

## Student Dream Sheet

Student Name: \_\_\_\_\_  
School: \_\_\_\_\_

Initial Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Review Dates: \_\_\_\_\_  
\_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

The following questions will be used to assist in transition planning activities and to determine post-school goals.

1. Where do you want to live after graduation? \_\_\_\_\_  
\_\_\_\_\_  
What kind of housing? \_\_\_\_\_
2. How do you intend to continue learning after graduation? \_\_\_\_\_  
\_\_\_\_\_  
What types of things do you want to learn after graduation? \_\_\_\_\_  
\_\_\_\_\_  
Where do you want this learning to occur? \_\_\_\_\_  
\_\_\_\_\_
3. What kind of job do you want now? \_\_\_\_\_  
\_\_\_\_\_
4. What kind of job do you want when you graduate? \_\_\_\_\_  
\_\_\_\_\_
5. Where do you want to work? \_\_\_\_\_  
\_\_\_\_\_
6. What type of work schedule do you want? \_\_\_\_\_  
\_\_\_\_\_
7. What type of pay and benefits do you want from your future job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What types of chores do you do at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What equipment/tools can you use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have any significant medical problems that need to be considering when determining post-school goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What choices do you make now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What choices are made for you that you want to take charge of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What kind of transportation will you use after graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What do you do for fun now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. What would you like to do for fun in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_