



Student:	Student UID#	DOB:
School:	Grade:	Age:

CONSENT – INVITATION OF OUTSIDE AGENCIES FOR TRANSITION SERVICES

Parent/Guardian Student

Dear:

The purpose of the upcoming IEP meeting will be to discuss and consider developing appropriate transition goals, services and/or supports. The LEA is required to invite to the meeting the outside/community agencies that have provided or are likely to provide services prior to entering school or after high school. We would like to invite the following individual(s) or representative(s) and are requesting your permission to do so.

Consent:

I give or withhold my consent for the agency representative(s), checked below, to be invited to the IEP Team meeting.

Name	Agency	Consent Decision	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Signature:

Date:

I understand that my consent decision for outside agencies to participate in IEP Team meetings may be amended or revoked in writing at any time.

So that the meeting arrangements can be confirmed, please return this signed form to:

EC Case Manager:

School:

Email:

Phone: