District or Special Education Cooperative:
Address:

Phone Number:

PARENT CONSENT FOR AGENCY INVITATION TO TRANSITION MEETING

Date: _____

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. 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 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 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 Parent/Guardian Date