







# Life Vision

My Name: \_\_\_\_\_

Date: \_\_\_\_\_


Support (If Needed): \_\_\_\_\_

| Life Domain   | Description   | My Vision for My Future | Priority |
|---|---|-------------------------|----------|
|  <p><b>Daily Life &amp; Employment</b></p> | What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?           |                         |          |
|  <p><b>Community Living</b></p>            | Where would I like to live in my adult life? Will I live alone or with someone else?  |                         |          |
|  <p><b>Social &amp; Spirituality</b></p>  | How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?          |                         |          |
|  <p><b>Advocacy &amp; Engagement</b></p> | What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own life is lived? |                         |          |

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# Life Vision

| Life Domain   | Description  | My Vision for My Future | Priority |
|---|--|-------------------------|----------|
|  <p><b>Healthy Living</b></p>          | <p>How will I live a healthy lifestyle and manage health care supports in my adult life?</p>                                 |                         |          |
|  <p><b>Safety &amp; Security</b></p>   | <p>How will I stay safe from financial, emotional, physical or sexual harm in my adult life?</p>                             |                         |          |
|  <p><b>Supports for Family</b></p>    | <p>How do I want my family to still be involved and engaged in my adult life?</p>  |                         |          |
|  <p><b>Supports and Services</b></p> | <p>What support will I need to live as independently as possible in my adult life, and where will my supports come from?</p> |                         |          |