

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

_____ County Schools

Student's Full Name _____
 School _____
 Parent(s)/Guardian(s) _____
 Address _____
 City/State _____

Date _____
 DOB _____
 Grade _____
 WVEIS# _____
 Telephone _____

Dear: _____

An IEP Team meeting will be scheduled for your child in the near future. One of the purposes of the meeting will be to discuss your child's 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	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"/>

 Signature of parent or legal guardian or adult student

 Date of consent

You and your child have protection under the procedural safeguards (rights) of special education law.* The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district.

 District representative

 Date given/mailed to parent