



Progress Report

SAVE **PRINT** **RESET FORM**

To be completed by a CF care team member. A photocopy should be sent home with the Person with CF and Parent/Support Person. This copy should be retained in the patient chart. Note to care team: Please see the CF Transition Australia Program Guide for direction on scoring.

Name: _____

TRANSITION GOALS (Please note that transition goals should be specific and answer the questions: Who, What, When, Where, Why, and How.) <i>Example: Count out and pack pancreatic enzymes the night before school so that you don't forget in the morning and leave without your enzymes.</i>	We have reviewed this form and agree to meet the goals outlined below.		
	DATE	PERSON WITH CF HCP INITIALS	COMPLETE ✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

CF KNOWLEDGE MODULES	DATE	SCORE	DATE	SCORE
LUNG HEALTH & AIRWAY CLEARANCE				
PANCREATIC INSUFFICIENCY & NUTRITION				
CF & YOUR BODY				
GENERAL CF HEALTH				
SCREENING & PREVENTION				
CF EQUIPMENT & INFECTION CONTROL				
CF & SCHOOL				
EMOTIONAL WELLNESS				
LIFESTYLE				
CF & GROWING UP				

CF RESPONSIBILITIES CHECKLIST	DATE	SCORE	DATE	SCORE
WORKING WITH THE CF CARE TEAM				
RESPONSIBILITY FOR CF TREATMENTS				
LIVING WITH CYSTIC FIBROSIS				
CF & SCHOOL				