**YOUR NAME’S Transition Trajectory Worksheet Date:**

**VISION for a GOOD LIFE**

LIST what you want your “good life” to look like …

Past Life Experiences Future Life Experiences

List the future/current life experiences that continue to support your vision for a good life.

* List

List the past life experiences and events that supported your vision for a good life.

* List
* List
* LIST
* List

Put a picture of the student here

List life experiences to avoid because they push you toward things you don’t want

* List

List the past life experiences that have supported the arrow toward things you don’t want to have.

* List
* list

Write current age here

**What I DON’T Want**

LIST the things you don’t want in your life…

* List