



## Transitioning for School to Adult Life

There are so many things to consider as a child with autism spectrum disorder (ASD) gets older and leaves school. As complex as these changes can be, there's a lot of helpful information available.

- Contact your school district and local library for resources. You can search the internet for reliable tools to assist in transition preparation and planning.
- The sooner a parent or caregiver prepares for this transition, the better. From an early age, parents and teachers can begin to teach skills which promote self care and independence.
- It can be helpful to establish overall goals which are important to the family and individual with ASD. By prioritizing a few long-term goals, ongoing decisions in the transition process can be made based on those which are most important. This can keep short-term objectives in focus and help to reduce difficulties in immediate decision making processes.
- There are many skills which can be taught to lead to more independence. Children can learn small tasks with supports and over time progress to more independent activities. Independent living skills include personal hygiene; sleeping and waking independently; meal planning and food preparation; household maintenance; organizational skills; money management; social skills; transportation; safety skills; self advocacy; and recreation and leisure skills. Work with your child's teachers and therapists for help developing these types of skills in school, at home, and in the community.
- As part of the IDEA, Individualized Education Plans (IEP) legally must contain transition plans which include instruction, related-services, and community experience. The execution of IEP transition plans begins in early teen years. IEP plans can include a functional vocational evaluation as well as instruction and supports for daily living skills, employment, and other post-school adult living goals. Work with your child's district to include goals to support post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, recreation, and community participation. These goals should always coincide with the child's capabilities, needs, preferences, and interests.
- When a child with a disability is in school, the Individuals with Education Act (IDEA) provides for his or her educational rights. Once a child is out of school, the IDEA is no longer applicable. At this time, equal access and reasonable accommodations for people with disabilities are the rights protected under the Americans with Disabilities Act (ADA). Unlike the IDEA, the person or legal guardian must self-disclose the disability and take the initiative to seek disability-related services that will meet his or her needs.
- Volunteering, job shadowing, and internships can potentially lead to part-time and full-time employment for adolescents with ASD.
- Some adult services such as housing provisions can take a considerable length of time to coordinate and access. Therefore, conversations and activities related to these long-range decisions should start early. These considerations and action plans should be made among family members. Decisions can change based on the age, interests, health, and needs of those involved.
- Speak to a professional about long-term planning, guardianship, health insurance, and other financial matters. These processes are often complex, lengthy, and expensive. Take the time to find a reputable source of support and guidance to handle these personal and important matters.
- It is important to speak with your child's pediatrician and special healthcare providers about the transition of his or her adult health care. Informational resources are available online. Take time to research and speak with medical providers who understand and support the needs of the aging child with autism spectrum disorder. Work with the child's pediatrician to develop ways to encourage greater independence in managing health needs such as directing questions directly to the child, when to examine the child without the parent in the room, encouraging the child to prepare for health visits by bringing a list of questions or concerns, etc.

