

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