



Parent Consent for Agency Invitation to Transition Meeting

Dear Parent/Guardian of _____

Your child's 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. We need your written consent in order for us to invite these agency representatives. The specific agency/agencies that we would like to have presented at your child's 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 coordinator 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 and indicate your consent or refusal for the above agency/agencies to be invited to the IEP meeting.

____ **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 Parent/Guardian

Today's Date

Sincerely,

Case Manager

Phone Number