

FUTURE PLANNING: A GUIDE FOR FAMILIES

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS LIKES AND DISLIKES

I like:

I dislike:

Other:

What I like to do each day

Attend a program?

- Yes
- No

Day Program: _____ Phone: _____

Part of recreation group?

- Yes
- No

Group Contact: _____ Phone: _____

City where this happens: _____ Activity: _____

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS LIKES AND DISLIKES

Participate in fitness or athletic program?

- Yes
- No

Contact name: _____ Phone: _____

Places I like to go/visit in the community: _____

People I like to spend time with: _____

Special events that are important to me: _____

What I like to do for fun: _____

Things I want to do in the future: _____

Things I like to do...

In the spring: _____

In the summer: _____

In the fall: _____

In the winter: _____

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PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS DAILY ACTIVITIES

Daily Activities:

Day	What I like to do
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

FUTURE PLANNING: A GUIDE FOR FAMILIES

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS I CAN/I NEED SOME HELP

Dressing

I can:

I can use some help to:

Grooming and other personal care

I can:

I can use some help to:

Eating and nutrition

I can:

I can use some help to:

Household Chores

I can:

I can use some help to:

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS
I CAN/I NEED SOME HELP

Money management and budgeting

I can: _____

I can use some help to: _____

Transportation

I can: _____

I can use some help to: _____

Mobility/Ambulation

I can: _____

I can use some help to: _____

Assistive Devices/Technology

List Item and Purpose: _____

FUTURE PLANNING: A GUIDE FOR FAMILIES

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS WHERE I WORK/VOLUNTEER

Where I work/volunteer

Place of Employment/Volunteering: _____

Address: _____ State: _____ Zip: _____

Hours Per Week: _____

Supervisor/Contact Name: _____ Phone: _____

How long I have known supervisor: _____

Receiving Vocational Rehabilitation (DVR) services?:

- Yes
- No

Contact Name: _____ Phone: _____

Other employment services?:

- Yes
- No

Contact Name: _____ Phone: _____

Do I have a job coach?

- Yes
- No

Job Coach Name: _____ Phone: _____

Other comments: _____
