Update to Adobe Reader 9.3 prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

District or Special Education Cooperative: _____

Address (Street, City, State, ZIP Code): _____

Phone Number (Include Area Code): _____

STUDENT CONSENT FOR AGENCY INVITATION TO TRANSITION MEETING

Date: _____

Dear _____

Your annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. To the extent appropriate, we must invite a representative of the agency or agencies which may be responsible for providing post-secondary transition services. In order for us to invite these agency representatives, we need your written consent.

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

☐ **Department of Human Services Division of Rehabilitation Services (DRS)**
(e.g., local DRS counselor)

☐ **Department of Human Services Division of Developmental Disabilities**
(e.g., case coordination or PAS agency encompassing our community)

☐ **Division of Specialized Care for Children (DSCC)**

☐ **Post-Secondary Education Disability Services**
(e.g., disability service office of any post-secondary education institution including community college, college, trade or vocational schools)

☐ **Other Agency:** _____
(e.g., community-based agencies such as the Center for Independent Living)

Please sign below indicating your consent or refusal for that agency to be invited to the IEP meeting.

Sincerely,

_____ _____
Case Manager Phone

Please choose one.

☐ I **Do** give my consent to have the above listed agency/agencies invited to IEP meetings. 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** give my consent to have the above-listed agency/agencies invited to IEP meetings.

_____ _____
Signature of the Student Date

Print Reset Form