

## Developing A Vision For Your Child

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gifts, Strengths and Capacities \_\_\_\_\_

Challenges and Needs: \_\_\_\_\_

<b>Plans for further education/training</b> <b>Next Year:</b>	<b>In 5 years:</b>	<b>When he/she is an adult:</b>
<b>Plans for future living arrangements</b> <b>Next Year:</b>	<b>In 5 years:</b>	<b>When he/she is an adult:</b>
<b>Plans for being involved in community</b> <b>Next year:</b>	<b>In 5 years:</b>	<b>When he/she is an adult:</b>
<b>Plans for future employment</b> <b>Next year:</b>	<b>In 5 years:</b>	<b>When/he/she is an adult:</b>