



# LIFE DOMAIN VISION TOOL | PERSON CENTERED

Name of Person Completing: \_\_\_\_\_

Date: \_\_\_\_\_

On Behalf of: \_\_\_\_\_

| LIFE DOMAIN  | DESCRIPTION  | MY VISION FOR MY FUTURE | PRIORITY |
|--|--|-------------------------|----------|
|    | <b>Daily Life &amp; Employment:</b><br>What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?         |                         |          |
|    | <b>Community Living:</b><br>Where would I like to live in my adult life? Will I live alone or with someone else?   |                         |          |
|    | <b>Social &amp; Spirituality:</b><br>How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?          |                         |          |
|  | <b>Healthy Living:</b><br>How will I live a healthy lifestyle and manage health care supports in my adult life?  |                         |          |
|  | <b>Safety &amp; Security:</b><br>How will I stay safe from financial, emotional, physical or sexual harm in my adult life?                                       |                         |          |
|  | <b>Advocacy &amp; Engagement:</b><br>What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own life is lived? |                         |          |
|  | <b>Supports for Family:</b><br>How do I want my family to still be involved and engaged in my adult life?  |                         |          |
|  | <b>Supports &amp; Services:</b><br>What support will I need to live as independently as possible in my adult life, and where will my supports come from?         |                         |          |






# GOAL ATTAINMENT | PLANNING AND TRACKING SUCCESS

**GOAL:**

| DEFINE SUCCESS  | SUCCESS SCALE |  |  |  |  |  |  |
|---|---------------|--|--|--|--|--|--|
| Describe what exceeds expected success would look like for this goal: | ★ ★ ★ ★ ★     |  |  |  |  |  |  |
|   | ★ ★ ★ ★       |  |  |  |  |  |  |
| Describe what expected success looks like for this goal:              | ★ ★ ★         |  |  |  |  |  |  |
|   | ★ ★           |  |  |  |  |  |  |
| Describe what minimum success would look like for this goal:          | ★             |  |  |  |  |  |  |

**Successes: What's working?**

**Barriers: What's not working?**

| STRATEGIES |  SUPPORTS | START DATE | TARGET END DATE |
|------------|--|------------|-----------------|
|            |  |            |                 |
|            |  |            |                 |
|            |  |            |                 |
|            |  |            |                 |

