Life Vision

My Name: _____ **Date:** _____

Support (If Needed): _____

Life Domain	Description	My Vision for My Future	Priority
Daily Life & Employment	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?		
Community Living	Where would I like to live in my adult life? Will I live alone or with someone else?		
Social & Spirituality	How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?		
Advocacy & Engagement	What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own live is lived?		

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