

Summary My Life Road Map Project



Name:

Date:

Completed by:



Note

The following summary is an overview of the information provided by the questionnaires. This summary reveals the similarities and differences in how the young person perceives himself/herself, how the school facilitators perceive him/her and how parents perceive their child. Often, the resource person completes this document.

This document is an invaluable tool in establishing an Action Plan, as it prompts a meaningful discussion about the student's future projects. Often, the people involved in the meeting will find it helpful to read this document beforehand, so as to clarify what is being discussed. It is important that the student receives a copy of this document and, if necessary, to accompany the student so he/she knows what is being discussed about him/her. Observations may be noted throughout the meeting.



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Who Am I?	Student	Parents	Facilitators
Qualities (personality traits) Strengths Talents Skills	_____ _____	_____ _____	_____ _____
What I like What I don't like	What I like home: _____ school: _____ recreational activities: _____ community: _____ What I don't like home: _____ school: _____ recreational activities: _____ community: _____ _____	What I like home: _____ school: _____ recreational activities: _____ community: _____ What I don't like home: _____ school: _____ recreational activities: _____ community: _____	What I like home: _____ school: _____ recreational activities: _____ community: _____ What I don't like home: _____ school: _____ recreational activities: _____ community: _____
Attitudes or behaviours to improve	_____ _____	_____ _____	_____ _____
Limitations	_____ _____	_____ _____	_____ _____

Observations: _____



My Friends	Student	Parents	Facilitators
Name and age	home: _____ school: _____ recreational activities: _____ community: _____	home: _____ school: _____ recreational activities: _____ community: _____	home: _____ school: _____ recreational activities: _____ community: _____
Ways we keep in touch (Ways to keep in touch...)	<input type="checkbox"/> phone <input type="checkbox"/> internet <input type="checkbox"/> visits <input type="checkbox"/> notes <input type="checkbox"/> other: _____	<input type="checkbox"/> phone <input type="checkbox"/> internet <input type="checkbox"/> visits <input type="checkbox"/> notes <input type="checkbox"/> other: _____	<input type="checkbox"/> phone <input type="checkbox"/> internet <input type="checkbox"/> visits <input type="checkbox"/> notes <input type="checkbox"/> other: _____
Interactions	<input type="checkbox"/> expressing joy <input type="checkbox"/> expressing sadness <input type="checkbox"/> expressing anger <input type="checkbox"/> telling stories <input type="checkbox"/> expressing needs <input type="checkbox"/> expressing approval or disapproval <input type="checkbox"/> giving an opinion <input type="checkbox"/> asking questions <input type="checkbox"/> laughing, joking <input type="checkbox"/> giving a compliment <input type="checkbox"/> other: _____	<input type="checkbox"/> expressing joy <input type="checkbox"/> expressing sadness <input type="checkbox"/> expressing anger <input type="checkbox"/> telling stories <input type="checkbox"/> expressing needs <input type="checkbox"/> expressing approval or disapproval <input type="checkbox"/> giving an opinion <input type="checkbox"/> asking questions <input type="checkbox"/> laughing, joking <input type="checkbox"/> giving a compliment <input type="checkbox"/> other: _____	<input type="checkbox"/> expressing joy <input type="checkbox"/> expressing sadness <input type="checkbox"/> expressing anger <input type="checkbox"/> telling stories <input type="checkbox"/> expressing needs <input type="checkbox"/> expressing approval or disapproval <input type="checkbox"/> giving an opinion <input type="checkbox"/> asking questions <input type="checkbox"/> laughing, joking <input type="checkbox"/> giving a compliment <input type="checkbox"/> other: _____
Attitudes	<input type="checkbox"/> often decides <input type="checkbox"/> rarely decides <input type="checkbox"/> encourages <input type="checkbox"/> withdraws <input type="checkbox"/> is shy (I am shy) <input type="checkbox"/> shares <input type="checkbox"/> wants to help <input type="checkbox"/> other: _____	<input type="checkbox"/> often decides <input type="checkbox"/> rarely decides <input type="checkbox"/> encourages <input type="checkbox"/> withdraws <input type="checkbox"/> is shy <input type="checkbox"/> shares <input type="checkbox"/> wants to help <input type="checkbox"/> other: _____	<input type="checkbox"/> often decides <input type="checkbox"/> rarely decides <input type="checkbox"/> encourages <input type="checkbox"/> withdraws <input type="checkbox"/> is shy <input type="checkbox"/> shares <input type="checkbox"/> wants to help <input type="checkbox"/> other: _____
Friends' qualities			
Problems (difficulties) (solutions and ways to reassure student)			

The student's dream: _____

Observations: _____



My Choices	Student	Parents	Facilitators
Home	<input type="checkbox"/> schedule <input type="checkbox"/> dress <input type="checkbox"/> diet <input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> responsibilities <input type="checkbox"/> personal expenses <input type="checkbox"/> outings <input type="checkbox"/> other: _____	<input type="checkbox"/> schedule <input type="checkbox"/> dress <input type="checkbox"/> diet <input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> responsibilities <input type="checkbox"/> personal expenses <input type="checkbox"/> outings <input type="checkbox"/> other: _____	<input type="checkbox"/> schedule <input type="checkbox"/> dress <input type="checkbox"/> diet <input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> responsibilities <input type="checkbox"/> personal expenses <input type="checkbox"/> outings <input type="checkbox"/> other: _____
School	<input type="checkbox"/> schedule <input type="checkbox"/> workshops <input type="checkbox"/> free time in class <input type="checkbox"/> extracurricular activities <input type="checkbox"/> responsibilities <input type="checkbox"/> work groups <input type="checkbox"/> other: _____	<input type="checkbox"/> schedule <input type="checkbox"/> workshops <input type="checkbox"/> free time in class <input type="checkbox"/> extracurricular activities <input type="checkbox"/> responsibilities <input type="checkbox"/> work groups <input type="checkbox"/> other: _____	<input type="checkbox"/> schedule <input type="checkbox"/> workshops <input type="checkbox"/> free time in class <input type="checkbox"/> extracurricular activities <input type="checkbox"/> responsibilities <input type="checkbox"/> work groups <input type="checkbox"/> other: _____
Recreational Activities	<input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> activity times <input type="checkbox"/> other: _____	<input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> activity times <input type="checkbox"/> other: _____	<input type="checkbox"/> activities <input type="checkbox"/> friends <input type="checkbox"/> activity times <input type="checkbox"/> other: _____

Observations: _____



My School	Student	Parents	Facilitators
Leaving school at the age of... Reason			
Adult education or other programs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Acquired Learning			
Concerns and obstacles	_____	_____	_____
Solutions (means, resources) and ways to reassure			

The student's dream: _____

Observations: _____

My Work	Student	Parents	Facilitators
Desire to work	<input type="checkbox"/> Yes, wants this job: _____ <input type="checkbox"/> Yes, but work choices not yet defined <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes, wants this job: _____ <input type="checkbox"/> Yes, but work choices not yet defined <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes, wants this job: _____ <input type="checkbox"/> Yes, but work choices not yet defined <input type="checkbox"/> No <input type="checkbox"/> I don't know
Needs information about	<input type="checkbox"/> different careers <input type="checkbox"/> required skills <input type="checkbox"/> job resources <input type="checkbox"/> employment opportunities <input type="checkbox"/> job search <input type="checkbox"/> writing a résumé <input type="checkbox"/> preparing for an interview <input type="checkbox"/> other: _____	<input type="checkbox"/> different careers <input type="checkbox"/> required skills <input type="checkbox"/> job resources <input type="checkbox"/> employment opportunities <input type="checkbox"/> job search <input type="checkbox"/> writing a résumé <input type="checkbox"/> preparing for an interview <input type="checkbox"/> other: _____	<input type="checkbox"/> different careers <input type="checkbox"/> required skills <input type="checkbox"/> job resources <input type="checkbox"/> employment opportunities <input type="checkbox"/> job search <input type="checkbox"/> writing a résumé <input type="checkbox"/> preparing for an interview <input type="checkbox"/> other: _____
Concerns and obstacles	_____	_____	_____
Solutions (means, resources) and ways to reassure	_____	_____	_____

The student's dream: _____

Observations: _____



My Home	Student	Parents	Facilitators
Living Environment	<input type="checkbox"/> in the city <input type="checkbox"/> in the country <input type="checkbox"/> in the family home <input type="checkbox"/> in an apartment <input type="checkbox"/> other: _____ <input type="checkbox"/> living alone <input type="checkbox"/> living with a romantic partner <input type="checkbox"/> living with friends <input type="checkbox"/> living with parents <input type="checkbox"/> other: _____	<input type="checkbox"/> in the city <input type="checkbox"/> in the country <input type="checkbox"/> in the family home <input type="checkbox"/> in an apartment <input type="checkbox"/> other: _____ <input type="checkbox"/> living alone <input type="checkbox"/> living with a romantic partner <input type="checkbox"/> living with friends <input type="checkbox"/> living with parents <input type="checkbox"/> other: _____	<input type="checkbox"/> in the city <input type="checkbox"/> in the country <input type="checkbox"/> in the family home <input type="checkbox"/> in an apartment <input type="checkbox"/> other: _____ <input type="checkbox"/> living alone <input type="checkbox"/> living with a romantic partner <input type="checkbox"/> living with friends <input type="checkbox"/> living with parents <input type="checkbox"/> other: _____
Needs information about	<input type="checkbox"/> searching for housing <input type="checkbox"/> signing a lease or an agreement <input type="checkbox"/> interior maintenance <input type="checkbox"/> exterior maintenance <input type="checkbox"/> groceries <input type="checkbox"/> meals <input type="checkbox"/> creating a budget <input type="checkbox"/> banking transactions <input type="checkbox"/> credit cards or debit cards <input type="checkbox"/> purchases <input type="checkbox"/> other: _____	<input type="checkbox"/> searching for housing <input type="checkbox"/> signing a lease or an agreement <input type="checkbox"/> interior maintenance <input type="checkbox"/> exterior maintenance <input type="checkbox"/> groceries <input type="checkbox"/> meals <input type="checkbox"/> creating a budget <input type="checkbox"/> banking transactions <input type="checkbox"/> credit cards or debit cards <input type="checkbox"/> purchases <input type="checkbox"/> other: _____	<input type="checkbox"/> searching for housing <input type="checkbox"/> signing a lease or an agreement <input type="checkbox"/> interior maintenance <input type="checkbox"/> exterior maintenance <input type="checkbox"/> groceries <input type="checkbox"/> meals <input type="checkbox"/> creating a budget <input type="checkbox"/> banking transactions <input type="checkbox"/> credit cards or debit cards <input type="checkbox"/> purchases <input type="checkbox"/> other: _____
Concerns and obstacles	_____	_____	_____
Solutions (means, resources) and ways to reassure	_____	_____	_____

The student's dream: _____

Observations: _____



My Transport	Student	Parents	Facilitators																																																																																																																																							
Means	<input type="checkbox"/> walking <input type="checkbox"/> bicycle <input type="checkbox"/> taxi <input type="checkbox"/> car <input type="checkbox"/> public transport <input type="checkbox"/> paratransit <input type="checkbox"/> school bus <input type="checkbox"/> other: _____	<input type="checkbox"/> walking <input type="checkbox"/> bicycle <input type="checkbox"/> taxi <input type="checkbox"/> car <input type="checkbox"/> public transport <input type="checkbox"/> paratransit <input type="checkbox"/> school bus <input type="checkbox"/> other: _____	<input type="checkbox"/> walking <input type="checkbox"/> bicycle <input type="checkbox"/> taxi <input type="checkbox"/> car <input type="checkbox"/> public transport <input type="checkbox"/> paratransit <input type="checkbox"/> school bus <input type="checkbox"/> other: _____																																																																																																																																							
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The student's dream: _____

Observations: _____



My Activities	Student	Parents	Facilitators
Favourite activities	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____
Desired Activities interested in	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____	<input type="checkbox"/> social or cultural activities <input type="checkbox"/> arts <input type="checkbox"/> film <input type="checkbox"/> relaxation <input type="checkbox"/> computer science <input type="checkbox"/> board games <input type="checkbox"/> video games <input type="checkbox"/> reading <input type="checkbox"/> renting movies <input type="checkbox"/> shopping <input type="checkbox"/> music <input type="checkbox"/> nature studies <input type="checkbox"/> sports <input type="checkbox"/> travelling <input type="checkbox"/> other: _____
What is needed for these activities	<input type="checkbox"/> information <input type="checkbox"/> location <input type="checkbox"/> cost <input type="checkbox"/> class <input type="checkbox"/> money <input type="checkbox"/> friends <input type="checkbox"/> equipment <input type="checkbox"/> transport <input type="checkbox"/> accompaniment <input type="checkbox"/> learning <input type="checkbox"/> other: _____	<input type="checkbox"/> information <input type="checkbox"/> location <input type="checkbox"/> cost <input type="checkbox"/> class <input type="checkbox"/> money <input type="checkbox"/> friends <input type="checkbox"/> equipment <input type="checkbox"/> transport <input type="checkbox"/> accompaniment <input type="checkbox"/> learning <input type="checkbox"/> other: _____	<input type="checkbox"/> information <input type="checkbox"/> location <input type="checkbox"/> cost <input type="checkbox"/> class <input type="checkbox"/> money <input type="checkbox"/> friends <input type="checkbox"/> equipment <input type="checkbox"/> transport <input type="checkbox"/> accompaniment <input type="checkbox"/> learning <input type="checkbox"/> other: _____
Concerns and obstacles	_____	_____	_____
Solutions (means, resources) and ways to reassure	_____	_____	_____

The student's dream: _____



Observations:

My Social Life and Relationships	Student	Parents	Facilitators
Preferred living situation	<input type="checkbox"/> alone <input type="checkbox"/> in a couple <input type="checkbox"/> with friends <input type="checkbox"/> with parents	<input type="checkbox"/> alone <input type="checkbox"/> in a couple <input type="checkbox"/> with friends <input type="checkbox"/> with parents	<input type="checkbox"/> alone <input type="checkbox"/> in a couple <input type="checkbox"/> with friends <input type="checkbox"/> with parents
Needs information about	<input type="checkbox"/> how to make friends <input type="checkbox"/> how to get a boyfriend/girlfriend <input type="checkbox"/> life as a couple <input type="checkbox"/> sexuality <input type="checkbox"/> hygiene <input type="checkbox"/> break-ups <input type="checkbox"/> loss <input type="checkbox"/> social rights and responsibilities <input type="checkbox"/> bullying and violence <input type="checkbox"/> physical <input type="checkbox"/> verbal <input type="checkbox"/> taxing <input type="checkbox"/> drugs <input type="checkbox"/> alcohol <input type="checkbox"/> other: _____	<input type="checkbox"/> how to make friends <input type="checkbox"/> how to get a boyfriend/girlfriend <input type="checkbox"/> life as a couple <input type="checkbox"/> sexuality <input type="checkbox"/> hygiene <input type="checkbox"/> break-ups <input type="checkbox"/> loss <input type="checkbox"/> social rights and responsibilities <input type="checkbox"/> bullying and violence <input type="checkbox"/> physical <input type="checkbox"/> verbal <input type="checkbox"/> taxing <input type="checkbox"/> drugs <input type="checkbox"/> alcohol <input type="checkbox"/> other: _____	<input type="checkbox"/> how to make friends <input type="checkbox"/> how to get a boyfriend/girlfriend <input type="checkbox"/> life as a couple <input type="checkbox"/> sexuality <input type="checkbox"/> hygiene <input type="checkbox"/> break-ups <input type="checkbox"/> loss <input type="checkbox"/> social rights and responsibilities <input type="checkbox"/> bullying and violence <input type="checkbox"/> physical <input type="checkbox"/> verbal <input type="checkbox"/> taxing <input type="checkbox"/> drugs <input type="checkbox"/> alcohol <input type="checkbox"/> other: _____
Resources	<input type="checkbox"/> parents <input type="checkbox"/> teacher <input type="checkbox"/> nurse <input type="checkbox"/> friend <input type="checkbox"/> other: _____	<input type="checkbox"/> parents <input type="checkbox"/> teacher <input type="checkbox"/> nurse <input type="checkbox"/> friend <input type="checkbox"/> other: _____	<input type="checkbox"/> parents <input type="checkbox"/> teacher <input type="checkbox"/> nurse <input type="checkbox"/> friend <input type="checkbox"/> other: _____
Concerns and obstacles	_____	_____	_____
Solutions (means, resources) and ways to reassure	_____	_____	_____

The student's dream: _____



Observations: _____

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My Dreams

	Student	Parents	Facilitators
Skills needed to realize this dream	_____	_____	_____
Limitations or difficulties that might prevent the realization of this dream	_____	_____	_____
Ways (means) to realize this dream	_____	_____	_____

