

PRIOR CONSENT TO INVITE COMMUNITY AGENCIES TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING

STUDENT INFORMATION

UIC Number: _____ Date: _____

Student Name: _____
Last First Middle

Birth Date: ____/____/____ Grade: _____ Attending School: _____

Dear Parent/Guardian/Student:

We are beginning to plan for the next IEP meeting. During the meeting, we will be discussing transition from school to adult life. To assist in planning for the future, we would like to invite a representative from an agency or agencies that would be likely to provide or pay for transition services. The name of the agency or agencies is listed below. 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 person(s) to the meeting. An invitation to the meeting will be sent to you as soon as we schedule the meeting.

If you have any question about this, you may contact me.

Sincerely,

Name and title Phone

Agency name

- | | |
|---|---|
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Bureau of Services for Blind Persons |
| <input type="checkbox"/> Michigan Rehabilitation Services | <input type="checkbox"/> Disability Network |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

I do not give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

Parent/Guardian/Student Signature

Date (must be prior to IEP invite)