

This model form is used to create a group to support a student in making education decisions.

SUPPORTED DECISION-MAKING FOR EDUCATION FORM

Student: _____

Address: _____

Phone: _____

I understand that I may name a group of people to help me make decisions about my education once I turn 18 years old.

I understand that the people in my group will support me in making decisions, but that I will be the person making the decisions.

I would like the following people to be in my group and help me make education decisions.

NAME	ADDRESS	EMAIL	PHONE

The people in my group may have access to the following education documents if I have checked the box next to the document:

DOCUMENT	ACCESS
IEP meeting invitations, agendas and minutes	
IEPs	
Personal Learning Plan	
Requests for assessments	
Requests for changes in placement	
Requests for changes in services	
Exit requests	
Progress reports	
Report cards	
Attendance information	
Assessment results	
Graduation readiness tool	
Other	

I understand that I make the final decisions about my education after talking to members of my group. I understand that I can remove a member from my group or their access to my education documents at any time.

Student Signature Date

Member Signature Date

Member Signature Date

Member Signature Date

Member Signature Date

Member Signature Date

Member Signature Date

Adopted from District of Columbia Public Schools, Office of Teaching and Learning.

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