

**REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

_____ County Schools

Student's Full Name _____

Date _____

School _____

Date of Birth _____

Parent(s)/Guardian(s) _____

Grade _____

Address _____

WVEIS# _____

City/State/Zip _____

Telephone _____

Dear Parent(s)/Adult Student:

An IEP Team meeting will be scheduled in the near future. One of the purposes of the meeting will be to discuss post-secondary goals and to address the transition services that support those goals. The following list identifies the agencies, other than the school, that we believe should be invited to this meeting.

Please check the appropriate box (yes or no) indicating whether you give consent to invite each of the listed agencies to this meeting and sign below. Return a copy of this request to the school district.

Agency	Parent Consent	
	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

_____ District Representative/Position

_____ Phone Number

_____ Signature of Parent/Adult Student

_____ Date of Consent

Documentation of attempts (3):

US Mail _____

Telephone _____

Hand Delivered _____

Email _____