type="checkbox"/> Prepare a simple meal <input type="checkbox"/> Do the dishes <input type="checkbox"/> Make my bed <input type="checkbox"/> Change my sheets <input type="checkbox"/> Clean my bathroom <input type="checkbox"/> Take out the trash <input type="checkbox"/> Meal planning and grocery shopping <input type="checkbox"/> Keep track of my schedule/appoint-ments	<input type="checkbox"/> Set the table <input type="checkbox"/> Keep my room reasonably clean <input type="checkbox"/> Put my clean clothes away <input type="checkbox"/> Clean the kitchen when I am finished <input type="checkbox"/> Prepare a simple meal <input type="checkbox"/> Do the dishes <input type="checkbox"/> Make my bed <input type="checkbox"/> Change my sheets <input type="checkbox"/> Clean my bathroom <input type="checkbox"/> Take out the trash <input type="checkbox"/> Meal planning and grocery shopping <input type="checkbox"/> Keep track of my schedule/appoint-ments		
Household repairs	<input type="checkbox"/> Unclog the toilet or sink <input type="checkbox"/> Change light bulbs <input type="checkbox"/> Mending (torn clothes)	<input type="checkbox"/> Unclog the toilet or sink <input type="checkbox"/> Change light bulbs <input type="checkbox"/> Mending (torn clothes)		

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Emergency	<input type="checkbox"/> Do I know what to do in case of fire or injury <input type="checkbox"/> Can I turn the water / gas off? <input type="checkbox"/> Do I know basic first aid? <input type="checkbox"/> Do I know who to call if there is a fire, injury or I need help.	<input type="checkbox"/> Do I know what to do in case of fire or injury <input type="checkbox"/> Can I turn the water / gas off? <input type="checkbox"/> Do I know basic first aid? <input type="checkbox"/> Do I know who to call if there is a fire, injury or I need help.		
Budget	<input type="checkbox"/> Balance a check book <input type="checkbox"/> Pay my bills <input type="checkbox"/> Go to the bank	<input type="checkbox"/> Balance a check book <input type="checkbox"/> Pay my bills <input type="checkbox"/> Go to the bank		

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Health	<input type="checkbox"/> Make medical / dental appointments <input type="checkbox"/> Get a prescription filled / refilled <input type="checkbox"/> Keep myself clean <input type="checkbox"/> Shower/bath <input type="checkbox"/> Brush teeth <input type="checkbox"/> Other personal <input type="checkbox"/> Hygiene <input type="checkbox"/> Have safe sex <input type="checkbox"/> Eat healthy foods <input type="checkbox"/> Exercise <input type="checkbox"/> Do I know who my health care providers are? <input type="checkbox"/> Do I know how to take cold or other over-the-counter medications? <input type="checkbox"/> Do I know what to do if I am sick?	<input type="checkbox"/> Make medical / dental appointments <input type="checkbox"/> Get a prescription filled / refilled <input type="checkbox"/> Keep myself clean <input type="checkbox"/> Shower/bath <input type="checkbox"/> Brush teeth <input type="checkbox"/> Other personal <input type="checkbox"/> Hygiene <input type="checkbox"/> Have safe sex <input type="checkbox"/> Eat healthy foods <input type="checkbox"/> Exercise <input type="checkbox"/> Do I know who my health care providers are? <input type="checkbox"/> Do I know how to take cold or other over-the-counter medications? <input type="checkbox"/> Do I know what to do if I am sick?		

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Safety / transportation	<input type="checkbox"/> Can I ride public transportation <input type="checkbox"/> Can I call for transportation? <input type="checkbox"/> Do I have or want a driver's license? <input type="checkbox"/> Can I ask for / follow directions <input type="checkbox"/> Do I know how to get to the library, post office, grocery store, church or other places?	<input type="checkbox"/> Can I ride public transportation <input type="checkbox"/> Can I call for transportation? <input type="checkbox"/> Do I have or want a driver's license? <input type="checkbox"/> Can I ask for / follow directions <input type="checkbox"/> Do I know how to get to the library, post office, grocery store, church or other places?		
What do I do for fun?	<input type="checkbox"/> Ride my bike <input type="checkbox"/> Watch TV or movies <input type="checkbox"/> Go roller skating <input type="checkbox"/> Go bowling <input type="checkbox"/> Call my friends <input type="checkbox"/> Go for walks / run <input type="checkbox"/> Go to a gym <input type="checkbox"/> Read a book <input type="checkbox"/> Work in the garden	<input type="checkbox"/> Ride my bike <input type="checkbox"/> Watch TV or movies <input type="checkbox"/> Go roller skating <input type="checkbox"/> Go bowling <input type="checkbox"/> Call my friends <input type="checkbox"/> Go for walks / run <input type="checkbox"/> Go to a gym <input type="checkbox"/> Read a book <input type="checkbox"/> Work in the garden		

Developed by the Youth Advisory Group

Sponsored by the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

