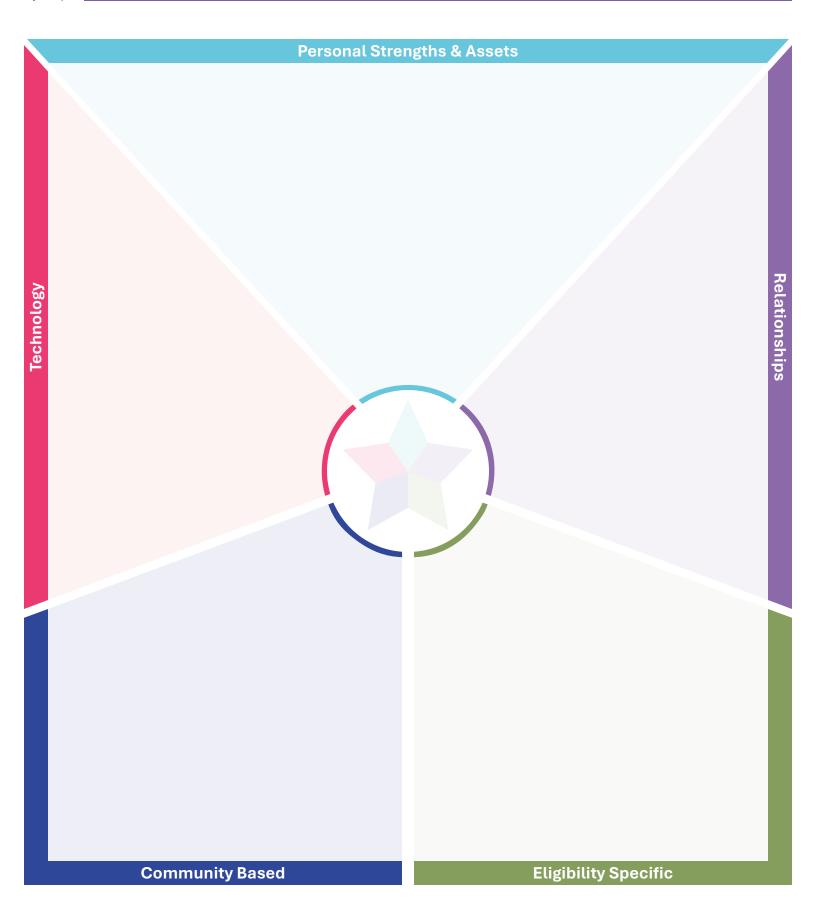


Integrated Supports Star



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1y Name:	Date:	
upporter's Name (If Needed):		
What people like and admire about my fa	mily member:	
What I believe is most important to my fa	amily member:	
What are the best strategies to support for	or family member:	
)

My Vision for my Family Member's Good Life **Moving Forward Past Experiences** List past life experiences and events that have List current or future life experiences or goals that prepared or supported my family member to will continue to support my family member to move towards a vision for a good life move towards a vision for a good life List barriers or things to avoid that List past life experiences that pushed my family member's trajectory toward might get in the way of my family member things they did not want or I did not want taking steps to reach their goal for them What I Don't Want