



Student:	Student UID#	DOB:
School:	Grade:	Age:

Commented [CAH1]: This is the student's full legal name. <First Name, Middle Name, Last Name>

Commented [CAH2]: The Student UID# should correspond to the student's Powerschool ID #.

CONSENT – INVITATION OF OUTSIDE AGENCIES FOR TRANSITION SERVICES

Parent/Guardian Student

Dear: _____

Commented [CAH3]: The consent for inviting an outside agency may be addressed to the parent/guardian and/or student if the rights have transferred to the student at age of majority.

The purpose of the upcoming IEP meeting will be to discuss and consider developing appropriate transition goals, services and/or supports. The LEA is required to invite to the meeting the outside/community agencies that have provided or are likely to provide services prior to entering school or after high school. We would like to invite the following individual(s) or representative(s) and are requesting your permission to do so.

Consent:

I give or withhold my consent for the agency representative(s), checked below, to be invited to the IEP Team meeting.

Name	Agency	Consent Decision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commented [CAH4]: This should include the specific name of the individual representing the outside agency. Noting the individual's role alone is not acceptable.

Commented [CAH5]: This should include the specific name of the agency the individual is representing.

Commented [CAH6]: The consent decision is used to record the parent/guardian/student's response to the request for consent.

Signature: _____ Date: ____ / ____ / ____

Commented [CAH7]: The signature and date are recorded by the individual that is providing or withholding consent of the involvement of a particular individual/outside agency.

I understand that my consent decision for outside agencies to participate in IEP Team meetings may be amended or revoked in writing at any time.

So that the meeting arrangements can be confirmed, please return this signed form to:
 EC Case Manager: _____ School: _____
 Email: _____ Phone: _____

Commented [CAH8]: This information applies to the EC Case Manager – the staff member responsible for coordinating and managing the student's EC file. This is also the person to whom this document should be returned.

C: EC File, Parent/Guardian

Student ID#: _____