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