launch™ into Life!

QuickStart Planning Tool

Welcome to launch into Life!

Congratulations on taking the time to start planning for your future.

The transition to adulthood might be something you are looking forward to, but at the same time it involves taking on new challenges and making changes. This can be hard and sometimes feel overwhelming.

Completing the Launch into Life! QuickStart Planning Tool can help you feel more confident and be better prepared for the future.

This tool will help you think about life after high school and how to prepare for life as an adult. Successful adulthood means a lot more than just finishing school, having a job, or moving out.

The QuickStart Planning Tool will help you plan and build your best adult life.

Start by asking yourself these 3 questions:

1. **Where am I now?**
2. **What do I want my adult life to look like?**
3. **What do I need to do next?**

Let's get ready to Launch!

Section 1. Where am I now?

Fill-in the following information:

NAME _____ **AGE** _____

EDUCATION

Check the box that describes your education status

- ☐ I am currently in high school
  If currently in school, when do you expect to graduate? _____ (MM/YYYY)
- ☐ I have graduated from high school
- ☐ I am currently in a post-secondary education or training program
- ☐ I am not currently in a post-secondary program but I plan to do so in the future
- ☐ I am not interested in post-secondary education at this time

VOLUNTEERING

Check the box that describes your volunteering status

- ☐ I currently volunteer
- ☐ I do not currently volunteer, but I plan to
- ☐ I am not interested in volunteering at this time

WORK

Check the box that describes your work status

- ☐ I am currently working part-time
- ☐ I am currently working full-time
- ☐ I do not currently work, but I plan to
- ☐ I am not interested in working at this time

WHERE I LIVE

Check the box that describes your living status

- ☐ I live with parents
- ☐ I live on my own
- ☐ I live with roommates

LIVING SKILLS

Check the boxes that currently describes your living skills

- ☐ I can make meals on my own
- ☐ I can do my own shopping
- ☐ I can advocate for myself
- ☐ I can maintain a clean home
- ☐ I can drive or take public transportation on my own

FINANCES

Check the boxes that currently describes your finances

- ☐ I currently receive funding support
- ☐ At age 18, I will be eligible for funding
- ☐ I have my own bank account
- ☐ I manage my money on my own

HEALTH

Check the boxes that currently describes your health

- ☐ I can manage my own medical appointments and medication
- ☐ I have a dentist who I see at least once a year
- ☐ I understand how to use birth control and practice safe sex
- ☐ I eat a healthy, nutritious diet
- ☐ I have strategies for managing stress and maintaining good mental health

COMMUNICATION

Check the boxes that currently describes your communication

- ☐ I know who to contact if I need help (by phone or text)
- ☐ In an emergency, I know how to call 9-1-1
- ☐ I know how to use the internet safely

"You are never too old to set another goal or to dream a new dream."

CS Lewis

YOUR SKILLS & STRENGTHS

Your unique qualities can help inform your education, career, and life goals. Take a moment to reflect on your personal skills and strengths and check off any words that describe you.

- ☐ Accurate
- ☐ Action oriented
- ☐ Adaptable
- ☐ Analytical
- ☐ Artistic
- ☐ Athletic
- ☐ Brave
- ☐ Caring
- ☐ Compassionate
- ☐ Confident
- ☐ Considerate
- ☐ Creative
- ☐ Critical thinker
- ☐ Curious
- ☐ Dedicated
- ☐ Determined
- ☐ Disciplined
- ☐ Effective communicator
- ☐ Empathetic
- ☐ Entertaining
- ☐ Enthusiastic
- ☐ Fair
- ☐ Fast
- ☐ Flexible
- ☐ Focused
- ☐ Forgiving
- ☐ Friendly
- ☐ Generous
- ☐ Good citizen
- ☐ Good people skills
- ☐ Good public speaker
- ☐ Helpful
- ☐ Honest
- ☐ Independent
- ☐ Industrious
- ☐ Ingenious
- ☐ Inspiring
- ☐ Intelligent
- ☐ Kind
- ☐ Knowledgeable
- ☐ Leader
- ☐ Learner
- ☐ Logical
- ☐ Motivated
- ☐ Observant
- ☐ Open minded
- ☐ Optimistic
- ☐ Organized
- ☐ Outgoing
- ☐ Patient
- ☐ Persuasive
- ☐ Practical
- ☐ Precise
- ☐ Problem solver
- ☐ Respectful
- ☐ Responsible
- ☐ Self controlled
- ☐ Straightforward
- ☐ Strategic thinker
- ☐ Strong
- ☐ Team player
- ☐ Thoughtful
- ☐ Tolerant
- ☐ Trustworthy
- ☐ Visionary
- ☐ Wise

Section 2: What do I want my adult life to look like?

5 YEARS FROM NOW, WHAT WOULD YOU LIKE TO BE DOING FOR WORK OR VOLUNTEERING?

For example, work at a museum or volunteer at a library.

5 YEARS FROM NOW, WHAT THINGS WOULD YOU LIKE TO LEARN TO DO MORE INDEPENDENTLY?

For example, take public transit by yourself, try new recipes, do your own banking.

5 YEARS FROM NOW, WHERE WILL YOU BE LIVING?

For example, living at home, in your own apartment, or living with roommates.

5 YEARS FROM NOW, HOW WILL YOU BE SPENDING YOUR TIME?

For example, taking classes, working, developing skills or hobbies.

5 YEARS FROM NOW, WHO WOULD YOU LIKE TO BE SPENDING TIME WITH?

For example, family members, friends, romantic partners, co-workers, and neighbours.

Document Checklist

Complete the checklist below to see if you need to gather documents, address healthcare needs, or apply for funding.

DO YOU HAVE THE FOLLOWING DOCUMENTATION?	YES	NO	NOT APPLICABLE
Photo ID	☐	☐	☐
Drivers License or Transit Pass	☐	☐	☐
Social Insurance Number	☐	☐	☐
Bank Account and ATM card (in your name)	☐	☐	☐
Birth Certificate	☐	☐	☐
Health Care Card	☐	☐	☐
School Records (diploma, certificate)	☐	☐	☐
Individualized Education Plan (IEP)	☐	☐	☐
Psycho-educational assessments	☐	☐	☐
Resume and professional references	☐	☐	☐

DO YOU HAVE THE FOLLOWING THINGS TO SUPPORT YOUR HEALTH?	YES	NO	NOT APPLICABLE
Family Doctor	☐	☐	☐
Medical Insurance (prescriptions, physio, etc.)	☐	☐	☐
Dentist	☐	☐	☐
Dental Insurance (check-ups, x-rays, etc.)	☐	☐	☐
Mental Health Support (psychologist, psychiatrist, etc.)	☐	☐	☐
Vision Insurance (eye exams, glasses, etc.)	☐	☐	☐

HAVE YOU APPLIED FOR THE FOLLOWING LEGAL AND FINANCIAL SUPPORTS?	YES	NO	NOT APPLICABLE
Guardianship	☐	☐	☐
Trusteeship	☐	☐	☐
Disability Tax Credit	☐	☐	☐
Registered Disability Savings Plan (RDSP)	☐	☐	☐
Provincial Social Assistance	☐	☐	☐
Provincial Program Funding	☐	☐	☐

Life Domain Review

Living a good life as an adult includes many things like being physically healthy, eating well, having enough money to buy what you need and having a safe place to live.

In the table below, please rate your overall satisfaction in the following life domains.

1 *= Extremely Dissatisfied*
2 *= Dissatisfied*
3 *= Neither Satisfied or Dissatisfied*
4 *= Satisfied*
5 *= Extremely Satisfied*
N/A *= Not Applicable*

EDUCATION *How satisfied are you with your current education program?*	1	2	3	4	5	N/A
WORKING OR VOLUNTEERING *How satisfied are you with your current job or volunteer position?*	1	2	3	4	5	N/A
LIVING ARRANGEMENTS *How satisfied are you with your current living arrangements?*	1	2	3	4	5	N/A
INDEPENDENT LIVING SKILLS *How satisfied are you with your ability to manage things like household responsibilities, finances, meals, and transportation?*	1	2	3	4	5	N/A
SOCIAL RELATIONSHIPS *How satisfied are you with your relationships with friends and family?*	1	2	3	4	5	N/A
RECREATION AND LEISURE ACTIVITIES *How satisfied are you with your recreation and leisure activities?*	1	2	3	4	5	N/A
PHYSICAL HEALTH *How satisfied are you with your physical health?*	1	2	3	4	5	N/A
MENTAL HEALTH *How satisfied are you with your mental health?*	1	2	3	4	5	N/A
SELF-ADVOCACY *How satisfied are you that you can advocate for yourself?*	1	2	3	4	5	N/A
FINANCES *How satisfied are you with your finances?*	1	2	3	4	5	N/A

Your Social Support Network

FAMILY

Write down the names and contact information of your close family members.

This includes parents, brothers and sisters, grandparents, aunts and uncles, and cousins. These are people that are related to you and know you really well. If you need more space, print more copies of this page or write the names on the back of the page.

Name	Phone Number	Email

FRIENDS & NEIGHBOURS

Write down the names and contact information for your friends and neighbours.

This includes people in activities or clubs that you belong to, people you enjoy spending time with, and your classmates. You can also include online friends.

Name	Phone Number	Email

PROFESSIONALS

Write down the names and contact information of the professionals or caregivers that support you.

This includes people like doctors, teachers, therapists, and community aides.

Name	Phone Number	Email

Priorities

Please select the top 3 priorities that you would like to focus on right now, with 1 being the highest priority:

Priority 1

- ☐ Education
- ☐ Work or Volunteering
- ☐ Living Arrangements
- ☐ Independent Living Skills
- ☐ Social Relationships
- ☐ Recreation & Leisure Activities
- ☐ Physical Health
- ☐ Mental Health
- ☐ Self-Advocacy
- ☐ Finances

Priority 2

- ☐ Education
- ☐ Work or Volunteering
- ☐ Living Arrangements
- ☐ Independent Living Skills
- ☐ Social Relationships
- ☐ Recreation & Leisure Activities
- ☐ Physical Health
- ☐ Mental Health
- ☐ Self-Advocacy
- ☐ Finances

Priority 3

- ☐ Education
- ☐ Work or Volunteering
- ☐ Living Arrangements
- ☐ Independent Living Skills
- ☐ Social Relationships
- ☐ Recreation & Leisure Activities
- ☐ Physical Health
- ☐ Mental Health
- ☐ Self-Advocacy
- ☐ Finances

"Don't be pushed by your problems; be led by your dreams."

Ralph Waldo Emerson

Section 3: Next Steps - Goal Setting

In the table below, list your top 3 goals. Also write down the names of people who can help you and what resources you need to achieve your goals.

GOAL #1:	
What is the first step I need to take to achieve this goal?	
Who can help me and what resources do I need?	
GOAL #2:	
What is the first step I need to take to achieve this goal?	
Who can help me and what resources do I need?	
GOAL #3:	
What is the first step I need to take to achieve this goal?	
Who can help me and what resources do I need?	

Resource List

If you need help completing the QuickStart Planning Tool, please contact the Resource Centre at The Sinneave Family Foundation.

info@sinneavefoundation.org

403-210-5000 or toll-free at 1-888-733-7976

If you live outside of Alberta, there are other organizations that can help you find resources in your community.

Autism Canada
Website: www.autismcanada.org
Phone: 647-362-5610
1-800-983-1795

Autism Speaks
Website: www.autismspeaks.ca
Phone: 416-362-6227
1-888-362-6227

Autism BC
Website: www.autismbc.ca
Phone: 604-434-0880
1-888-437-0880

Pacific Autism Family Network
Website: www.pacificautismfamily.com
Phone: 604-207-1980

Autism Calgary
Website: www.autismcalgary.com
Phone: 403-250-5033

Autism Edmonton
Website: www.autismedmonton.org
Phone: 780-453-3971

Autism Services of Saskatoon
Website: www.autismservices.ca
Phone: 306-665-7013

Autism Resource Centre (ARC) Saskatoon
Website: www.autismresourcecentre.com
Phone: 306-569-0858

Asperger Manitoba
Website: www.asperger-manitoba.ca
Phone: 204-975-3037

Autism Ontario
Website: www.autismontario.com
Phone: 416-246-9592
1-800-472-7789

Autisme Montreal
Website: www.autisme-montreal.com
Phone: 514-524-6114

Autism Yukon
Website: www.autismyukon.org
Phone: 867-667-6406

Autism Nova Scotia
Website: www.autismnovascotia.ca
Phone: 902-446-4995

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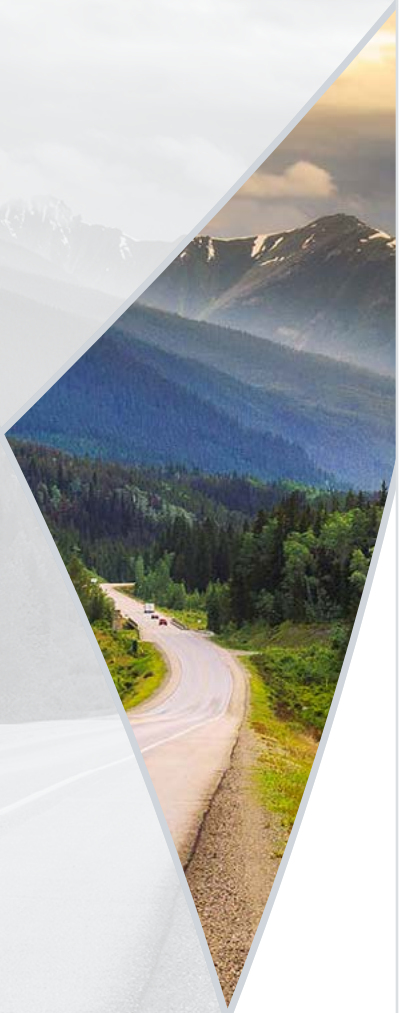

Sinneave
FAMILY FOUNDATION

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