

# Grant Parish Schools

To \_\_\_\_\_ and \_\_\_\_\_,  
(Parent/guardian) (Student)

I am currently planning your child's next IEP tentatively scheduled for \_\_\_\_\_ and would like your permission to **invite** the following adult agencies to the meeting:

(Circle those that apply)

**Louisiana Rehabilitation Services (LRS)**

**Office for Citizens with Developmental Disabilities (OCDD)**

**Families Helping Families (FHF)**

**Other (please list) \_\_\_\_\_**

Please indicate your preference and return this form to your child's teacher as soon as possible. Please be aware that due to changes in the Individuals with Disabilities Education Improvement Act (2004), school systems must receive **parental permission in order to invite adult agencies** to an IEP meeting or to allow a student to attend informational meetings with adult agency personnel at the middle/high schools. **Without receipt indicating permission, adult agencies will not be involved in transition planning for your child at this time.**

Please feel free to contact the Transition Coordinator, Collette Waters, (899-3999 or [cwaters@gpsb.org](mailto:cwaters@gpsb.org)) if you have any questions.

Sincerely,

Special Education Teacher

**Please complete both sections below:**

**A. Adult agency invitation to IEP meetings:**

\_\_\_\_\_ **Yes**, Grant Parish School System may invite appropriate adult agencies that may provide funding and /or services after high school to my child's IEP meeting.

\_\_\_\_\_ **Yes**, Grant Parish School System may invite the agencies indicated above and I would like the following agencies invited as well.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **NO**, Grant Parish School System may not invite any adult agencies to my child's IEP meeting.

**B. Adult Agency participation in school sponsored meetings:**

\_\_\_\_\_ **YES**, my son/daughter may participate in school sponsored meetings that may include adult agencies.

\_\_\_\_\_ **NO**, my son/daughter may not participate in school sponsored meetings that may involve adult agencies

Student: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian (or student if legal age)