

Supported Decision Making Form

Adult Student:						
Address:			Cell Phone Home Phone Washington, DC			
I understand tha decisions related I would like the understand that i	Street It I may create a to my Individualize following individualize	network of individual ed Education Program dual(s) to assist me v r individuals may supp	s to help (IEP) onc with mak	me info e I reach ing edu	zip Code orm my educ on the age of m cational decis	ajority. sions. I
NAME	RELATIONSHIP	RELATIONSHIP HOME ADDRESS		EMAIL ADD		PHONE
						NUMBER
Members in my n checked the box	•	access to the following	g educatio	onal docu	uments if I hav	/e
	DO	DOCUMENT		ESS		
	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					
communicating w	vith members in m	ike the final decisions ny network, and can re uments at any time.		•		
Adult Student Signature				Date		
Network Member Signature					Date	
METMOLY MIGHT	sei signature				Date	
No. 155	han Cinnah				D-1	
Network Member Signature					Date	

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