



NAME OF PERSON COMPLETING: _____ DATE: _____

ON BEHALF OF: _____

WHAT PEOPLE LIKE AND ADMIRE ABOUT MY FAMILY MEMBER:

Empty text box for notes on family member likes and admirations.

WHAT I BELIEVE IS MOST IMPORTANT TO MY FAMILY MEMBER:

Empty text box for notes on what is most important to the family member.

WHAT ARE THE BEST STRATEGIES TO SUPPORT MY FAMILY MEMBER:

Empty text box for notes on best strategies to support the family member.





Past Life Experiences

List past life experiences and events that have prepared or supported my family member to move towards a vision for a good life

Moving Forward

List current or future life experiences or goals that will continue to support my family member to move towards a vision for a good life

My Vision for My Family Member's Good Life

List past life experiences that pushed my family member's trajectory toward things they did not want or I did not want for them

List barriers or things to avoid that might get in the way of my family member taking steps to reach their goals

What I Don't Want

