

Consent for Agency/Agencies Invitation to Transition Meeting

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Check one or both

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

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, 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 Agency: Services Inc

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

Sincerely,

\_\_\_\_\_  
*School Personnel Signature and Title*

\_\_\_\_\_  
*Telephone*

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.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*