

## Permission to Invite an Agency to the IEP Meeting

The purpose of this form is for parents, guardians, emancipated students, or students who are the Age of Majority to invite and authorize a partner agency, such as DARS (Department of Aging and Rehabilitative Services), CSB (Community Services Board), ITC (Infant Toddler Connection), or VDBVI (Virginia Department of Blind and Visually Impaired) to attend and participate in a particular students' FCPS IEP meeting.

Student		ID Number	DOB	Date
Parent/Legal Guardian Name	Parent/Legal Guardian Name	School		Grade

<b>1st Attempt</b> Date _____	<b>2nd Attempt</b> Date _____	<b>3rd Attempt</b> Date _____
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Prior parent/guardian/adult student consent for an outside agency to be invited to the IEP meeting to discuss possible transition services must be obtained on a **yearly basis**. The IEP Notice Letter will indicate the specific agency that is being invited to your child's IEP meeting. Outside agencies that may be invited can include some of the following: Infant Toddler Connection, College/University Representatives, Community College Representatives, Department of Rehabilitative Services, etc. Please sign and date the appropriate box that reflects your response.

**CHECK ONE:**

I **GIVE PERMISSION** for Fairfax County Public Schools to invite an outside agency (Agency Name \_\_\_\_\_) to my child's IEP meeting to discuss the need for (Agency Name \_\_\_\_\_) possible transition services.

\_\_\_\_\_  
SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT      DATE

I **DO NOT GIVE PERMISSION** for Fairfax County Public Schools to invite an outside agency (Agency Name \_\_\_\_\_) to my child's IEP meeting to discuss the need for (Agency Name \_\_\_\_\_) possible transition services.

\_\_\_\_\_  
SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT      DATE

\* THIS CONSENT FORM WILL EXPIRE 365 days from the date of the parent consent.