



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME:

WHAT'S IMPORTANT TO ME:

HOW TO BEST SUPPORT ME:





Past Life Experiences

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

Moving Forward

List current or future life experiences or goals that will continue to support your good life vision

Vision for What I Want

List what you want your “GOOD LIFE” to look like

What I Don’t Want

List the things you don’t want or what is NOT a “good life”

List past life experiences that pushed your trajectory toward things you don’t want

List things to avoid that could keep you from your good life vision or lead to what you don’t want