

CONSENT TO INVITE OUTSIDE AGENCY



Washington County School District
Special Education Department

STUDENT NAME:		
PARENT/GUARDIAN NAME:		
SCHOOL:		
DOB:	AGE:	GRADE:

Purpose of this release:

Schools are required, with parent consent, to invite agencies likely to be responsible for providing or paying for transition services, to the child's IEP meeting.

Reason for signed consent:

During an IEP meeting, confidential information from your child's/your education records will be discussed. The school needs your consent for the agency(ies) listed below to attend the next IEP meeting, due to the disclosure of confidential student information that will occur during the meeting. Informed parental/adult student consent must be obtained before the school district discloses confidential student information. If any release of records to the outside agency is needed prior to or after the meeting, an additional consent form will be required.

The specific agency(ies) we would like to invite to attend the next IEP meeting include:

- Vocational Rehabilitation
- Division of Developmental Disabilities (e.g. Resource Coordinator, Family Support 360)
- Community Support Provider
- Disability Services (college or technical institute)
- Other _____

Note: You can add or decline consent for a specific agency. Please note on this form.

Please Sign, Date, and Return As Soon As Possible

- I CONSENT¹** Having been informed as stated above, I give my consent for the school district to invite a representative of the above agency(ies) to attend the next IEP meeting.
- I DO NOT CONSENT¹** Having been informed as stated above, I do not give my consent for the school district to invite a representative of the above agency(ies) to attend the next IEP meeting.

PARENT/GUARDIAN OR ADULT STUDENT SIGNATURE:
DATE: