

**CONSENT TO INVITE OUTSIDE AGENCY FOR
POSTSECONDARY TRANSITION SERVICES
ARSD: 24:05:25:16.01**

SCHOOL DISTRICT:	DATE SENT:	
STUDENT NAME:		
PARENT/GUARDIAN NAME:		
DOB:	AGE:	GRADE:

To the extent appropriate, the school must invite representatives of any participating agency that is likely to be responsible for providing or paying for transition services to IEP meetings. In order to invite outside agencies, your consent is necessary. This form enables the parent/guardian/student to offer consent to invite the outside agency to the next IEP meeting.

The specific agency(ies) we would like to invite to attend the next IEP meeting include:

- Vocational Rehabilitation
- Division of Developmental Disabilities (e.g. Resource Coordinator, Family Support 360)
- Community Support Provider _____
- Disability Services (college or technical institute) _____
- Other _____
- Other _____

Note: You can add or decline consent for a specific agency. Please note on this form.

I CONSENT¹ Having been informed as stated above, I give my consent for the school district to invite a representative of the above agency(ies) to attend the next IEP meeting.

I DO NOT CONSENT¹ Having been informed as stated above, I do not give my consent for the school district to invite a representative of the above agency(ies) to attend the next IEP meeting.

Parent/ Guardian/Student Signature: _____

Date Signed: _____

Please Sign, Date, and Return As Soon As Possible

Note: This consent will remain in effect for one year from the date signed.
Your consent is voluntary and may be revoked in writing at any time.

¹ Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01