



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

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): _____
MM DD YYYY

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.

Name:	Relationship to me:
Address:	Phone number(s):
	Email address, if applicable:

Name:	Relationship to me:
Address:	Phone number(s):
	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:

DOCUMENTS	<input checked="" type="checkbox"/>	DOCUMENTS	<input checked="" type="checkbox"/>
IEP meeting invitations and agendas	<input type="checkbox"/>	Progress reports	<input type="checkbox"/>
Requests for assessments	<input type="checkbox"/>	Report cards	<input type="checkbox"/>
Requests for changes in placement	<input type="checkbox"/>	Attendance information	<input type="checkbox"/>
Requests for changes in services	<input type="checkbox"/>	Assessment results	<input type="checkbox"/>
Exit requests	<input type="checkbox"/>	Other	<input type="checkbox"/>

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)