

# Casey Life Skills Learning Template

## Your dreams can be a reality ...if you have a plan.

### Getting Started: Create your plan!

You are the expert on which behaviors, knowledge or skills are important to you. You can choose the skill areas and learning goals you want to work on. Your caregivers can help you in the planning process, too. The adults who care about your success can provide “real life” learning experiences so you can learn how to do different things. Be sure to update your plan from time to time. It’s important to chart your progress and move on to new goals.

Your Name: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Progress Check Date: \_\_\_\_\_

#### CLSA Primary Skills Areas (✓ the primary and secondary area(s) you will work on)

<input type="checkbox"/> Daily Living	<input type="checkbox"/> Self Care	<input type="checkbox"/> Relationships & Communications	<input type="checkbox"/> Housing & Money Management	<input type="checkbox"/> Work & Study Life	<input type="checkbox"/> Careers & Education	<input type="checkbox"/> Permanent Connections
<b>Secondary Skills Areas</b>						
<input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Home Cleanliness <input type="checkbox"/> Home Safety <input type="checkbox"/> Home Repairs <input type="checkbox"/> Computer Basics <input type="checkbox"/> Permanency	<input type="checkbox"/> Health <input type="checkbox"/> Personal Benefits <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Personal Safety <input type="checkbox"/> Sexuality	<input type="checkbox"/> Personal Development <input type="checkbox"/> Developing Relationships <input type="checkbox"/> Communication <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Legal Permanency	<input type="checkbox"/> Budgeting/Spending <input type="checkbox"/> Banking/Credit <input type="checkbox"/> Housing <input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Development <input type="checkbox"/> Study Skills <input type="checkbox"/> Time Mgmt <input type="checkbox"/> Employment <input type="checkbox"/> Legal <input type="checkbox"/> Income Tax	<input type="checkbox"/> Education Plan <input type="checkbox"/> Career Plan	

**Learning Goal #1:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

**Youth Action Plan** = The actions you take to reach your goals should be clear so you know exactly what to do. Identify what will be done to reach your goals and who will do them: you, social worker, parent or other caregivers.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

**Progress Check Date:** \_\_\_\_\_

**Learning Goal #2:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

**Progress Check Date:** \_\_\_\_\_

**Learning Goal #3:** \_\_\_\_\_

**Expectations: At the end of the session or activity, you will be able to:**

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

(add additional goals and activities as needed)

Names and contact information of caring adults who would like to participate in your success: i.e., social worker, parent or guardian, teacher, uncle or aunt, grandparent, etc.

- 1.
- 2.
- 3.

**Optional Signatures:**

You \_\_\_\_\_ Life Skills Instructor \_\_\_\_\_ Caregiver \_\_\_\_\_

Completion Date: \_\_\_\_\_