



Parental Consent to Invite

Outside Agency for IEP

Date: _____

Student Name: _____

Birthdate: _____

Grade: _____

Case Coordinator/Teacher: _____

Address: _____

Parent/Guardian: _____

PURPOSE

The school district is required to invite community agencies to the IEP Team meeting who are likely to provide or pay for services after the student leaves school. Below is a list of community agencies the school district would like to invite. We ask your consent to invite before we can send an invitation to these agencies to attend the IEP. A consent request to invite must be completed for each new IEP that requires outside agency attendance.

Agency representatives bring important information and resources to the IEP Team meeting. If for any reason you have questions regarding this request, please contact us as soon as possible. Should you choose not to respond to this request, the school district may not send an invitation to these agencies.

ADDITIONAL INFORMATION

- The Individuals with Disabilities Act (IDEA) specifies that by the time a student reaches age 16, the school district must invite community agencies to the IEP Team meeting if they are likely to provide or pay for services after the student leaves school.
The school district must seek your consent and is responsible for inviting agency representatives. The school district may not require that a particular representative of the agency attend.
Agency representatives are not required to attend the IEP Team meeting.

One or more of the following agencies may be invited to your son/daughter's Individual Education Planning Team meetings as we will be discussing your student's transition to post-school activities.

- Community Mental Health
Mi Rehab Services
Peckham Industries
College Representative
Other

- I give consent to the above mentioned agencies being invited to my son/daughter's IEP
I do NOT give consent to the above mentioned agencies being invited to my son/daughter's IEP

I understand the school district is asking my permission to invite a representative of the agency(ies) indicated above to attend my child's/my next IEP team meeting, and that my consent is voluntary and may be revoked at any time. Revocation has no effect on action previously taken.

Signature (Parent or Student)

Date Signed