

Your School/District \_\_\_\_\_

SpEd 15a 07.12

Your City \_\_\_\_\_

### Consent for Agency Invitation to Transition Meeting

Dear Adult Student \_\_\_\_\_ Date \_\_\_\_\_

Your annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held soon. To the extent appropriate, we must invite a representative of the agency or agencies which may be responsible for providing or paying for some transition services. In order for us to invite these agency representatives we need your written consent to invite them to the meeting.

The specific agency/agencies that we would like to have represented at your IEP meeting are:

☐ Vocational Rehabilitation

☐ Division of Services for People with Disabilities

☐ Department of Workforce Services

☐ \_\_\_\_\_ Disability Resource Center  
(college)

☐ Other agency \_\_\_\_\_

Please sign below indicating your consent or refusal for that agency to be invited to the IEP meeting. We will contact you soon with the date and time of the meeting.

Sincerely,

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Phone

*Check one*

☐ I **DO** give my consent to have the above-listed agency or agencies invited to IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified agency representatives have been invited to the IEP meeting.

☐ I **DO NOT** give my consent to have the above-listed agency or agencies invited to IEP meeting.

\_\_\_\_\_  
Signature of adult student

\_\_\_\_\_  
Date

*Consent signature indicates receipt of copy*