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

			0.000
STUDENT NAME:			SIMS:
PARENT/GUARDIAN NAME:			DATE SENT:
SCHOOL DISTRICT:		SCHOOL:	
DOB:	AGE:		GRADE:
Purpose of this release: Schools are required, with parent consent, to services, to the child's IEP meeting.	o invite agencie	s likely to be responsible for provid	ing or paying for transition
Reason for signed consent: During an IEP meeting, confidential informat needs your consent for the agency(ies) listed student information that will occur during the che school district discloses confidential studerior to or after the meeting, an additional co	d below to atter meeting. Infor lent information	nd the next IEP meeting, due to the med parental/adult student consenders any release of records to the or	disclosure of confidential t must be obtained before
The specific agency(ies) we would like to ☐ Vocational Rehabilitation ☐ Division of Developmental Disabilities (e. ☐ Community Support Provider	g. Resource Co	pordinator, Family Support 360)	
 □ Disability Services (college or technical in 			
☐ Other			
□ Other			
Note: You can add or decline consent for a s	, ,	r. Please note on this form. Return As Soon As Possible	
☐ I CONSENT¹ Having been informed as representative of the above agency(ies	·	•	trict to invite a
☐ I DO NOT CONSENT¹ Having been info invite a representative of the above age			or the school district to
Parent/ Guardian/or Adult Student Signatur Date:	re:		
Note: This consent will remain in effect for first. Your consent is		meeting or one year from the date s may be revoked in writing at any ti	

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