Transition Self-Advocacy Portfolio of:

About My Health / Hygiene Skills

Levels: Mastered; Some experience/Still developing; No experience; OR Not applicable)

with assistance OR independently;

1. I am able to manage my dietary and nutrition needs Choose an item. Choose an item.
2. I am able to manage my medical and medication needs Choose an item. Choose an item.
3. I am able to manage my physical fitness needs Choose an item. Choose an item.
4. I am able to manage my washing / bathing / other hygiene needs Choose an item. Choose an item.
5. I am able to manage my dental care Choose an item. Choose an item.

Grooming / Dressing Skills

1. I choose appropriate clothing for various environments Choose an item. Choose an item.
2. I groom and dress myself appropriately for various activities outside my home

Choose an item. Choose an item.

 I can describe my health / hygiene / grooming / dressing needs and preferences:

Action Plan:

 Goals for “Health / Hygiene” and “Grooming / Dressing” center on creating effective routines for self-care.

 **Goal 1:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**

 **Goal 2:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**