

## Consent to Invite an Outside Agency

Dear	
Parent/Guardian	Date
	g for your child will be to discuss and develop nsition services needed to assist your child in
We believe it would be helpful to invite the may assist with the transition planning for	e following individuals or representatives who your child.
Name, if known	Agency
Please indicate below whether or not you extended to the above listed agency and	
As the parent/or legal guardian of (child)	, I understand the proposed action
by the school and	
(Please check the appropriate box below, sign, date, and return one copy of this reques to the school)	
☐I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting.	
☐I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting:	
☐ I do <u>not</u> give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.	
Parent/Guardian Signature	Date

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