

Docket # _____

Child's Name: _____

Foster Care Review Board Form for Independent Living (Ages 14-16)

1. What do you want your life to look like after you graduate from high school?

a. How are you going to make this vision happen?

2. What talents do you have that will help make your vision a reality?

a. What might hold you back from accomplishing your vision?

3. Would you like to hear about things you can do to help you accomplish your goal?

yes no

4. Have the IL WrapAround Services available been reviewed with the youth?

yes no