Dear Parents/Guardians:

Under the new Individuals with Disabilities Education Act (IDEA) regulations, school systems are now required to obtain personal consent before inviting adult service providers and agencies such as Division of Rehabilitation Services, Developmental Disabilities Administration, or Mental Health Administration to attend Individualized Education Program (IEP) meetings.

Enclosed you will find a form granting us permission to invite the appropriate agencies to your son/daughter’s IEP meeting. The invitation you receive for your child’s IEP meeting may include the names of those agency representatives so that you and your child are aware of the resources/services for which he or she may be eligible. There may not be any agencies listed on your child’s invitation since many of these agencies do not provide services until the child has reached his/her junior year or until the age of 21.

When you receive your meeting invitation and there is an agency listed that you do not want in attendance, contact your child’s case manager or IEP Chairperson and they will inform the agency representative that they do not need to attend the meeting.

Please sign and return this permission form to your child’s case manager. Upon signing this form, you give us permission to invite these agency representatives to your child’s IEP meeting. This document will be in effect until your child exits school. If you decide that you no longer wish to give your permission, contact your child’s case manager.

Please do not hesitate to contact your child’s special education teacher or transition specialist if you have any questions.

Sincerely,

Martha Anthony
Transition Specialist
410-758-0500 extension: 136

Enclosures
QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

AUTHORIZATION FOR INVITING ADULT SERVICE PROVIDERS/AGENCIES

I, the undersigned, grant permission to Queen Anne’s County Public Schools (QACPS) to invite any adult service provider/agency to ___________’s IEP (Individualized Education Program) meeting that may have services or resources available to my son/daughter if eligible, now or at a future date. This is important as the transition process begins when my child is age 14 and continues until age 21 unless he/she exits the school system at an earlier age.

I understand that if an agency is listed on the invitation page of an IEP meeting and I do not wish for that agency representative to attend the meeting, I need to contact my son/daughter’s case manager or the IEP Chairperson. The agency will be notified, and will not attend the meeting. I further understand that this permission will be in effect until my child exits the school system, as some of the services these agencies provide until my child exits the school system, as some of the services these agencies provide do not begin until my child is in his/her 11th grade year or until the age of 21. By signing this document I agree to open communication between QACPS and the adult agencies, as this is an integral part of my son/daughter’s transition process.

Signature: ___________________________ Date: ____________

Address: ____________________________________________

Phone: Home ___________________________ Cell: ___________________________

Please return to ___________________________
Case Manager

School Address: ____________________________________________