

CONSENT FOR AGENCY/AGENCIES INVITATION TO TRANSITION MEETING

CHECK ONE OR BOTH:

- Parent/Guardian Consent and/or
- Student Consent (who has reached the age of majority and has not chosen to delegate rights)

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

DEAR _____
Parent/Guardian and/or Student who has reached the Age of Majority

Your annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. To the extent appropriate, a representative of the agency/agencies, who may be responsible for providing post-secondary transition services, will be invited to the IEP meeting.

THE SPECIFIC AGENCY/AGENCIES INCLUDE:

- Department of Human Services (DHS)
- Department of Human Services Division of Rehabilitation Services (DRS)
- Department of Human Services Division of Developmental Disabilities (DD)
- Division of Specialized Care for Children (DSCC)
- Post-Secondary Education Disability Services
- Military
- Other: _____

Please sign below indicating your consent or refusal for the above agency/agencies to be invited.

Sincerely,

School Personnel Signature and Title

Telephone (Include Area Code)

PLEASE CHECK ONE AND SIGN BELOW:

- 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.

Parent Signature

Date

Student Signature

Date