

# Lunenburg County Public Schools

## SPECIAL EDUCATION DEPARTMENT

Lunenburg School Board Office

Kenbridge, VA 23944

Phone: 434-676-2467

Fax: 434-676-6167

### CONSENT TO INVITE AGENCY PERSONNEL

Dear Parent/Guardian/Adult Student

Re: \_\_\_\_\_  
Student Name

Your child's annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. Lunenburg County Public Schools is required to invite a representative of the agency or agencies which may be responsible for providing post-secondary transition services. We are requesting your permission to invite the following agency below to attend the scheduled the IEP meeting:

- \_\_\_ Department of Rehabilitative Services (DRS)
- \_\_\_ Department of Social Services/Crossroads (e.g., case coordination agency encompassing our community)
- \_\_\_ Center for Independent Living
- \_\_\_ Department for the Blind and Vision Impaired (DBVI)
- \_\_\_ Department of Behavioral Health and Developmental Services
- \_\_\_ Post-Secondary Education Disability Services (e.g., any post-secondary education institution including community college, college, trade or vocational schools)
- \_\_\_ Other Agency: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

Please sign below indicating your consent or refusal for that agency to be invited to the IEP meeting. Please choose one:

- \_\_\_ I **Do** give my consent to have the above listed agency/agencies invited to IEP meetings. I understand that my consent is voluntary and may be revoked at any time before the identified agency representatives have been invited to the IEP meeting.
- \_\_\_ I **Do Not** give my consent to have the above-listed agency/agencies invited to IEP meetings.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

***\*\*Please sign and return this page to your child's IEP Case Manager\*\*\****

*Revised 2015/2016*