

Ogle County Educational Cooperative (OCEC)  
417 North Colfax Street Byron, IL 61010

**PARENT CONSENT FOR AGENCY INVITATION TO TRANSITION MEETING**

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_

Your child's annual IEP meeting, including consideration of needed post-secondary goals and transition services, will be held this school year. To the extent appropriate, 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 we would like to have represented at your child's IEP meeting are:**

\_\_\_\_\_ **Department of Human Services Division of Rehabilitation Services (DRS)**  
(e.g., local DRS counselor)

\_\_\_\_\_ **Department of Human Services Division of Developmental Disabilities**  
(e.g., case coordination or PAS agency encompassing our community)

\_\_\_\_\_ **Division of Specialized Care for Children (DSCC)**

\_\_\_\_\_ **Post-Secondary Education Disability Services**  
(e.g., disability service office of any post-secondary education institution including community college, college, trade or vocational schools)

\_\_\_\_\_ **Other Agency:** \_\_\_\_\_  
(e.g., community-based agencies such as the Center for Independent Living)

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

Sincerely,

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

\_\_\_\_\_  
Phone

**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

\_\_\_\_\_  
Date