

**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

District Representative/Position

Phone Number

Signature of Parent/Adult Student

Date of Consent