

Student Name:

School:

Consent for Agency Invitation to Transition Meeting (Rules II.C.; III.H.; and VII.B.)

Dear Parent(s),

The annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held soon. To the extent appropriate, we must invite a representative of the agency or agencies which may be responsible for providing or paying for some transition services. We need your written consent to invite these agency representatives to the meeting.

The specific agency/agencies that we would like to have represented at your student’s IEP meeting is/are:

- Vocational Rehabilitation (VR)
- Division of Services for People with Disabilities (DSPD)
- Department of Workforce Services (DWS)
- _____(university or college) Disability Resource Center
- Other Agency _____

Please indicate your consent or refusal for that agency to be invited to the IEP meeting by signing below. We will contact you soon with the date and time of the meeting.

Sincerely,

Case Manager

Phone

Check one of the following boxes, then sign.

- I **DO** give my consent to have the above-listed agency or agencies invited to the IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified agency representatives have been invited to the IEP meeting.
- I **DO NOT** my consent to have the above-listed agency or agencies invited to the IEP meeting.

Signature of Parent

Date

Signature of Student

Date

- Check if student is Adult and/or their own guardian

Signature indicates receipt of copy.