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## CONSENT TO INVITE AGENCY REPRESENTATIVES

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ ID: \_\_\_\_\_

State: \_\_\_\_\_ School: \_\_\_\_\_

Zip: \_\_\_\_\_

Dear \_\_\_\_\_ ,  
*Parent/Guardian/Student (@ Age of Majority)*

As we have discussed, \_\_\_\_\_ 's IEP is scheduled for \_\_\_\_\_. During the IEP meeting, we will be discussing transition from school to adult life. To assist in planning for the future after completing 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 school no later than \_\_\_\_\_, so that we may invite the necessary agency or agencies to the meeting. An official invitation to the meeting will be sent to you in the near future. If you have any questions about this, you may contact me.

A brief list or description of the services offered by the agency or agencies is listed below

Thank you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

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Name of Agency: \_\_\_\_\_ List of Description of Agency Services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |
|--|
| <input type="checkbox"/> I give permission to invite a representative from the agency/agencies listed above to the IEP meeting.        |
| <input type="checkbox"/> I do not give permission to invite a representative from the agency/agencies listed above to the IEP meeting. |

\_\_\_\_\_  
Signature of Parent/Guardian/Student (@ Age of Majority)

\_\_\_\_\_  
Date Signed