

Camden County Schools
Camden, North Carolina

PARENT/STUDENT CONSENT FORM
OUTSIDE AGENCY REPRESENTATIVES INVITATION

Student Name _____

Dear _____:

The IEP Team would like to invite representatives from the following agency(ies) to your child's IEP meeting:

_____ Post-Secondary Education

_____ Vocational Education

_____ Integrated Employment

_____ Vocational Rehabilitation

_____ Social Services

_____ Other: _____

Please indicate your preference below:

_____ I/We give consent for a representative from the agency(ies) indicated above to be invited to participate in the IEP development.

_____ I/We DO NOT give consent for a representative from the agency(ies) indicated above to be invited to participate in the IEP development.

Student/Parent Signature

Date

Date Sent/Given to student and or parent _____

Return to: _____