



**Parental Consent to Invite Other Agencies to IEP Meetings**  
**Secondary Transition—Post-Secondary Goals and Transition Services**  
Maine Unified Special Education Regulations (MUSER) VI(2)(c)(3)(e)

Date sent to parents:		SAU:	
School:		Grade:	
Date of birth:		Child's name:	
Parent/guardian name:		Parent/guardian address:	
Parent/guardian telephone:			
Parent/guardian name:		Parent/guardian address:	
Parent/guardian telephone:			

Date given/mailed to parent:

Date received back from parent:

Dear \_\_\_\_\_,

An IEP Team meeting has been scheduled for:

Date:	
Time:	
Place:	

One of the purposes of the meeting will be to discuss your or your child's post-secondary goals, and address the transition services that support your or your child's post-secondary goals. The following identified agencies other than the school we believe should be invited to this meeting, and the basic reason why we feel it is important to invite them. **Please check the appropriate box indicating whether you give consent to invite each of the listed agencies to this meeting and sign below.**

Child's name:
Date:

Agency to be invited (e.g., Voc. Rehab.)	Reason (e.g., employment supports)	Consent	
		Yes	No

I understand the basic reason(s) for inviting the agency/agencies listed above. I further understand that my consent, if given, is voluntary.

\_\_\_\_\_ Date

Parent/Guardian/Adult student signature

Enclosures may be included within this document and recorded below:

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Updated 8/1/2013