**PARENT/GUARDIAN ACTION FORM**

**EARLY TRANSITION (11-13 years)**

**MY CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **DOMAINS/GOALS** | **STRATEGIES to ACHIEVE GOALS** | **COMPLETED** |
| --- | --- | --- |
| **TRANSPLANT KNOWLEDGE** | | |
| * My child is able to state why he had a transplant. * My child has a general understanding of rejection   + I have talked to my child about his health history and the reason for transplant.   + My child and I have talked about what happens if you have rejection |  |  |
| **MEDICATIONS** | | |
| * My child can state the names of all his medications.   + I am helping my child learn about his/her medications (names, doses, reason for taking the medications, times).   + I have helped my child make a list of his medications to keep with him. |  |  |
| **ADHERENCE** | | |
| * My child takes his medications every day and on time.   + I am helping my child understand why it is important to take his medications every day and on time.   + I give my child the doses of his medication, but I am giving him some responsibility for taking meds.   + I remind my child to take his medications every day, but I am encouraging him to remember on his own and to participate by filling his med container, telling me it’s time to take his meds, and being aware when he is running low on medications. |  |  |
| **RISK-TAKING BEHAVIORS** | | |
| * My child knows that risk-taking behaviors (smoking, drinking, taking street drugs) are of more concern for him because he had a transplant.   + I am discussing with my child how risk-taking behaviors can be harmful to his health and the health of the transplanted organ. |  |  |
| **MANAGING MY HEALTH: WHAT I DO TO STAY HEALTHY** | | |
| * I am encouraging and supporting my child to learn how to maintain a healthy life style through good nutrition, activities/exercise, and adherence to health care needs.   + My child knows which foods to avoid because he has had a transplant.   + My child knows how to protect his skin from the sun and why this is important. |  |  |
| **MANAGING MY HEALTH CARE NEEDS: SELF-ADVOCACY** | | |
| * My child is learning how to be more responsible and independent for his health care needs.   + My child and I discuss his current health and how he is doing, particularly after I get an update from his healthcare provider or transplant coordinator with lab results or med changes.   + I am encouraging my child to talk to his healthcare provider during an appointment about how he feels. I help him prepare questions to ask independently.   + My child and I are discussing what we would do so we have medications in an emergency (flooding, hurricane, earthquake). |  |  |
| **REPRODUCTIVE HEALTH** | | |
| * My child is learning about how having a transplant may affect him/her during puberty and may affect his/her reproductive health in the future.   + My child and I are starting to discuss puberty, pregnancy and sexually transmitted infections in general and as these topics relate to having a transplant.   + I encourage my child to ask questions and get more information from his/her healthcare providers. |  |  |
| **GOING TO SCHOOL/MY FUTURE** | | |
| * My child attends school regularly and is thinking about what he likes to do.   + I encourage my child to attend school daily.   + My child and I talk about what he likes to do. I encourage his interests and provide opportunities for him to explore his interests. |  |  |
| **SUPPORT SYSTEM** | | |
| * My child knows who he can go to for support if he is stressed or overwhelmed with school, family or his health care.   + I encourage my child to develop and maintain friendships.   + I support my child’s involvement in family, community and/or school activities.   + If my child is having any problems with stress, anxiety or depression, I will contact my healthcare provider for advice. |  |  |
| **HOW I FEEL ABOUT MYSELF** | | |
| * My child feels good about himself as a teen and in having a transplant.   + I encourage my child to discuss his feelings and/or provide a way for him to do this with other supportive people (family, friends, teachers, healthcare providers).   + I actively ask my child how he is doing at school and with friends.   + I encourage my child to ask questions or discuss having a transplant so I can be aware of any issues that might be bothering him |  |  |
| **PAYING FOR MY HEALTHCARE** | | |
| * My child is aware that insurance usually helps pay for medications and health care. |  |  |