

## ***Mid-Valley Special Education Cooperative***

1304 Ronzheimer Ave. St. Charles, IL 60174  
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### **PARENT CONSENT FOR AGENCY INVITATION TO TRANSITION MEETING**

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_

Your child's annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. To the extent appropriate, we must invite a representative of the agency or agencies which may be responsible for providing post-secondary transition services. Agencies are typically invited to participate in IEP meetings during or prior to the student's last year of enrollment in our programs.

**The specific agency/agencies that we would like to have represented at your child's IEP meeting are:**

\_\_\_\_\_ **Department of Human Services Division of Rehabilitation Services (DRS)**  
(e.g., local DRS counselor)

\_\_\_\_\_ **Department of Human Services Division of Developmental Disabilities**  
(e.g., case coordination or PAS agency encompassing our community)

\_\_\_\_\_ **Division of Specialized Care for Children (DSCC)**

\_\_\_\_\_ **Post Secondary Education Disability Services (e.g., disability service office of any post-secondary education institution including community college, college, trade or vocational schools:**

\_\_\_\_\_ **Other Agency: \_\_\_\_\_**  
(e.g., community-based agencies such as the Center for Independent Living)

Please sign below indicating your consent or refusal for that agency to be invited to the IEP meeting. Representatives of adult service agencies are not generally available to attend IEP meetings.

**Please choose one.**

\_\_\_\_\_ I **DO** give my consent to have the above listed agency/agencies invited to IEP meetings. I understand that my consent is voluntary and may be revoked at any time before the identified agency representatives have been invited to the IEP meeting.

\_\_\_\_\_ I **DO NOT** give my consent to have the the above-listed agency/agencies invited to IEP meetings.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**If you have questions or concerns, please contact your student's case manager: \_\_\_\_\_**