



About me and my goals

About me and my goals

Name: _____

Information about me			
1. Where I live			
2. Who I live with			
3. Phone number			
4. Email address			
5. People in my life:	a. Who is important to me:	b. Their relationship to me:	c. How they are part of my life:
6. My key contact / support person			

7. Type of disability I have?		
8. How my disability affects my day-to-day life? - What I can do? - What I have difficulty doing? For example, this could be support you need to move around or do things like cooking or cleaning?		
Day-to-day activities / hobbies		
9. My work and volunteer activities:	<input type="checkbox"/> I work or volunteer. <input type="checkbox"/> No, but I would like to work or volunteer. <input type="checkbox"/> No	Tell us more about your work and volunteer activities in the space below:
10. Day-to-day activities and hobbies a) I do activities or hobbies on Monday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on Monday:
b) I do activities or hobbies on Tuesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on Tuesday:
c) I do activities or hobbies on Wednesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on Wednesday:

d) I do activities or hobbies on Thursday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on Thursday:
e) I do activities or hobbies on Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on Friday:
f) I do activities or hobbies on the weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The activities or hobbies I do on the weekend:
11. I do other activities or hobbies?	<input type="checkbox"/> No. I have no other activities or hobbies. <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Each month <input type="checkbox"/> Every now and then	Other activities or hobbies that I do:

My goals

What are some things you want to work towards. For example, think about:

1. What things would you like to do or learn?	
2. What things would you like to do more independently?	

3. What activities or interests do you want to continue or try out?	
4. Where would you like to live? Who do you want to live with?	
5. What future health and wellbeing do you want to achieve?	
6. Do you have any other goals?	



For further information, please contact:

Associate Professor Libby Callaway
T: +61 421 356 359
E: libby.callaway@monash.edu

School of Primary and Allied Health Care
Rehabilitation Ageing and Independent Living Research Centre
Faculty of Medicine, Nursing and Health Sciences
Monash University, Peninsula Campus
47-49 Moorooduc Hwy
Frankston VIC 3199

monash.edu.au