

This is Your Life!

& Your Map to the Future

Adolescence through Adults

What's this all about?

This is a chance for people with disabilities and their families and friends to sit down and think about where they are going in the future and the support that they might need to get there. This map will help you to start working towards your hopes and dreams right now. It will also help us get an idea of where we fit into your lives and the lives of others who need support and service. It was written to be used in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; or (3) family and friends can fill it out if you need help in answering. This is not something you have to do, it's **voluntary**. However, we think that you'll find it useful as well as fun! (Revised 8/94)

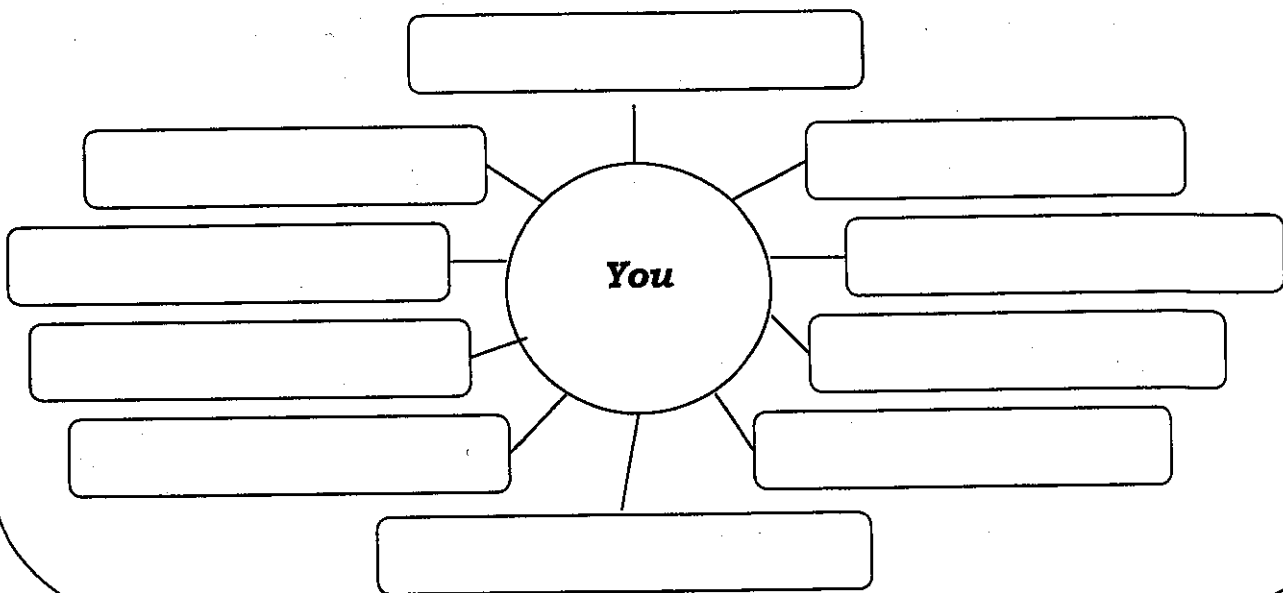
1

Who is this about?

2

Who is on your team?

Who helps or supports you? Who are your friends? Who do you turn to help when you need it?



Completed by: _____

Date: _____

This is Your Life!
Things About You

3 *What things do you like to do? Around town? At home? For fun?*

4 *What new things would you like to do? Around town? At home? For fun?*

5 *What makes you happy?*

6 *What makes you mad or sad or frustrated?*

This is your life!
Daytime and Work

7

If not working

or

7

If working, or would like to work

What do you do during the day?

What jobs have you done?

Would you like to work or what else would you like to do?

What did you like best about those jobs?

What support or help would you need?

What jobs would you like to try?

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At School*

8

What new things have you learned at school in the last year?

9

What new things would you like to learn at school?

10

If you're learning about work, what jobs have you had?

11

If you're learning about work, what jobs would you like to try?

12

What's the best part about your Individual Education Plan and your school for you?

13

What could be better about your Individual Education Plan for you?

This is Your Life!

Things about how you live and would like to live.

1 *How do you live now?*

- Alone?* _____
- With a roommate?* _____
- With your parents?* _____
- With other relatives?* _____
- In a group home?* _____
- Others?* _____

2 *What do you like about where you live right now?*

3 *What don't you like about where you live right now?*

4 *What would you like to change about where you live?*

5 *Are you living where you want to live and with whom you want to live?*

6 *All things possible, where would you like to live and with whom?*

***This is Your Life!
Looking Ahead***

1 *What are your hopes and dreams for the future?*

2 *What scares you the most about your future?*

3 *What do you see yourself doing in 3 – 5 years?*

4 *What help would you need to get there?*

11 *Who helps or supports you?
How?*

This is Your Life!
Other Notes

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