



National Technical Assistance Center on Youth Transition

Improving Practice, Systems, and Outcomes for Youth and Young Adults with Emotional/Behavioral Difficulties

Transition to Adulthood Assessment Protocol (TAAP)

Quarterly Transition Assessment of Young Person

The **Transition to Adulthood Assessment Protocol (TAAP)** is composed of the following instruments:

- Historical/Initial Transition Assessment of Young Person (H/ITA)
- Quarterly Transition Assessment of Young Person (QTA)
- Administration Manual

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A description of the status of the development of these assessment instruments and guidelines for their use are provided in the following manual: Davis, M., Deschênes, N., Gamache, P., and Clark, H. (2004). *Transition to Adulthood Assessment Protocol (TAAP): Administration Manual*. Tampa: University of South Florida, Florida Mental Health Institute.

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Related Web sites: National Technical Assistance Center on Youth Transition (NTAC-YT) <http://ntacyt.fmhi.usf.edu/>
Transition to Independence Process (TIP) system <http://tip.fmhi.usf.edu/>

Quarterly Transition Assessment of Young Person

The **Quarterly Transition Assessment (QTA)** is conducted every 90 days with a young person. The first QTA is conducted 90 days after the **Historical/Initial Transition Assessment (H/ITA)** was completed. Each subsequent QTA is then completed every 90 days thereafter. The QTA will typically be completed by a site transition facilitator, service coordinator, or interviewer who knows the young person best. The site staff member will fill out as much of the Quarterly Assessment as possible prior to interviewing the young person—drawing on data from the H/ITA or previous QTA documents, other agency/school records, and staff knowledge of the young person's circumstances.

Note: A staff member can complete a QTA based on his/her knowledge of the young person's situation (e.g., from records, youth/caregiver interviews, conversations with young person). Thus, a QTA can be completed even though a young person is not available for an interview.

Interview Details				
Date assessment is begun: ___/___/___	Date assessment is completed: ___/___/___			
Date of attempts to contact young person:	Unable to be contacted for interview (<i>check one for each unsuccessful attempt</i>):			
	___ Can't find/ contact	___ Refuses interview	___ Incarcerated or hospitalized	___ Other (describe)
1 st :				
2 nd :				
3 rd :				
4 th :				

1. Young Person Details

a) I.D. code: _____
b) Date of service entry: _____

Custody Status of Young Person

2. Current custody status [*Check only one*]:

___ Independent adult (18 or over, no guardian)	___ Adult (18 or over) with guardian
___ Emancipated minor (under 18, declared by the state to be independent)	___ Minor in parental custody
___ Minor in child welfare custody	___ Minor in juvenile justice custody
___ Minor in extended family custody	___ Don't know
___ Other (describe):	

3. Current legal guardian [*Check only one*]:

___ Self	___ Parent(s)	___ Extended Family
___ Foster Family	___ Court-appointed guardian	___ Child Welfare
___ Juvenile Justice	___ Mental Health	___ Don't know

Social Status

4. Person/persons youth spent time (e.g., on the phone, Internet, or in-person) with over the past 30 days [*Check all that apply*]:

___ Good friend	___ In social group activities (e.g., clubs, sports, malls, church)
___ Partner/spouse	___ Extended family or family of upbringing (i.e. parents, siblings)
___ Mentor	___ Spent most non-working/schooling/parenting time alone
___ Don't know	___ No one
___ Other (describe):	

5. Social events since the last interview [Check all that apply]:

	Social Event
<input type="checkbox"/>	Married/engaged/made life commitment/moved in together
<input type="checkbox"/>	Divorced/separated/moved out from housing or significant other
<input type="checkbox"/>	Gave birth/became a father
<input type="checkbox"/>	Child given up for adoption/removed from care/ parents rights terminated
<input type="checkbox"/>	Adopted child
<input type="checkbox"/>	Permanent loss of a parent (e.g., by death, termination of parental rights (TPR))
<input type="checkbox"/>	Permanent loss of a sibling (e.g., by death, placement)
<input type="checkbox"/>	Death of someone close (including parent or sibling)
<input type="checkbox"/>	Loss of relationship with someone close (not above; e.g., best friend moved away)
<input type="checkbox"/>	Serious conflict with someone close (e.g., parent, friend, partner)
<input type="checkbox"/>	None

Education Status

6. Last known education status at last interview [Check one after consulting with previous assessment/s]:

ENROLLED

- Enrolled in High School/vocational technical high school (indicate grade level ____ or non graded ____)
- Enrolled in a GED program
- Enrolled in 2-year college/community college (completed 1st year? _Y _ N)
- Enrolled in post-secondary vocational/technical schooling (years completed ____)
- Enrolled in 4-year college (years completed ____)
- Other _____

NOT ENROLLED

- Permanently dropped out/suspended/expelled from high school/vocational technical high school
- Graduated high school/certificate of completion/GED
- Completed some post secondary schooling (years completed ____)
- Graduated post secondary schooling (indicate which __ 2-year __ 4-year __ voc/tech)
- Other _____
- Educational status never established

7. Is current educational status different from last known educational status? Yes No (If no, skip to #9)

8. Indicate current educational status [Check only one]:

ENROLLED

- Enrolled in High School/vocational technical high school (indicate grade level ____ or non graded ____)
- Enrolled in a GED program
- Enrolled in 2-year college/community college (completed 1st year? _Y _ N)
- Enrolled in post-secondary vocational/technical schooling (years completed ____)
- Enrolled in 4-year college (years completed ____)
- Other _____

NOT ENROLLED (Check specific status when multiple choices offered)

- Permanently dropped out __ /suspended __ /expelled __ from high school/vocational technical high school
- Graduated high school __ /certificate of completion __ /GED __
- Completed some post secondary schooling (years completed __)
- Graduated post secondary schooling (indicate which __ 2-year __ 4-year __ voc/tech)
- Other _____
- Educational status unknown

Employment Status

9. Currently employed?: Y N Don't know (If no skip to #16)

10. Type of current employment (check one): Part time (<31hrs/week) Full time (≥31hrs/week) Don't know

11. Type of work held since the last interview [Check all that apply]:

Type of work	
<input type="checkbox"/>	Don't know (if selected, skip to #15)
<input type="checkbox"/>	None (if selected, skip to #15)
<input type="checkbox"/>	Competitive employment without formal vocational support services
<input type="checkbox"/>	Competitive employment with formal vocational support services
<input type="checkbox"/>	Supported employment in a protected environment (e.g., job coach present more than 25% of work hours; work crews, businesses, or employment settings operated by a mental health or vocational service agency)
<input type="checkbox"/>	Transitional employment
<input type="checkbox"/>	Sheltered workshop
<input type="checkbox"/>	Paid work training experience (e.g., internship, apprenticeship)
<input type="checkbox"/>	Informal employment (e.g., illegal, "under the table," odd jobs)

12. Type of job held most recently [Check only one]:

<input type="checkbox"/> Clerical	<input type="checkbox"/> Food services	<input type="checkbox"/> Retail
<input type="checkbox"/> Security	<input type="checkbox"/> Technical	<input type="checkbox"/> Construction/Manual labor
<input type="checkbox"/> Custodial	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other (specify):		

13. Work events since the last interview [Check all that apply]:

<input type="checkbox"/> Obtained new job or new employer	<input type="checkbox"/> Promoted or received wage increase
<input type="checkbox"/> Officially praised (e.g., "Employee of the Month")	<input type="checkbox"/> Left job voluntarily
<input type="checkbox"/> Demoted	<input type="checkbox"/> Officially reprimanded
<input type="checkbox"/> Fired or laid off	<input type="checkbox"/> None
<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other (describe):	

14. Benefits provided by employer since the last interview [Check all that apply]:

<input type="checkbox"/> Health insurance	<input type="checkbox"/> Paid sick days	<input type="checkbox"/> Paid vacation leave days
<input type="checkbox"/> None	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other (specify):		

15. Other activities since the last interview [Check all that apply]:

<input type="checkbox"/> Unpaid practicum work experience	<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Parenting of own children
<input type="checkbox"/> None	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other (describe):		

Financial Self-Sufficiency

16. Sources of income since the last interview [Check all that apply]:

<input type="checkbox"/> Work/job	<input type="checkbox"/> Caregivers/Family members	<input type="checkbox"/> Partner/spouse
<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Disability (SSDI)	<input type="checkbox"/> Non disability (SSI)
<input type="checkbox"/> Welfare (e.g., TANF, General Assistance, food stamps)	<input type="checkbox"/> Housing assistance (e.g., Section 8)	<input type="checkbox"/> Don't know
<input type="checkbox"/> None		
<input type="checkbox"/> Other (describe):		

17. Gross income over the past 30 days: \$ _____ Don't know

Legal Status

18. Documented legal activity since the last interview [*Check all that apply*]:

	Legal Activity
___	Obtained driver's license
___	Registered to vote for first time
___	Arrested, most serious charge is felony charge
___	Arrested, most serious charge is misdemeanor charge
___	Arrested, most serious charge is nuisance/status/petty charge
___	Arrested, seriousness of charge unknown
___	Convicted of a physically violent crime
___	Put on probation/parole/other community control
___	Incarcerated (if since the last interview, # of days incarcerated _____)
___	Victim of property crime
___	Was Physically abused
___	Was Criminally Neglected
___	Was Sexually abused/assaulted as a child (<18 years)
___	Was Sexually abused/assaulted as an adult (≥ 18 years)
___	Victim of violent crime (not above)
___	No documented legal activity
___	Don't know

19. Number of arrests for all charges ____

20. Number of incarcerations ____

Residential Status

21. Residences [*MARK CURRENT RESIDENCE WITH A "C", check all other residences that occurred since the last interview*]

Home settings (e.g., house, apartment, dorm, room in house)	Out of home settings	Homeless settings
___ With family involved in young person's upbringing ___ With one's own family (spouse/partner and/or children) ___ With extended family ___ With friends (single or multiple friends as roommates – shared household responsibilities) ___ At a friend's home or apartment (temporary resident at friends' place) ___ With non-friend roommates ___ Alone in private residence (rented or owned)	___ Non-treatment Group home (i.e. foster care group home) ___ Foster care - treatment ___ Regular foster care ___ Psychiatric Hospital ___ Substance Abuse Hospital Treatment ___ Residential psychiatric treatment, ___ Substance Abuse residential treatment ___ Supervised housing ___ Corrections setting (e.g., jail/detention center/boot camp/prison)	___ Staying at different friends' places ___ Staying at a shelter ___ Living on the streets or in a car
___ Don't know ___ Other (describe):		

22. Residence events since the last interview [*Check all that apply*]:

___ Moved (not due to incarceration or treatment setting) ___ Kicked out of/turned away from home/residence ___ None/no changes ___ Went into or out of treatment/incarceration/group setting [<i>Describe events/date of changes</i>]:	___ Became homeless ___ Obtained housing (from homeless state) ___ Don't know	___ Evicted or told to leave residence ___ Ran away from home/residence
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Current Daily Living Skills

23. Skills used over the past 30 days [Check all that apply]:

<input type="checkbox"/> Did own laundry most of the time	<input type="checkbox"/> Paid own bills most of the time
<input type="checkbox"/> Cooked for self most of the time	<input type="checkbox"/> Was able to get around the community as necessary (e.g., public transportation, drives, uses bicycle)
<input type="checkbox"/> Did own shopping for essentials (e.g., food, clothing) most of the time	<input type="checkbox"/> Took medications as prescribed or as instructed on medication container
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Don't know
<input type="checkbox"/> None	

Mental Health Status

24. Current diagnoses [Not obtained from youth/family. Enter all that apply]:

25. What is your mental health condition like now? [from the youth's perspective]:

[From the youth's perspective]:

26. Since the last interview, to what extent have **mental health conditions** interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

27. Mental health events since the last interview [Check all that apply]:

Event	
<input type="checkbox"/> Symptoms subsided noticeably and functioning better in home, school, and community	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Symptoms increased noticeably and functioning worse in home, school, and community	<input type="checkbox"/> Change in medication
<input type="checkbox"/> Began new mental health treatment (or involvement with a new therapist)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> None	

Substance Abuse/Dependence Status

28. Current alcohol or drug use problems [Enter all that apply]:

[From the youth's perspective]:

29. Since the last interview, to what extent has **alcohol or drug use** interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

Medical Health Status

30. Current Medical Health conditions *[Enter all that apply]:*

[From the youth's perspective]:

31. Since the last interview, to what extent have any **medical conditions** (e.g., illnesses, accidents, surgeries, physical disabilities) interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

32. Medical Health Events since the last interview *[Check all that apply]:*

	Event
_____	Traumatic brain injury
_____	Life-threatening or chronic health condition
_____	Serious medical health condition gone into remission/cured
_____	Pregnancy
_____	None
_____	Don't know

Public Agency Involvement

33. Since the last interview, check Y=Yes, N=No, or DK=Don't know within the spaces provided for each state/public agency. Include the age when that involvement first began for each agency.

Agency				Agency			
	Y	N	DK		Y	N	DK
Child Welfare (child protective or foster care services) Age of first involvement: ____				Juvenile Justice (e.g., detention, community monitoring) Age of first involvement: ____			
Special Education (IEP or 504 plan) Age of first involvement: ____				Public Mental Health services Age of first involvement: ____			
Developmental Disabilities Services Age of first involvement: ____				Public Vocational Rehabilitation Services Age of first involvement: ____			
Adult Corrections (adult court, probation, jail/prison, probation) Age of first involvement: ____				Public Substance Abuse Services Age of first involvement: ____			
Public Assistance Age of first involvement: ____				Other (describe): Age of first involvement: ____			

SUPPORTS AND SERVICES UTILIZATION

Health Care Coverage

34. Indicate all current health care coverage:

Mental Health Care	Substance Abuse Care	Medical Health Care
<input type="checkbox"/> Private insurance	<input type="checkbox"/> Private insurance	<input type="checkbox"/> Private insurance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

Medical, Mental Health and Substance Abuse Services

MENTAL HEALTH SERVICE

35. Received mental health service since the last interview (e.g., visit with psychiatrist, psychotropic medication consult, stress or anger management classes, emergency room visits, counseling, therapy, or guidance with an individual counselor, with others in group counseling, with family or partners for relationship or other problems or any service along those lines.) Y N Don't know **(If no, skip to #38)**

36. Describe who provided it, what was it for, what agency, etc. [*Should be able to derive the agency providing the care from this information*]: _____

37. Rate how helpful the overall mental health service system was: 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know

Rating: _____

Rated by: Youth Transition specialist Other (describe): _____

38. Describe any wanted/needed mental health care that was not received: N/A None

SUBSTANCE ABUSE SERVICE

39. Received counseling, or therapy for drug or alcohol use since the last interview (with an individual counselor, with others in group counseling, at an AA meeting or any service along those lines.)
 Y N Don't know **(if no, skip to #42)**

40. Describe who provided it, what was it for, what agency, etc. [*Should be able to derive the agency providing the care from this information*]: _____

41. Rate how helpful the overall substance abuse service system was: 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know

Rating: _____

Rated by: Youth Transition specialist Other (describe): _____

42. Describe any wanted/needed substance abuse care that was not received: N/A None

MEDICAL CARE

43. Received medical care (that is, physical health) since the last interview (e.g., a doctor's visit, a checkup, physical therapy or any service along those lines.) Y N Don't know **(if no, skip to #46)**

44. Describe who provided it, what was it for, what agency, etc. [*Should be able to derive the agency providing the care from this information*]: _____

45. Rate how helpful the overall medical care service system was: 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know

Rating: _____

Rated by: ___ Youth ___ Transition specialist ___ Other (describe) _____

46. Describe any wanted/needed Medical health care that was not received: ___ N/A ___ None

ADDITIONAL SUPPORTS OR SERVICES

47. Indicate any additional services or supports received since the last interview that were not described above [Check all that apply]: ___ **No additional help reported (skip to #48)** ___ **Don't know (skip to #48)** ___ **None (skip to #48)**

For all the following services indicate who rated the helpfulness of services

___ Youth ___ transition specialist ___ Other (describe) _____

Help With:	Helpfulness of service (check one): 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know				
	0	1	2	3	99
Jobs or career e.g., getting/keeping a job, thinking about desired future job					
Planning for future					
Schooling e.g., staying in school, finding another school, getting a GED					
Getting own place to live e.g., finding an apartment, getting roommates					
Learning how to live on his/her own e.g., cooking, laundry, paying bills					
Relationships e.g., communicating well, controlling anger, finding friends or people to talk to and do things with, getting along with family					
Finding or doing fun activities e.g., joining a basketball league, taking art classes					
Learning to raise children, or finding child care?					
Transportation e.g., getting a car, using the bus/subway system					
Legal problems					
Entitlements or public assistance e.g., getting SSI or Medicaid, or unemployment					
Other (describe):					
Other (describe):					
Other (describe):					

48. Is there someone who helps with most of these types of problems (i.e. someone who helps figure out how to solve problems, who helps to think about the future and what is needed to achieve goals)?

___Y ___N ___ Don't know **(If no or Don't Know, END)**

49. Who is that (name, where they work (if applicable)): _____