



CONSENT FOR AGENCY INVITATION

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
989 354-3101

STUDENT _____ **DOB:** _____

Parent(s), Guardian(s) and/or Student(s),

RE: Transition Services

If transition services are being discussed at an IEP meeting, representatives of other agencies who are likely to be responsible for paying for or providing transition services must be invited.

However, parent(s), guardian(s), or the student (18 or older) must also provide consent for agencies to be invited to the IEP meeting.

_____ contacted me on _____, 20____, to indicate that the following agency(ies) may likely be responsible for paying or providing transition services; and therefore, could be invited to the IEP meeting.

- Michigan Rehabilitation Services (MRS)
- Community Mental Health (CMH)
- Family Court
- Other: _____

Yes. I was contacted and approved the invitation of the above agency(ies) to the IEP meeting. (This consent is voluntary and may be revoked at any time.)

Parent _____ Date _____

OR

Student of _____ Date _____

Age _____

No. I was contacted and I did not approve the above agencies to be invited to the IEP meeting.

Parent _____ Date _____

OR

Student of _____ Date _____

Age _____

Documentation of Agency Invitation:

_____ was invited via _____ on _____ by _____
(Agency Rep) (Method) (Date) (School Staff Member)