**CONSENT TO INVITE AGENCY REPRESENTATIVES**

Name: Student:

Address: DOB:

City: Grade:

State: School:

Zip:

Dear Parent/Guardian,

We are beginning to plan for the next IEP meeting. During the meeting, we will be discussing transition from school to adult life. To assist in planning for the future after high school, we would like to invite a representative from an agency or agencies that would be likely to provide or pay for transition services. **Before a representative may be invited, your written consent is required.**

Please complete the form below and return it to student’s case manager as soon as possible so that we may invite the necessary person(s) to the meeting. An invitation to the meeting will be sent to you as soon as the meeting is scheduled.

If you have any questions about this, you may contact me.

Sincerely,

Rob DeSmith

Special Education Director

517-589-8218

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Name of Agency:

🞐 I give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

🞐 I do not give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

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(Parent Signature/Student Signature if of age) (Date)

🞎 Verbal permission to invite outside agency was obtained from parent/guardian on \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_