Student Dream Sheet

Student Name: ___________________________                Date: ___________________________
School: ________________________________                Teacher: ___________________________
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?

________________________________________________________________________

________________________________________________________________________

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. Do you have any significant medical problems that need to be considered when determining post school goals?


9. What type of chores do you do at home?


10. What equipment / tools can you use?


11. What choices do you make now?


12. What choices are made for you that you want 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?