Supported Decision-Making Model Form

This is a model form intended to provide assistance to local education agencies (LEAs) and adult students to document supported decision-making decisions described in Title 5-E, Section 3034 of the District of Columbia Municipal Regulations (DCMR). Supported decision-making is supports, services, and accommodations that help a student with disability under the Individuals with Disabilities Education Act (IDEA), who has reached age 18 and to whom all IDEA rights have transferred, make his or her own decisions, by using adult friends, family members, professionals, and other people he or she trusts to help understand the issues and choices, ask questions, receive explanations in language he or she understands, and communicate his or her own decisions to others. LEAs are encouraged to use this form or create an alternative process for meeting the documentation requirements in 5-E DCMR § 3034.3.

Adult Student Name: ___________________________________________________________________

(Last)    (First)   (Middle)

Date of Birth: _____/_____/_________  Unique Student Identifier (USI): ___________________

Address: _____________________________________________________________________________

City: __________________________________ State: _____________ Zip: ______________________

Telephone Number(s): __________________________________________________________________

Email address: _________________________________________________________________________

I understand that I may create a network of individuals to help me make educational decisions related to my Individualized Education Program (IEP) once I reach the age of eighteen (18). I would like the following individual(s) to assist me with making educational decisions. I understand that my parent or other individuals may support me in the decision making process and may have access to my educational records if I grant them access.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to me:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone number(s):</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Name:</td>
<td>Relationship to me:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone number(s):</td>
</tr>
</tbody>
</table>

Email address, if applicable:
If there are additional people you would like in your network, please list all of their information on a separate piece of paper.

Members in my network may have access to the following educational documents if I have checked the box next to it:

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>✓</th>
<th>DOCUMENTS</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP meeting invitations and agendas</td>
<td></td>
<td>Progress reports</td>
<td></td>
</tr>
<tr>
<td>Requests for assessments</td>
<td></td>
<td>Report cards</td>
<td></td>
</tr>
<tr>
<td>Requests for changes in placement</td>
<td></td>
<td>Attendance information</td>
<td></td>
</tr>
<tr>
<td>Requests for changes in services</td>
<td></td>
<td>Assessment results</td>
<td></td>
</tr>
<tr>
<td>Exit requests</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

I understand that I make the final decisions about my educational future and I can remove a member from my network or revoke their access to my educational documents at any time.

Adult Student Signature__________________________________________________________

(Date)

I understand that the student makes all final decisions about his or her educational future and the student may remove me as a member of his or her network or revoke my access to his or her educational documents at any time.

Network Member Signature________________________________________________________

(Date)

Network Member Signature________________________________________________________

(Date)