



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WHAT DO OTHERS THINK IS IMPORTANT FOR ME WHEN MAKING CHOICES AND DECISIONS:

Empty rounded rectangular box for writing responses to the first question.

WHAT IS IMPORTANT TO ME WHEN MAKING CHOICES AND DECISIONS?

Empty rounded rectangular box for writing responses to the second question.

WHAT SUPPORTS DO I NEED TO HELP ME WITH MAKING CHOICES AND DECISIONS:

*What are supports that work well for me and what does not?*

*How do I learn best?*

*What helps me stay motivated?*

*What is the best way to encourage me?*





### Past Life Experiences

What helps me UNDERSTAND the issues and my options?

What helps me communicate my preferences, choices, and decisions?

What helps me follow through on my choices and decisions?

List past barriers that made it hard for me to understand, communicate, or follow through with my choices and decisions?

### Moving Forward

What helps me UNDERSTAND the issues and my options?

What helps me communicate my preferences, choices, and decisions?

What helps me follow through on my choices and decisions?

List what needs to happen to avoid barriers that make it hard for me to understand, communicate, or follow through with my choices and decisions?

### Vision for What I Want

What decisions and choices do I want to make myself or with help from my supporters?

My vision for a good life

### What I Don't Want

What decisions about my health do I NOT want someone else making for me or without my input or approval?

Not a good life

