



Consent for Agency Inclusion in Transition Process and IEP Meetings



Student name:	Grade:	DOB:
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Dear Parent(s),

As part of the transition and IEP process, including consideration of needed post-secondary goals and transition services, to the extent appropriate, we must include a representative of the agency or agencies which may be responsible for providing or paying for some transition services. In order for us to include these agency representatives we need your written consent to include them in the process, including but not limited to inviting them to the IEP meetings.

The specific agency/agencies that we would like to have involved in your student’s IEP/Transition process and meetings are:

- Vocational Rehabilitation (VR)
- Pre- Employment Transition Services (Pre-ETS) Provider _____
(agency name)
- Division of Services for People with Disabilities (DSPD)
- Department of Workforce Services (DWS)
- _____ Disability Resource Center
(college)
- Other agency _____

Please sign below indicating your consent or refusal for the above agencies to be included in the IEP/Transition process and meetings.

Sincerely,

_____ 801-262-4922 ext _____
Case Manager Phone

<p>Check one</p> <p><input type="checkbox"/> I DO give my consent to have the above-listed agency or agencies included in the IEP process and meetings. I understand that my consent is voluntary and may be revoked at any time.</p> <p><input type="checkbox"/> I DO NOT give my consent to have the above-listed agency or agencies included in the IEP process or meetings.</p> <p>_____ Signature of Parent _____ Date</p>

Consent signature indicates receipt of copy

Parents: If you have questions or concerns about this please contact the teacher listed above or the Transition Coordinator, Isaac Rodenbough at 801-262-4922 ext 6280 or irodenbough@utahvirtual.org

Teachers: The signed copy of this form should be included in the student's Special Education File and uploaded to GoalView. It should be completed each school year