



## 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 of Meeting:		SAU:	
Child's Name:		School:	
Date of Birth:		Grade:	
Parent/Guardian Name:		School Phone:	
Parent/Guardian Address:		School Address:	
Parent/Guardian City, State Zip:		City, State Zip:	
		School Contact:	

Date given/mailed to parent:

Date received back from parent:

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 or your child's post-secondary goals, and 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, and the basic reasons why we feel it is important to invite them. **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.**

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 agencies listed above. I understand that my consent, if given, is voluntary. I further understand that this consent form is required for each meeting where post-secondary planning is discussed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Enclosures may be included within this document and recorded below:

--