Student Dream Sheet

Student Name: ________________________  Initial Date: ________________________

School: ______________________________  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?
   ________________________________________________________________________
   ________________________________________________________________________

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?
____________________________________________________________________
____________________________________________________________________

Source: Cleveland County Schools, NC