# Consent for Agency Invitation to Postsecondary Transition Meeting

(USBE Rules II.C.; III.H.; and VII.B.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

Dear Parent(s),

Your student’s annual IEP meeting, including consideration of needed postsecondary goals and postsecondary 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 postsecondary transition services. We need your written consent to invite these agency representatives to the meeting.

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

Vocational Rehabilitation (VR)

Division of Services for People with Disabilities (DSPD)

Department of Workforce Services (DWS)

(university or college) Disability Resource Center

Other Agency:

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

Sincerely,

Case Manager Phone

Check one of the following boxes, then sign.

I **DO** give my consent to have the above-listed agency or agencies invited to the 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** my consent to have the above-listed agency or agencies invited to the IEP meeting.

Signature of Parent Date

*Signature indicates receipt of copy.*