

Alachua County Public Schools
Exceptional Student Education

Consent to Invite Agencies

Student Name _____ Date of Birth _____
School _____ Today's Date _____

Your student's next IEP meeting includes the consideration of measurable postsecondary goals and transition services. We would like to invite a representative of an agency or agencies listed below who may be responsible for providing or paying for some transition services and we need written consent to invite them to the meeting.

- Agency for Persons with Disabilities (APD)
- The ARC of Alachua County
- Center for Autism and Related Studies (CARD)
- Center for Independent Living (CIL)
- Children's Medical Service (CMS)
- Goodwill One Stop Career Center
- Santa Fe College Adults with Disabilities Program
- Santa Fe College Disabilities Resource Center
- Social Security Administration
- Vocational Rehabilitation (VR)
- Other: _____
- Other: _____

Please sign below indicating your consent or refusal for the above listed agencies to be invited to IEP meeting(s). Your consent is needed for each meeting.
P9

- IDO** give my consent to have the agencies above invited to an IEP meeting(s).
I understand that my consent is voluntary and I may revoke consent at any time before any agency representatives have been invited to an IEP meeting(s).
- IDO NOT** give my consent to have the above listed agencies invited to an IEP meeting(s).

Signature of parent(s) / student over 18 indicates receipt of copy

Parent/Guardian Signature _____ Date _____

Student Signature (required for age 18 or above) _____ Date _____

ESE Specialist / ESE Teacher _____ School _____ Phone _____