Supported Decision-Making Form

Adult Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone Home phone

I understand that I may create a network of individuals to help inform my educational decisions related to my Individualized Education Program (IEP) at the age of majority. I would like the following

Individual(s) to assist me with educational decisions. I understand that my parent or other individuals may support me in the decision-making process and may have access to the documents listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | RELATIONSHIP | HOME ADDRESS | EMAIL | PHONE NUMBER |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |
| --- | --- |
| DOCUMENT | ACCESS |
| IEP meeting invitations & agendas |  |
| Requests for assessments/results |  |
| Requests for changes in placement |  |
| Requests for changes in services |  |
| Progress reports/Report cards |  |
| Attendance information |  |
| Any school documents requested |  |

It is my understanding that I make the final decisions about my educational future after talking to members in my network, and can remove a member from my network, or their access to my educational documents, at any time.

Adult Student Signature Date

Network Member Signature Date

Network Member Signature Date