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## Student Rights Form

(to be completed by all students with an IEP per 105 ILCS 5/14-6.10)

I, \_\_\_\_\_, am 18 years of age or older and a student who has the right to make educational decisions for myself under State and federal law. I have not been adjudged incompetent as of the date of the execution of this document.

I understand that as a student with these rights, these options are available to me:

1. I can delegate my right to give consent and make decisions concerning my education to my parent or guardian. If I choose to do so, I will mark the box underneath “Delegation of Rights” and sign this form.
2. If I am a student with an intellectual and or developmental disability, I have the right to a Supported Decision-Making Agreement per Public Act 102-0614. I can choose an individual to be my supporter and assist me in making my educational decisions, but I will make all final educational decisions. If I choose to do so, I will mark and complete the boxes underneath “Supported Decision-Making Agreement” and sign this form.
3. I can make my own educational decisions without the help of a parent, guardian, or supporter. If I choose to do so, I will mark the box underneath “None”.

### Delegation of Rights:

I hereby delegate my right to give consent and make decisions concerning my education to \_\_\_\_\_, who will be considered my “parent” for purposes of the Individuals with Disabilities Education Improvement Act of 2004 and Article 14 of the School Code and will exercise all of the rights and responsibilities concerning my education that are conferred on a parent under those laws. I understand that I have the right to be present at meetings held to develop my individualized education program and that I have the right to raise any issues or concerns I may have and that the school district must consider them.

I understand that this delegation will be in effect for one year from the date of execution below and may be renewed by my written or other formal authorization. I also understand that I have the right to terminate this Delegation of Rights at any time and assume the right to make my own decisions regarding my education. I understand that I must notify the school district immediately if I revoke this Delegation of Rights prior to its expiration.

### Supported Decision-Making Agreement:

I am a student with an intellectual and or developmental disability, I have the right to a Supported Decision-Making Agreement. I understand Supported Decision Making and know my right to a Supported Decision-Making Agreement per Public Act 102-0614.

Under a Supported Decision-Making Agreement, my Supporter, \_\_\_\_\_ will assist me with educational decisions as authorized in the Supported Decision-Making Agreement but I will make all final decisions.

I understand that a Supported Decision-Making Agreement extends until terminated by either party at any time or by the terms of a new agreement.

### None:

I have reviewed my rights under Delegation of Rights and the Supported Decision-Making Act (if applicable) and I respectfully decline both options.

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Supporter name: \_\_\_\_\_

Parent/Guardian/Supporter signature: \_\_\_\_\_

Date: \_\_\_\_\_

School representative (print): \_\_\_\_\_

School representative (signature): \_\_\_\_\_

Date: \_\_\_\_\_