

Date

Dear Parent of

Your student's annual IEP meeting, including consideration of post-secondary goals and transition services needed, will be held soon. To the extent appropriate, we must invite a representative of the agency or agencies indicated, which may be responsible for providing or paying for some transition services. We would like to do so, and we need your written consent to invite them to the meeting.

- * Vocational Rehabilitation
- * Division of Services for People with Disabilities
- * Department of Workforce Services
- * Disability Resource Center
- * Other agency

Please sign below indicating your consent or refusal for that agency to be invited to the IEP meeting. We will contact you soon with the date and time of the meeting.

Sincerely,

Case Manager

Phone Number

- I DO give my consent to have the above-listed agency or agencies invited to the upcoming IEP meeting.
- I DO NOT give my consent to have the above-listed agency or agencies invited to the upcoming IEP meeting.

Signature of parent or student if over 18 years old

Date