

# **CONSENT TO INVITE COMMUNITY AGENCIES TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

**Gogebic-Ontonagon Intermediate School District, Bergland, Michigan**

School District: \_\_\_\_\_ Date: \_\_\_\_\_

### **PURPOSE**

Dear \_\_\_\_\_  
(parent's name or student's name if age of majority)

We are beginning to plan for the next IEP meeting. During the meeting, we will be discussing transition from high school to adult life. To assist in planning for the future, we would like to invite a representative from an agency or agencies that would be likely to provide or pay for transition services. A brief list or description of the services offered by the agency or agencies is listed below. Before a representative may be invited, your written consent is required. Please complete the form and return it to the school no later than \_\_\_\_\_ so that we may invite the necessary person(s) to the meeting. An IEP invitation will be sent to you as soon as we schedule the IEP meeting.

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 particular representatives of the agency attend.
- Agency representatives are not required to attend the IEP Team meeting.
- You may directly invite any agency (including those not on the list below) that you feel would be appropriate to attend the IEP meeting.

### **COMMUNITY AGENCIES**

We are requesting your permission to invite the listed community agencies. Please review and check the appropriate box below.

Name of Community Agency

Description of Agency Services


### **CONSENT TO INVITE**

- I give permission to invite a representative from the agency/agencies listed above to the IEP meeting.
- I do not give permission to invite agency/agencies listed above to the IEP meeting.
- I am aware of outside agencies available in Gogebic/Ontonagon County, but I am not interested in inviting them at this time.

*I understand that this authorization may be withdrawn by me at any time without prejudice.*

Signature of Consent \_\_\_\_\_ Date \_\_\_\_\_

### **CONTACT AND SIGNATURE**

If you have questions regarding any of this information, please do not hesitate to contact me.

**PLEASE SIGN AND RETURN FORM WITHIN 7  
DAYS TO:**

Respectfully,

School Address and Phone \_\_\_\_\_

(Signature)

\_\_\_\_\_  
\_\_\_\_\_