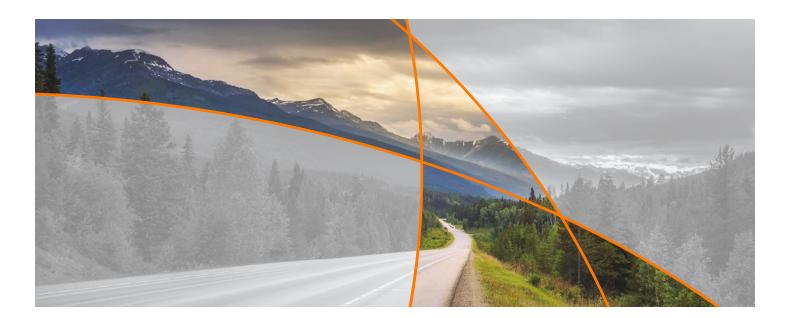


# Welcome to launch into Life!



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 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 have graduated from high school

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 do not currently work, but I plan to

I am currently working full-time

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

### Section 1. Where am I now? continued

### LIVING SKILLS

Check the boxes that currently describes your living skills

I can make meals on my own

I can maintain a clean home

I can do my own shopping

I can drive or take public transportation on

I can advocate for myself

my own



### FINANCES

Check the boxes that currently describes your finances

I currently receive funding support

I have my own bank account

At age 18, I will be eligible for funding

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 understand how to use birth control and practice safe sex

managing stress and maintaining good mental health

I have strategies for

I have a dentist who I see at least once a year

I eat a healthy, nutritious diet



### 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 Fast Observant

Action oriented Flexible Open minded

Adaptable Focused Optimistic

Analytical Forgiving Organized

Artistic Friendly Outgoing

Athletic Generous Patient

Brave Good citizen Persuasive

Caring Good people skills Practical

Compassionate Good public speaker Precise

Confident Helpful Problem solver

Considerate Honest Respectful

Creative Independent Responsible

Critical thinker Industrious Self controlled

Curious Ingenious Straightforward

Dedicated Inspiring Strategic thinker

Determined Intelligent Strong

Disciplined Kind Team player

Effective communicator Knowledgeable Thoughtful

Empathetic Leader Tolerant

Entertaining Learner Trustworthy

Enthusiastic Logical Visionary

Fair Motivated Wise

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

| <b>5 YEARS FROM NOW</b> | , WHAT WOULD YOU LIKE TO BE DOING |
|-------------------------|-----------------------------------|
| FOR WORK OR VOLU        | NTEERING?                         |

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.

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

| 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?   |
| 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.

| 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?  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?  Guardianship  Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance Provincial Program Funding | DO YOU HAVE THE FOLLOWING DOCUMENTATION?                 | YES | NO | NOT<br>APPLICABLE |
|---|--|-----|----|-------------------|
| 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?  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?  Guardianship Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance   | Photo ID   |     |    |                   |
| 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?  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  | Drivers License or Transit Pass                          |     |    |                   |
| 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?  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  | Social Insurance Number                                  |     |    |                   |
| 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?  Family Doctor  Medical Insurance (prescriptions, physio, etc.)  Dentist  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Bank Account and ATM card (in your name)                 |     |    |                   |
| 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?  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Birth Certificate  |     |    |                   |
| Individualized Education Plan (IEP) Psycho-educational assessments Resume and professional references  DO YOU HAVE THE FOLLOWING THINGS TO SUPPORT YOUR HEALTH? 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? Guardianship Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance   | Health Care Card   |     |    |                   |
| Psycho-educational assessments Resume and professional references  DO YOU HAVE THE FOLLOWING THINGS TO SUPPORT YOUR HEALTH?  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?  Guardianship Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance   | School Records (diploma, certificate)                    |     |    |                   |
| Resume and professional references  DO YOU HAVE THE FOLLOWING THINGS TO SUPPORT YOUR HEALTH?  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Individualized Education Plan (IEP)                      |     |    |                   |
| DO YOU HAVE THE FOLLOWING THINGS TO SUPPORT YOUR HEALTH?  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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Psycho-educational assessments                           |     |    |                   |
| 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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Resume and professional references                       |     |    |                   |
| 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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   |  |     |    |                   |
| 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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  |  | YES | NO |                   |
| 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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Family Doctor  |     |    |                   |
| 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?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  | Medical Insurance (prescriptions, physio, etc.)          |     |    |                   |
| Mental Health Support (psychologist, psychiatrist, etc.)  Vision Insurance (eye exams, glasses, etc.)  HAVE YOU APPLIED FOR THE FOLLOWING LEGAL AND FINANCIAL SUPPORTS?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  | Dentist  |     |    |                   |
| Vision Insurance (eye exams, glasses, etc.)  HAVE YOU APPLIED FOR THE FOLLOWING LEGAL AND FINANCIAL SUPPORTS?  Guardianship  Trusteeship Disability Tax Credit  Registered Disability Savings Plan (RDSP) Provincial Social Assistance  | Dental Insurance (check-ups, x-rays, etc.)               |     |    |                   |
| HAVE YOU APPLIED FOR THE FOLLOWING LEGAL AND FINANCIAL SUPPORTS?  Guardianship  Trusteeship  Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance   | Mental Health Support (psychologist, psychiatrist, etc.) |     |    |                   |
| Guardianship Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance   | Vision Insurance (eye exams, glasses, etc.)              |     |    |                   |
| Guardianship Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance   |  |     |    |                   |
| Trusteeship Disability Tax Credit Registered Disability Savings Plan (RDSP) Provincial Social Assistance  |  | YES | NO | NOT<br>APPLICABLE |
| Disability Tax Credit  Registered Disability Savings Plan (RDSP)  Provincial Social Assistance  | Guardianship   |     |    |                   |
| Registered Disability Savings Plan (RDSP) Provincial Social Assistance  | Trusteeship  |     |    |                   |
| Provincial Social Assistance  | Disability Tax Credit                                    |     |    |                   |
|   | Registered Disability Savings Plan (RDSP)                |     |    |                   |
| Provincial Program Funding  | 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 | <b>3</b> = Neither Satisfied or Dissatisfied | 5 = Extremely Satisfied |
|----------------------------|--|-------------------------|
|----------------------------|--|-------------------------|

| 2 = Dissatisfied | 4 = Satisfied | <b>N/A</b> = Not Applicable |
|------------------|---------------|-----------------------------|
|------------------|---------------|-----------------------------|

| EDUCATION  | 1  | 2 | 2 | /- | _ | NI/A |
|--|----|---|---|----|---|------|
| How satisfied are you with your current education program?   |    | 2 | 3 | 4  | 5 | N/A  |
| WORKING OR VOLUNTEERING  | 1  | 2 | 3 | /. | 5 | N/A  |
| How satisfied are you with your current job or volunteer position?   |    |   | 5 | 4  | Э | IN/A |
| LIVING ARRANGEMENTS  | 1  | 2 | 2 | /. | г | NI/A |
| How satisfied are you with your current living arrangements?   |    | 2 | 3 | 4  | 5 | N/A  |
| INDEPENDENT LIVING SKILLS  | 1  | 2 | 2 | /- | _ | NI/A |
| 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   | 1  | 2 | 3 | 4  | 5 | N/A  |
| How satisfied are you with your relationships with friends and family?   | _  | _ | ) | 4  | 5 | N/A  |
| RECREATION AND LEISURE ACTIVITIES  | 1  | 2 | 3 | /. | 5 | N/A  |
| How satisfied are you with your recreation and leisure activities?   |    | _ | ) | 4  | Э | IV/A |
| PHYSICAL HEALTH  | 1  | 2 | 3 | /. | 5 | NI/A |
| How satisfied are you with your physical health?   |    | _ | 5 | 4  | Э | N/A  |
| MENTAL HEALTH  | 1  | 2 | 2 | /. | г | NI/A |
| How satisfied are you with your mental health?   |    |   | 3 | 4  | Э | N/A  |
| SELF-ADVOCACY  | 1  | 2 | 2 | /- | _ | AI/A |
| How satisfied are you that you can advocate for yourself?  | Τ. | 2 | 3 | 4  | 5 | N/A  |
| FINANCES   | 1  | 2 | כ | /. | Е | NI/A |
| How satisfied are you with your finances?  |    | 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 Social Relationships Mental Health

Work or Volunteering

Recreation & Self-Advocacy
Leisure Activities

Physical Health

Finances

Living Arrangements

# Priority 2

Independent Living Skills

**Living Arrangements** 

Education Social Relationships Mental Health

Work or Volunteering Recreation & Self-Advocacy

Independent Living Skills Physical Health Finances

# Priority 3

Education Social Relationships Mental Health

Work or Volunteering Recreation & Self-Advocacy

Living Arrangements Leisure Activities

Independent Living Skills Physical Health 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 <u>top 3 goals</u>. 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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**Phone:** 403-210-5000 **Toll Free:** 1-888-733-7976

Email: info@sinneavefoundation.org

Website: sinneavefoundation.org

300, 3820 – 24 Avenue NW,

Calgary, Alberta, Canada T<sub>3</sub>B <sub>2</sub>X<sub>9</sub>