

CONSENT TO INVITE AGENCY REPRESENTATIVES

Dear	
(parent's name or student's name if age of major	ority)
We are beginning to plan for the next IEP meeting	for:
Student Name	Birth Date
School	Grade
During the meeting, we will be discussing transition planning for the future after high school, we would or agencies that would be likely to provide or pa description of the services offered by the agency or epresentative may be invited, your written consent below and return it to school no later thannecessary person(s) to the meeting. Upon receipt will be scheduled and an invitation will be sent.	like to invite a representative from an agency ay for transition services. A brief list or a gencies is listed below. Before a t is required. Please complete the form so that we may invite the
If you have any questions about this, you may con-	tact me.
Sincerely,	
Name	
Title	
Phone	
Name of Agency:	List of Description of Agency Services
☐ I give permission to invite a representative from meeting.	the agency/agencies listed above to the IEP
☐ I do not give permission to invite a representation the IEP meeting.	ve from the agency/agencies listed above to
Signature	 Date