



My Name: _____ Date: _____

Supporter's Name (If Needed): _____

What people like and admire about my family member:

What I believe is most important to my family member:

What are the best strategies to support for family member:





Past Experiences

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

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

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

My Vision for my Family Member's Good Life

What I Don't Want