DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Specialized Instruction

Supported Decision Making Form

Adult Student: _____ | _____ | _____
Cell Phone | Home Phone

Address: _____ Washington, DC _____
Street | Zip Code

I understand that I may create a network of individuals to help me inform my educational decisions related to my Individualized Education Program (IEP) once I reach the age of majority. 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 the documents listed below.

NAME	RELATIONSHIP	HOME ADDRESS	EMAIL ADDRESS	PHONE NUMBER
1.				
2.				

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

DOCUMENT	ACCESS
IEP meeting invitations, and agendas	
Requests for assessments	
Requests for changes in placement	
Requests for changes in services	
Exit requests	
Progress reports	
Report cards	
Attendance information	
Assessment results	
Other	

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