Student Dream Sheet

Stud	ent:	Initial Date:
School:		Teacher:
Review Date:		Anticipated Date of Graduation:
	following questions will be used to assist in the rmine post school goals.	n the transition planning activities and to
1.	Where would you want to live after graduatio	n?
2.	How would you like to continue learning after	r graduation?
3.	What types of things would you like to learn a	after graduation?
4	Where would you want this learning to occur	?
5.	What kind of job would you like now?	
6.	What kind of job would you like after graduat	ing?
7.	Where would you like to work?	
8.	What type of work schedule would you like?	
9.	What type of pay and benefits would you like	from your future job?

10. Do you have any significant medical/health issues that need to be considered when determining

	post school goals?	
11.	What types of chores do you have at home now?	
12.	What choices are made for you now that you would like to take charge of?	
13.	What type of transportation will you use after you graduate?	
14.	What do you do for fun now?	
15.	What would you like to do for fun in the future?	