



WAKULLA COUNTY SCHOOL BOARD

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MICHAEL SCOTT
DISTRICT II

BECKY COOK
DISTRICT III

GREG THOMAS
DISTRICT IV

JERRY EVANS
DISTRICT V

Dear Parents/Guardians:

Attached is a copy of your Parent Meeting Notice to attend your student's upcoming IEP Meeting. Please remember if your student is involved with an outside agency, such a Vocational Rehabilitation (VR), Association for Persons with Disabilities (APD), Children's Medical Services (CMS), Big Bend Community Based Care (BBCCB), etc. to invite counselors or case managers to the meeting. As we work together to coordinate services for your student, they bring information and resources to the meeting that are valuable.

Due to the Family Education Rights to Privacy Act (FERPA) and HIPPA, we are unable to contact these agencies directly without your consent, so it's critical for you to let agencies know that you'd like their participation in a timely manner so that they can plan their calendars accordingly.

On the back of this letter is Consent to Invite Agency Representatives to the Transition IEP Meeting and consent to exchange Information. Please complete and return with the Parent Meeting Notice, so that the IEP Team will be prepared with the appropriate resources for all to actively participate. If you are not currently involved with an agency, but would like for a representative to attend the meeting, please indicate who you would like for the school to invite.

If you have questions/concerns please contact the ESE Contact listed on the Parent Meeting Notice.

Wakulla County Schools
Exceptional Student Education
CONSENT TO INVITE AGENCY REPRESENTATIVES TO
TRANSITION IEP MEETING

Student's Legal Name	DOB	School	Date
ESE Program	Diploma Option	Projected Date of Graduation/Exit	

Parent or adult student permission is necessary to release student's name, exceptional classification, date of birth, psychological, medical and educational records, and other information deemed appropriate at a meeting to plan for the student's future needs. Parent or adult student consent is also required when inviting agency representative to Transition IEP meetings. The information shared between the agencies shall be used for legitimate purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. All information will be used only for the purpose of assisting the student with educational and/or transition services. Note: The Family Educational Rights and Privacy Act (FERPA) allow schools to disclose records, without consent, to specific parties.

Parent/Adult Student Consent:

Exchange of Information:

- Yes, I give permission for the exchange of information.
- No, I do not give permission for the exchange of information.

Meeting Attendance:

- Yes, I give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.
- No, I do not give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.

I am inviting _____ to the IEP meeting.
(Name of Agency)

Agencies authorized to exchange information:

- | | |
|--|---|
| <input type="checkbox"/> Agency for Persons with Disabilities
<input type="checkbox"/> Children's Medical Services
<input type="checkbox"/> Division of Vocational Rehabilitation
<input type="checkbox"/> Division of Blind Services
<input type="checkbox"/> Department of Children and Families
<input type="checkbox"/> Personnel Development Services
<input type="checkbox"/> Center for Autism and Related Disabilities
<input type="checkbox"/> AmeriCorp through Volunteer Florida
<input type="checkbox"/> Ability 1 st | <input type="checkbox"/> Social Security Administration
<input type="checkbox"/> One Stop Center/Workforce Plus
<input type="checkbox"/> Goodwill Industries
<input type="checkbox"/> United Cerebral Palsy
<input type="checkbox"/> Other agencies or providers (i.e., physicians, psychologists that have significant contact with the student) - Please specify: |
|--|---|

PARENT/LEGAL GUARDIAN/SURROGATE/STUDENT (AGE 18 & ABOVE)	DATE
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For adult student with legal rights, please check one box:

I give permission for _____ to share in my education yes no
(Parent or designee)

If you have any questions regarding this notice or the attached Procedural Safeguards, (Rule 6A-6.3311, FAC) you may contact the ESE District Office at 926-0065 or the Florida Department of Education at 245-0475. Additional copies of the Procedural Safeguards are available upon request.