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## CONSENT TO INVITE AGENCY REPRESENTATIVES

Name: \_\_\_\_\_ Student: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
City: \_\_\_\_\_ ID: \_\_\_\_\_  
State: \_\_\_\_\_ School: \_\_\_\_\_  
Zip: \_\_\_\_\_

Dear \_\_\_\_\_ ,  
*(parent's name or student's name if age of majority)*

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 after high school, we would like to invite a representative from an agency or agencies **that would be likely to provide or pay for transition services**. A brief list or description of the services offered by 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 questions about this, you may contact me.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

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

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

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 form the agency/agencies listed above to the IEP meeting.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)