NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
TRAN	ISFER OF PAR	ENTAL RIGHTS A	TAGE OF MAJORITY	
Date Given:	(At least 1 year be	efore student reaches 18	years of age)	
will turn eighteen (18) years of age	and become a leg	al adult on _		
☐ The student has been declared	d incompetent (i.e.	a guardian has been ap <sub>l</sub>	pointed for the student unde	er the probate code)
This document is to inform you of from the parents to the student a			Disabilities Education Act	(IDEA) that will transfer
I have been informed that the guardian has been appointed.	District will begin co	onducting all business w	ith me when I reach the age	e of eighteen (18) unless a
☐ I have been informed that I will	I have the same rig	hts to make educational	decisions as a student with	out a disability.
I have been informed that the parent(s) under the Individuals any notice under IDEA.				
☐ I have been informed that any	notice required und	der the IDEA will be prov	rided to both me and my par	rent(s).
I have received in my native la The Procedural Safeguards ha				
Name of Staff Persor	า	Posit	ion	 Date
If you need assistance in understar	nding this documen	t, please call:		
Name of S	Staff Person		Telepho	ne Number:
Federal regulations require that par communication each time the Distri child/you or the provision of a free a manifestation determination.	ict proposes or refu	ses to initiate or change	the identification, or educa-	tional placement of your
If the native language or other mod	e of communication	n of the parents or adult	student is not a written lang	uage:
The notice was translated orall communication on:	ly or by other mean	s to the parent/adult stu	dent in his/her native langua	age or other mode of
	Date		Name of Staff Persor	<u> </u>
Parent/adult student verified to	the translator that	he/she understands the	content of this notice.	
If parent is not in attendance, a c	opy MUST be mai	led.		

NAME OF STUDENT	ID#	MEDICAID#		CAMPUS	DATE OF BIRTH
NAME	POSITION	POSITION DATE		SIGNATURE	

## §89.1049. Parental Rights Regarding Adult Students.

- (a) In accordance with 34 Code of Federal Regulations (CFR), §300.320(c) and §300.520, and Texas Education Code (TEC), §29.017, beginning at least one year before a student reaches 18 years of age, the student's individualized education program (IEP) must include a statement that the student has been informed that, unless the student's parent or other individual has been granted guardianship of the student under the Probate Code, Chapter XIII, Guardianship, all rights granted to the parent under the Individuals with Disabilities Education Act (IDEA), Part B, other than the right to receive any notice required under IDEA, Part B, will transfer to the student upon reaching age 18. The student has been provided information and resources regarding guardianship, alternatives to guardianship, including a supported decision-making agreement under Texas Estates Code, Chapter 1357, and other supports and services that may enable the student to live independently. After the student reaches the age of 18, except as provided by subsection (b) of this section, the school district shall provide any notice required under IDEA, Part B, to both the adult student and the parent.
- (b) In accordance with 34 CFR, §300.520(a)(2), and TEC, §29.017(a), all rights accorded to a parent under IDEA, Part B, including the right to receive any notice required by IDEA, Part B, will transfer to an 18-year-old student who is incarcerated in an adult or juvenile, state or local correctional institution, unless the student's parent or other individual has been granted guardianship of the student under the Probate Code, Chapter XIII, Guardianship.
- (c) In accordance with 34 CFR, §300.520(a)(3), a school district must notify in writing the adult student and parent of the transfer of parental rights, as described in subsections (a) and (b) of this section, at the time the student reaches the age of 18. This notification is separate and distinct from the requirement that the student's IEP include a statement relating to the transfer of parental rights beginning at least one year before the student reaches the age of 18. This notification is not required to contain the elements of notice referenced in 34 CFR, §300.503, but must include a statement that parental rights have transferred to the adult student and provide contact information for the parties to use in obtaining additional information.
- (d) A notice under IDEA, Part B, which is required to be given to an adult student and parent does not create a right for the parent to consent to or participate in the proposal or refusal to which the notice relates. For example, a notice of an admission, review, and dismissal (ARD) committee meeting does not constitute invitation to, or create a right for, the parent to attend the meeting. However, in accordance with 34 CFR, §300.321(a)(6), the adult student or the school district may invite individuals who have knowledge or special expertise regarding the student, including the parent.
- (e) Nothing in this section prohibits a valid power of attorney from being executed by an individual who holds rights under IDEA, Part B.

Source: The provisions of this §89.1049 adopted to be effective April 18, 2002, 27 TexReg 3061; amended to be effective November 11, 2007, 32 TexReg 8129.

## **Supported Decision-Making Agreement**

This agreement is governed by the Supported Decision-Making Act, Chapter 1357 of the Texas Estates Code. This supported decision-making agreement is to support and accommodate an individual with a disability to make life decisions, including decisions related to where and with whom the individual wants to live, the services, supports, and medical care the individual wants to receive, and where the individual wants to work, without impeding the self-determination of the individual with a disability. This agreement may be revoked by the individual with a disability or his or her supporter at any time. If either the individual with a disability or his or her supporter has any questions about the agreement, he or she should speak with a lawyer before signing this supported decision-making agreement.

Appointment of Supporter:	
I (Name of Adult with Disability),	am entering into this agreement voluntarily
I choose (Name of Supporter)	to be my Supporter.
Supporter's Address:	

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
Phone Number:				
Email Address:				
My Supporter may help me w	ith life decisions ab	out:		
<ul><li>obtaining food, clothing, a</li><li>my physical health</li></ul>	and a place to live			
my mental health				
managing my money or p	property			
☐ getting an education or o	•			
☐ choosing or maintaining	my services and su	pports		
☐ finding a job				
☐ Other:				
My Supporter does not make		•	, , , , , ,	•
<ol> <li>Help me get the information</li> <li>Help me understand my ch</li> </ol>				ai decisions.
<ol> <li>Help me communicate my</li> </ol>			or me, or	
☐ Yes ☐ No My S	upporter may see r		ormation under the Healt	h Insurance Portability
☐ Yes ☐ No My S	upporter may see r	ny educational reco	rds under the Family Edu 2g). I will provide a signed	
This agreement starts when si the agreement ends by law.	gned and will conti	nue until	or until my Supporter	or I end the agreement or
Signed this	(day) of	(	month),	(year)
(Signature of Adult with Disability	)	(Printed Name of	Adult with Disability)	 Date
	,	·	•,	
CONSENT OF SUPPORTE	R			
I (Name of Supporter),	(	consent to act as a S	Supporter under this agre	ement.
(Signature of Supporter)		(Printed Name of	Supporter)	 Date
This agreement must be sig	ned in front of two	witnesses or a No	otary Public.	
(Witness 1 Signature)		(Printed Name of	Witness 1)	 Date

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS		DATE OF BIRTH
(Witness 2 Signature)		(Printed Name of Witness 2)			
OR					
Notary Public					
State of		County of			
This document was acknowledged be	fore me on		(date)		
By (Name of Adult with a Disability)	an	d (Name of Suppo	rter)		
(Signature of Notary)		(Printed Name of No	tary)	Date	
(Seal, if any, of notary)		My commission expi	res:		

## WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY

If a person who receives a copy of this agreement or is aware of the existence of this agreement has cause to believe that the adult with a disability is being abused, neglected, or exploited by the supporter, the person shall report the alleged abuse, neglect, or exploitation to the Department of Family and Protective Services by calling the Abuse Hotline at **1-800-252-5400** or online at **www.txabusehotline.org** 

## DUTY OF CERTAIN PERSONS WITH RESPECT TO AGREEMENT

A person who receives the original or a copy of a supported decision-making agreement shall rely on the agreement. A person is not subject to criminal or civil liability and has not engaged in professional misconduct for an act or omission if the act or omission is done in good faith and in reliance on a supported decision-making agreement.