

# Late Adolescence (18 -21 years old)

## Developmental Milestones:

### Physical:

- Physical maturity and reproductive growth leveling off and ending
- Firmer sense of sexual identity

### Emotional/Social:

- Separation from caregivers
- More comfortable seeking adult advice
- Peers are important but young person can now evaluate their influence and opinions rather than wholeheartedly embracing them without question
- Intimate relationships are important
- Acceptance of adult responsibilities

### Intellectual/Cognition:

- Abstract thought established – future oriented; able to understand, plan and pursue long range goals
- Philosophical and idealistic
- What do I want to do with my life? – increased concern for the future
- Greater capacity to use insight

## Safety Checklist for Caregiver:

- ✓ When you are not at home, who provides supervision? Is there a way for the youth in your care to reach you when you are away from home?
- ✓ How does your youth get to and from school and/or work?
- ✓ Do you know where your youth is when s/he is not at school/work? Is there a way for your youth to reach you when s/he is away from home?
- ✓ Do you know who your youth's friends are?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?

- ✓ Does your youth know what to do in case of an emergency? Does your youth know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ Did this youth have any serious injuries, either before or since coming into your care?
- ✓ Do you have a First Aid Kit in your home? Does your youth know where it is and how to use it?
- ✓ Does your youth have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you feel your youth is able to exhibit good judgment when approached by strangers?
- ✓ Have you explained the concept of date rape to your youth. Have you empowered your youth to resist being pressured or forced into unwanted sexual activity?
- ✓ Have talked with your youth about the health risks of alcohol, tobacco, and drug abuse.

## **Safety Checklist for Youth:**

- ✓ Do you know the address and telephone number at \_\_\_\_\_'s (caregiver's name) house?
- ✓ Who provides supervision for you when \_\_\_\_\_(caregiver's name) is not at home? How do you feel about staying with this person? Do you know how to reach \_\_\_\_\_(caregiver's name) when they are away from home?
- ✓ Do you feel safe living with \_\_\_\_\_(caregiver's name)? What are some things that make you feel safe? Are there situations where you feel not safe living with \_\_\_\_\_(caregiver's name)? What are some of those situations?
- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?

- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school and/or work?
- ✓ Does \_\_\_\_\_(caregiver's name) know where you are when you are away from home and not at school or work?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him or her?

## **Well-Being Questions for Caregiver:**

What is it like for you to care for this youth? What has been the effect on your family of having this youth placed here? What did you expect it to be like?

Describe who this young person is. What about the youth is easiest and most pleasurable? What is the most difficult aspect of caring for this young person?

How has this young person changed since coming here? What do you think about that? How has the youth adjusted to this placement?

What are the goals for this youth and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the youth? Does this youth maintain contact with his/her siblings?

What are the services this youth is receiving? What do you think/feel about those? What do you think that this youth needs?

## **Well Being Questions for Youth:**

### **Living Arrangements:**

How are your living arrangements?  
 Who else lives here with you? What do you think about these them?  
 What is it like living with them?

### **Goal Setting and Planning:**

Do you feel involved in the development of your service plan?  
Have you been involved in planning for your discharge from foster care?  
Do you feel listened to by the adults in your life?  
Have you been given the opportunity to participate in youth leadership activities?  
Has the agency made life skills groups and instruction available to you?

### **Special Interests:**

How do you like to spend your free time? What do you like to do? Who do you do this with?  
What are your hobbies?  
What sports do you like to play?  
Do you like to read? What are your favorite books, magazines?

### **Education:**

What do you like most about school?  
What are your favorite subjects? What subjects are difficult for you?  
Are you receiving help with these subjects?  
What are your educational plans after high school?  
What types of careers are you interested in?  
Have you contacted colleges or vocational schools?  
Have you explored your states ETV program as well as other financial aid programs?

### **Employment:**

Have you ever worked? What types of jobs have you held?  
What types of jobs have you like best?  
What part of the job did you enjoy most?  
Do you have a resume?  
Do you have forms of identification? social security card, birth certificate

### **Cultural/Spiritual Awareness:**

Do you participate in any cultural activities?  
Have there been opportunities for you to participate in activities specific to your cultural heritage? What types of activities?  
What are some things you do that nurture your spirit? e.g., art, martial arts, meditation, religious classes, going to church, prayer groups, etc.

### **Family and Friends:**

Who do you call family?  
Do you maintain regular contact with your family and siblings?  
How are those contacts going?  
How is your family helping you prepare for your future?

Do you have a group of friends you feel close to?  
If not, how could we help you develop relationships?  
Are you involved with someone special?

Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?

Do you have a support network to help you when you leave foster care?

### **Social Skills:**

What do you like most about yourself?  
Are you comfortable: Meeting new people? Speaking up for yourself at home, school, work, or with friends?  
Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? Do you feel that you have a good handle on controlling your anger?

### **Health:**

How have you been feeling physically?  
Have you seen a doctor or dentist recently?  
If you are on medication; do you take it regularly and who administers it?  
Have you had any physical reactions?  
Do you do any physical exercise?  
Are you comfortable with your personal appearance?  
Do you have a copy of your medical history?  
Do you have a plan for attending to your medical needs after you leave care?

### **Housing:**

When do you think you will move out of your current living arrangements?  
What type of living arrangement are you thinking about? e.g., living alone, sharing with a roommates, renting a room, etc.  
Do you understand how to search for an apartment?  
Do you understand what it takes to maintain your own apartment?  
Are you aware of any subsidized housing options available to youth leaving care?

## **Life Skills:**

Do you feel you are able to manage your money?

Do you have a savings account?

Have you developed a budget for managing your living experiences after you leave care?

Do you do your own laundry?

Do you cook? What do you like to cook?

Do you need any help in developing household management skills?

Are you able to get around your city or town?

Are you thinking about taking driver's education and obtaining your driver's license?

## **Sources:**

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