



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

Student's Name _____

Attending School District _____

Dear Parent/Guardian/Adult Student:

The Individuals with Disabilities Education Act (IDEA) requires the school district to invite community agencies, as appropriate, to IEP Team meetings where post-secondary goals and transition services will be discussed if those agencies are likely to provide or pay for services. Agency representatives bring important information and resources to the meeting. However, because confidential information will be shared at the IEP Team meeting, we need your signed consent in order to send the agency/agencies indicated below an invitation to attend the IEP Team meeting to be held before _____, 20__.

- Michigan Rehabilitation Services (MRS)
- Tuscola Behavioral Health Systems (TBHS)
- Department of Human Services (DHS)
- Other _____

I hereby authorize the school district to invite the community agency/agencies indicated above. By signing below, I understand that:

- This authorization gives consent to invite the agency/agencies for only the IEP Team meeting listed above;
- This authorization is given voluntarily and may be revoked at any time;
- Revoked consent is not retroactive (i.e., it does not cancel an action that occurred after consent was given and before the consent was revoked);
- The community agency representatives in attendance at the IEP Team meeting will have access to all documents and other information presented at the meeting;
- By providing consent, the school district will invite representatives of the community agency/agencies identified above. The school district cannot, however, guarantee that agency representatives will actually attend the IEP.

I was contacted and gave my approval on _____, 20__ through the following method: _____

Parent/Guardian/Adult Student's Signature