



**CONSENT TO INVITE COMMUNITY AGENCIES TO AN
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**
Ionia County Intermediate School District • Ionia, Michigan

School District _____ Date _____
Dear _____,

PURPOSE

The school district is required to invite community agencies to the IEP Team meeting who are likely to provide or pay for services after the student leaves school. Below is a list of community agencies the school district would like to invite. We ask your consent to send these agencies an invitation for IEP Team meetings that will be held during the upcoming school year.

Agency representatives bring important information and resources to the IEP Team meeting. If for any reason you have questions regarding this request, please contact us as soon as possible. Should you choose not to respond to this request, the school district may not send an invitation to these agencies.

ADDITIONAL INFORMATION

- The Individuals with Disabilities Act (IDEA) specifies that by the time a student reaches age 16, the school district must invite community agencies to the IEP Team meeting if they are likely to provide or pay for services after the student leaves school.
- The school district must seek your consent and is responsible for inviting agency representatives. The school district may not require that a particular representative of the agency attend.
- Agency representatives are not required to attend the IEP Team meeting.
- You may directly invite any agency (including those not on the list below) that you feel would be appropriate to attend the IEP Team meeting.

COMMUNITY AGENCIES

We are requesting your permission to invite the listed community agencies. Please write your initials next to each individual agency, indicating your consent to invite, and sign in the space provided below.

Initials

Name of Community Agency

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CONSENT TO INVITE

I hereby authorize the school district to invite the community agencies I have initialed above. I understand that this authorization will expire one year from the date of my signature unless otherwise specified and that this authorization may be withdrawn by me at any time without prejudice.

Signature of Consent _____ Date _____

CONTACT AND SIGNATURE

If you have questions regarding any of this information, please do not hesitate to contact me.

PLEASE SIGN AND RETURN FORM WITHIN 7 DAYS TO:

Respectfully,

Contact Name: _____

School Address: _____

Signature _____

School Telephone: _____