

Exploring My Life Road Map



Name: _____ Date: _____

School: _____



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Hello!

We are happy to help you plan your transition from school to adult life. To begin planning this transition, which will take place over several years, please fill out the attached questionnaire. Of course, you may ask for assistance to complete the questionnaire.

This questionnaire will allow us to gather information about different aspects of your life. You might not be able to provide us with certain information or you might not want to answer certain questions. If this is the case, please let us know.

Your parents and your teachers will also fill out a questionnaire. We will hold a meeting to share the information we have gathered. This information will help you define your life road map.

Who am I?



My attributes, my strengths, my talents, my skills

at home: _____

at school: _____

in my recreational activities: _____

in my community: _____

My tastes (e.g. activities, tasks, classes)

What I like

at home: _____

at school: _____

in my recreational activities: _____

in my community: _____

What I don't like

at home: _____

at school: _____

in my recreational activities: _____

in my community: _____

Attitudes and behaviours to improve

(e.g. learn to better manage my stress)

Limitations that prevent me from doing certain activities

(e.g. difficulty counting, reading, walking)



My friends



My friends (name and age)

at home: _____

at school: _____

at my recreational activities: _____

other: _____

The ways I keep in touch with them

phone internet visits notes

other: _____

With my friends, I can

express joy	express sadness	express anger
tell stories	express my needs	express my approval or disapproval
state my opinion	ask questions	laugh, joke
give a compliment	other: _____	

With my friends, I am

often the person who decides	rarely the person who decides	encouraging
withdrawn	shy	a person who shares
helpful	other: _____	

What I like about my friends _____

I am having some problems with my friends No Yes

If so, what problems? _____

Solutions or ways to reassure myself _____

My dream with regards to my friends (if relevant) _____

My choices



At home, I can choose

my schedule (e.g. wake-up, bed and meal times)	Yes	No. Why? _____
my dress	Yes	No. Why? _____
my diet	Yes	No. Why? _____
my activities	Yes	No. Why? _____
my friends	Yes	No. Why? _____
my responsibilities	Yes	No. Why? _____
my personal expenses	Yes	No. Why? _____
my outings	Yes	No. Why? _____
other: _____		

At school, I can choose

my schedule (e.g. classes, workshops)	Yes	No. Why? _____
workshops	Yes	No. Why? _____
free-time activities	Yes	No. Why? _____
extracurricular activities	Yes	No. Why? _____
my responsibilities	Yes	No. Why? _____
work groups	Yes	No. Why? _____
other: _____		

During my leisure time, I can choose

my activities	Yes	No. Why? _____
my friends	Yes	No. Why? _____
activity times	Yes	No. Why? _____
other: _____		

My school



I plan on leaving school at the age of ____

Why? _____

I plan on enrolling in adult education or in other programs

Yes

No

I don't know

If so, I plan on learning the following:

(e.g. how to create a budget, how to cook)

Obstacles and concerns about my school life (if relevant)

Solutions or ways to reassure myself

My dream with regards to my school life (if relevant)

My work



Do I want to work?

Yes. This is the job that I want:

Yes, but I do not know what I want to do.

No I don't know

I need information about:

different careers

required skills

resources related to the job

employment opportunities

job search

writing a résumé

preparing for an interview

other: _____

Obstacles and concerns about work (if relevant)

Solutions or ways to reassure myself

My dream with regards to work (if relevant)



My home



After leaving school, I would like to live:

(you can tick more than one box)

in the city

in the country

in the family home

in an apartment

other: _____

alone

with my romantic partner

with my friends

with my parents

other: _____

To begin my life as an adult, I need information about:

searching for housing

signing a lease or an agreement

interior maintenance

exterior maintenance

groceries

meals

following a budget

banking transactions

debit and credit cards

purchases

other: _____

Obstacles and concerns about my home life (if relevant)

Solutions or ways to reassure myself

My dream with regards to my home life (if relevant)



My transport



To perform various activities, I use the following means of transport:

walking	bicycle	taxi
car	public transport	paratransit
school bus	other: _____	

To get around, I need the following:

walking:	Information	Accompaniment	Training	Other: _____
bicycle:	Information	Accompaniment	Training	Other: _____
car:	Information	Accompaniment	Training	Other: _____
taxi:	Information	Accompaniment	Training	Other: _____
public transport:	Information	Accompaniment	Training	Other: _____
paratransit:	Information	Accompaniment	Training	Other: _____
school bus:	Information	Accompaniment	Training	Other: _____
other:	_____			

Obstacles and concerns about my transport (if relevant)

Solutions or ways to reassure myself

My dream with regards to transport (if relevant)

My Recreational Activities



I like to do the following activities:

cultural or social activities_____

film _____

computer science _____

video games _____

renting movies _____

music _____

sports _____

other: _____

arts _____

relaxation _____

board games _____

reading _____

shopping _____

nature studies _____

travelling _____

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cultural or social activities_____

film _____

computer science _____

video games _____

renting movies _____

music _____

sports _____

other: _____

arts _____

relaxation _____

board games _____

reading _____

shopping _____

nature studies _____

travelling _____

My Recreational Activities



To do these activities, I need:

information location cost class

money

friends

equipment

transport

accompaniment

learning

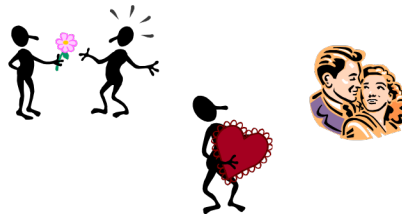
other: _____

Obstacles and concerns about my recreational activities (if relevant)

Solutions or ways to reassure myself

My dream with regards to my recreational activities (if relevant)

My Relationships and Social Life



How I see my social life and relationships in the future

I would like to live: alone as a couple with friends with my parents

I need information about

how to make friends	how to get a boyfriend/girlfriend	
life as a couple	sexuality	hygiene
break-ups	loss	social rights and responsibilities
bullying and violence	taxing	drugs
alcohol	other: _____	

I would like to talk to _____ about this

my parents: _____ a teacher: _____

a nurse: _____ a friend: _____

other: _____

Obstacles and concerns about my social life and relationships (if relevant)

Solutions or ways to reassure myself

My dream with regards to my social life and relationships (if relevant)

My Dreams



Of all the dreams that I have mentioned, I would like to now realize the following dream:

The skills needed to realize this dream:

The limitations or problems that may prevent me from realizing this dream:

What I can do to realize my dream:
