

Teacher/School District _____

Date _____

Legal Name of Child/Student _____ Child/Student ID _____ DOB _____

Permission for Consent Prior to Inviting Agencies Related to Transition

Your permission is required to invite outside agencies to an IEP meeting that, if your child is eligible, may provide or pay for transition services that may be essential or at the very least valuable to your child. Based on the student's needs the school has identified the following agencies which may be able to provide beneficial services pending your student qualifying for such services. These agencies will be invited at the appropriate time to either provide more information regarding their services or to begin the actual process of application/provision of services. Please examine these agencies and indicate whether you either do or do not give consent for the school to invite the agency(s). Please refer to the local agency resource list (attached) which describes various community agencies and their services to indicate any other agency you think is appropriate to invite. It is important to note however that even if your permission is granted to provide an invitation to the identified agencies below, the agency representative may not attend.

This permission shall be valid for the following duration. Beginning _____ and shall terminate _____
(permission period should be not longer than current status to anticipated exit date)

PLEASE CONSIDER THE FOLLOWING AGENCIES THE SCHOOL HAS IDENTIFIED AS POTENTIALLY IMPORTANT TO YOUR CHILD'S TRANSITION AND INDICATE WHETHER YOU CONSENT TO HAVE THE AGENCY(S) INVITED TO YOUR CHILD'S IEP	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent(s) _____ Date _____

Signature of Student (if student has reached the age of majority) _____ Date _____

LOCAL AGENCY RESOURCE LIST

Below is a list of some of the more common agencies and a brief description of the services within your community. These agencies and their services may vary throughout the state. If you know of a service provided by an agency in your community that is not listed below, please indicate in the "other" section of the consent form. If you need more information regarding services before deciding to provide consent, please contact your child's special education teacher.

<p><u>Arkansas Rehabilitation Services</u> (may provide support for attainment of competitive employment and/or specialized instruction or training)</p>
<p><u>Disability Support Services Representative from college/university/trade school</u> (may provide accommodations for learning)</p>
<p><u>Developmental Disabilities Services</u> (may provide services through independent case management, community providers, integrated day care, Medicaid waiver, and Human Development Centers)</p>
<p><u>Community Health Center</u> (may provide for personal therapy, employment support and other mental health needs)</p>
<p><u>Social Security Administration</u> (may provide for Supplemental Security Income and Medicaid medical coverage)</p>
<p><u>Project Arkansas Work Incentives</u> (provides information on how work will affect SSI and Medicare/Medicaid benefits; may provide self-supporting plan development and linkages to other agencies for vocational training and job placement)</p>
<p><u>Department of Workforce Services</u> (may provide employment related services)</p>
<p><u>Arkansas Work Force Centers</u> (provide locally developed and operated services such as work experience, summer work program and educational opportunities, linking employers and job seekers through a state-wide delivery system.)</p>
<p><u>Local Independent Living Center</u> (may help student develop and independent living plan and provide supports to realize the plan)</p>
<p><u>Division of Volunteerism</u> (provides supportive volunteer activities statewide and promotes volunteerism as a means of community problem-solving)</p>
<p><u>Division of Children and Family Services</u> (may provide services for children who are at risk of being abused, neglected, exploited, and who have serious emotional problems)</p>
<p><u>Division of Services for the Blind</u> (may provide transition services and other vocational rehabilitation services to those persons who are blind or severely visually impaired)</p>
<p><u>Adult Education/Literacy</u> (These free services provide adults with individualized instruction from certified teachers to improve their basic educational skills)</p>
<p><u>Local Guardianship Representative</u> (may be a court employee, Guardianship Alliance representative, or Lawyer familiar with guardianship issues/procedures)</p>
<p><u>Division of County Operations</u> (Responsible for administering many economic programs including ARKids First, Food Stamps and emergency assistance)</p>
<p><u>The Child and Adolescent Service System Program (CASSP)</u> (service teams available throughout the state may provide development of multi-agency plans of care for children with serious emotional disturbance when the current system is not meeting their needs)</p>
<p><u>Other (please identify and describe)</u></p>
<p><u>Other (please identify and describe)</u></p>
<p><u>Other (please identify and describe)</u></p>