







Life Vision | Family Perspective

My Name: _____ Date: _____

Supporter's Name (If Needed): _____





Life Domain	Description	My Vision for my Family Member's Future	Priority
 Daily Life & Employment	What do I think my family member will do during the day in their adult life? What kind of job or career might they want?		
 Community Living	Where and with whom do I think my family member will live in their adult life?		
 Social & Spirituality	How will they connect with spiritual and leisure activities, and have friendship, and relationships in their adult life?		
 Advocacy & Engagement	How do I think they will have valued roles, responsibilities, and control of how their own life is lived as an adult?		

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Life Vision | Family Perspective

Life Domain	Description	My Vision for My Future	Priority
 Healthy Living	How will they live a healthy lifestyle and manage health care supports in their adult life?		
 Safety & Security	How will my family member be safe from financial, emotional, physical or sexual harm in their adult life?		
 Supports for Family	What supports does our family unit need now or will need in the future?		
 Supports and Services	What supports and services might my family member need in the future to lead the kind of life they want as independently as possible?		

