



# Skills for Growing Up – Epilepsy ‘Getting started ID’


7 – 13 year





The Skills for Growing Up – Epilepsy is based on the Dutch Skills for Growing Up tool developed by the University Medical Center Groningen, Rehabilitation Center Blixembosch, Mytyschool Eindhoven, Erasmus Medical Center Rotterdam and TransitieNet on the basis of the original Skills for Growing Up (Holland Bloorview Kids Rehabilitation Hospital in Toronto, Canada). The icons used are developed by Op Eigen Benen in collaboration with TransitieNet


Me			Date:	Date:	Ready
					V
1	I dare to say what I think about something		Yes / No	Yes / No	<input type="checkbox"/>
2	I can say no if I don't want to do something		Yes / No	Yes / No	<input type="checkbox"/>
3	I can ask for help		Yes / No	Yes / No	<input type="checkbox"/>
4	I can tell others how I feel		Yes / No	Yes / No	<input type="checkbox"/>
5	I can tell others that learning is difficult for me		Yes / No	Yes / No	<input type="checkbox"/>
6	I can tell others I have epilepsy		Yes / No	Yes / No	<input type="checkbox"/>
7	I can tell others what they should do when I have a seizure		Yes / No	Yes / No	<input type="checkbox"/>


Healthcare			Date:	Date:	Ready
					V
1	I can feel when things aren't going well with me and am able to tell others about this		Yes / No	Yes / No	<input type="checkbox"/>
2	I understand what the doctor tells me		Yes / No	Yes / No	<input type="checkbox"/>
3	I know why I take medications		Yes / No	Yes / No	<input type="checkbox"/>
4	I remember to take my medications		Yes / No	Yes / No	<input type="checkbox"/>


Living and ADL			Date:	Date:	Ready
					V
1	I can look after myself (getting dressed, showering, combing hair, brushing teeth, going to the toilet)		Yes / No	Yes / No	<input type="checkbox"/>
2	I take care of my own things (gym bag, schoolbag, coat, sports equipment, overnight bag)		Yes / No	Yes / No	<input type="checkbox"/>
3	I sometimes do a household chore, such as setting the table or straightening up a room		Yes / No	Yes / No	<input type="checkbox"/>
4	I can do an errand by a store in the neighborhood		Yes / No	Yes / No	<input type="checkbox"/>
5	I know my address		Yes / No	Yes / No	<input type="checkbox"/>
6	I can use the phone		Yes / No	Yes / No	<input type="checkbox"/>
7	I know how to ask for help in emergency situations		Yes / No	Yes / No	<input type="checkbox"/>
8	I have made agreements with my parents about being alone in a room		Yes / No	Yes / No	<input type="checkbox"/>

Relationships			Date:	Date:	Ready
					V
1	I have a friend		Yes / No	Yes / No	<input type="checkbox"/>
2	I play with friends at home when my parents aren't there		Yes / No	Yes / No	<input type="checkbox"/>
3	I know how I should behave with friends		Yes / No	Yes / No	<input type="checkbox"/>
4	I know how to safely use internet on a tablet or computer		Yes / No	Yes / No	<input type="checkbox"/>
5	I know that I must not go off with strangers		Yes / No	Yes / No	<input type="checkbox"/>
6	I know how people make babies		Yes / No	Yes / No	<input type="checkbox"/>

Education			Date:	Date:	Ready
					V
1	I ask for help when my homework is difficult		Yes / No	Yes / No	<input type="checkbox"/>
2	I sometimes think about what I want to be when I'm older		Yes / No	Yes / No	<input type="checkbox"/>
3	I participate in school activities		Yes / No	Yes / No	<input type="checkbox"/>
4	I know my epilepsy can keep me from participating in certain things		Yes / No	Yes / No	<input type="checkbox"/>

Transportation			Date:	Date:	Ready
					V
1	I sometimes head out onto the street with others (walking, cycling, wheelchair)		Yes / No	Yes / No	<input type="checkbox"/>
2	I sometimes head out onto the street by myself (walking, cycling, wheelchair)		Yes / No	Yes / No	<input type="checkbox"/>
3	I sometimes use public transportation with others (bus, train, subway) or a taxi		Yes / No	Yes / No	<input type="checkbox"/>

Sports			Date:	Date:	Ready
					V
1	I enjoy exercising		Yes / No	Yes / No	<input type="checkbox"/>
2	I belong to a sports team		Yes / No	Yes / No	<input type="checkbox"/>
3	I can swim		Yes / No	Yes / No	<input type="checkbox"/>
4	I know certain sports can be dangerous because of my epilepsy (such as swimming without supervision)		Yes / No	Yes / No	<input type="checkbox"/>

Leisure activities			Date:	Date:	Ready
					V
1	I have a hobby or am part of a club		Yes / No	Yes / No	<input type="checkbox"/>
2	I sometimes play outside with my friends		Yes / No	Yes / No	<input type="checkbox"/>
3	I sometimes sleep over without my parents		Yes / No	Yes / No	<input type="checkbox"/>