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| **School District/Public Agency** |  **Consent to Invite Transition Agencies** **to IEP Meetings**34 C.F.R. §300.321(b) |
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| **Name of Student** | **Date**  |
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To the extent appropriate, the school must invite representatives of any participating agency that is likely to be responsible for providing or paying for transition services to IEP meetings. In order to invite outside agencies, your consent is necessary. This form enables the parent or adult student to offer consent to permit representatives of any participating agency that is likely to be responsible for providing or paying for transition services to be invited to future IEP meetings.

The specific agencies we would like to invite to attend IEP meetings are:

* Department of Workforce Services, Division of Vocational Rehabilitation
* Department of Health, Developmental Disabilities Division
* College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  I give my consent for representatives of the agencies above to be invited to future IEP team meetings.**

**[ ]  I DO NOT give my consent for representatives of the agencies above to be invited to future IEP team meetings.**

**Sign, date and return as soon as possible.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent will remain in effect for one year from the date signed. You will be asked for consent each year as part of the annual IEP process. Your consent is voluntary and may be revoked at any time.

***For School District or Public Agency Use***

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| **Date received:** | **Signature of School District or Public Agency Official** |
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