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My name: _____

Date: ____/____/____

My dreams...

1. _____

2. _____

3. _____

4. _____

5. _____

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My worries...





1. _____
2. _____
3. _____
4. _____
5. _____

My good things...





1. _____
2. _____
3. _____
4. _____
5. _____

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Form
My Future Goals – 12 Years and Over
 Residential Care and Transition Services

My goal	What would I like to happen?	What is happening now?	Things to do	Who can help?	By When?
Where I live 					
Being connected and feeling like I belong 					
Family 					
Culture 					

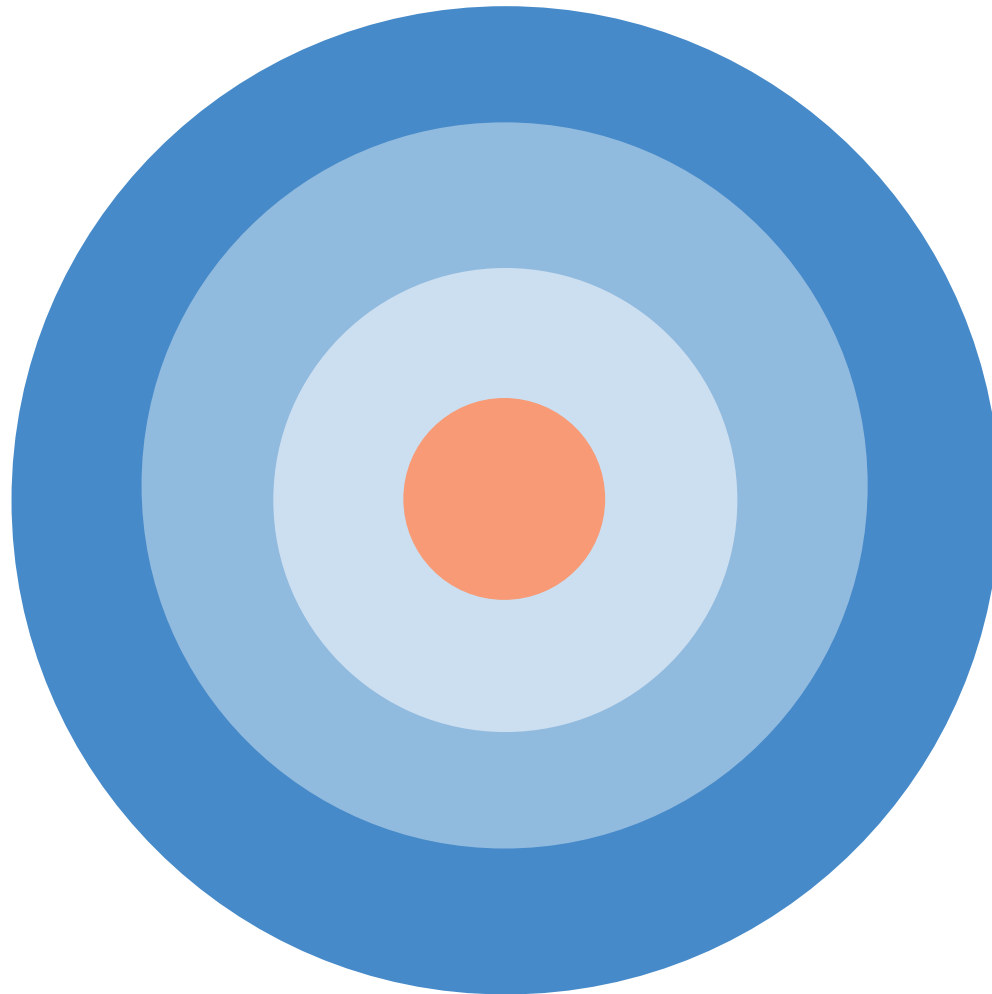
Form
My Future Goals – 12 Years and Over
 Residential Care and Transition Services

My goal	What would I like to happen?	What is happening now?	Things to do	Who can help?	By When?
Community/recreation 					
Emotions/behaviour 					
Health 					
Education 					

Form
My Future Goals – 12 Years and Over
 Residential Care and Transition Services

My goal	What would I like to happen?	What is happening now?	Things to do	Who can help?	By When?
Savings 					
Clothes/personal items 					
Independence 					

Who is in your circle of support?



Name: _____

Who knows everything about you, gives you the most support and you see every day?

Who knows a bit about your worries are the people who support you a little?

Who do the children feel some connection with?

Who already knows a bit about the hard things you've been dealing with?

Who are the people you don't ask for support, but maybe could in the future?

Is there anyone who makes things harder for you and your family?

Are there people in your life who don't know anything about the hard things you've been dealing with?

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