Chicago Public Schools
OFFICE FOR STUDENTS WITH DISABILITIES
EMAIL osd@cps.edu
PHONE (773) 553-1800
MAIL 42 W. Madison St
Chicago, IL 60602

Parent/Student Consent for Agency Invitation to IEP Meeting

Date: _____

Dear _____,

An annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. We must invite a representative of the agency or agencies which may be responsible for providing post-secondary transition services. In order for us to invite these agency representatives, we need your written consent. The specific agency/agencies that may be invited to your IEP meeting are:

- ☐ Department of Human Services/Division of Rehabilitation Services (DRS),
- ☐ Department of Human Services Division of Developmental Disability (or PAS Agency)
- ☐ Division of Specialized Care for Children
- ☐ Post-Secondary Education Disability Services Representative
- ☐ Other _____

Please check below indicating your consent or refusal for that agency to be invited to the IEP meeting. Please note, your consent to invite the above listed representatives does not guarantee the representative will attend; rather, it allows an invitation to be extended.

Sincerely,

_____
Case Manager or Local School Representative

Please choose one:

☐ I DO give my consent to have the above listed agency/agencies invited to the IEP meetings. This consent is valid for one year from the signature date. I understand that my consent is voluntary and may be revoked at any time before the identified agency representatives can be invited to the IEP meeting.

☐ I DO NOT give my consent to have the above listed agency/agencies invited to the IEP meetings.

_____ _____
Signature of Parent or Student (18 years or older), Date

_____
Print Parent or Student (18 years or older) Name

If Parent or Student (18 years or older) refused to sign this form but verbally provided consent or refusal for an agency to be invited to the upcoming IEP meeting, please complete the back of this form.

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Parent/Student Consent for Agency Invitation to IEP Meeting

☐ **Parent or Student (18 years or older) verbally provided consent** to have the above listed agency/agencies invited to the IEP meetings. This consent is valid for one year from the signature date. Parent/student understands that consent is voluntary and may be revoked at any time before the identified agency representatives can be invited to the IEP meeting.

☐ **Parent or Student (18 years or older) verbally indicated that he/she DOES NOT** give consent to have the above listed agency/agencies invited to the IEP meeting.

_____ _____

Case Manager Date