

Sample Permission for Agency Involvement

Student Name: _____

Please sign below to indicate that you give permission for the agency representatives listed below to be involved with your child's school level transition team meeting. Please feel free to list any other agency representatives you would like to have invited to the meeting.

_____ Vocational Rehabilitation

_____ Division for the Blind

_____ Pathways Representative

_____ Recreation Representative

_____ DSS Representative (Adult Services)

_____ Case Management Services: _____

_____ CAP Services Provider: _____

_____ Day Treatment Provider: _____

_____ Developmental Therapy Provider: _____

_____ Counseling Provider: _____

_____ Intensive In-Home Provider: _____

_____ Multi-Systemic Therapy (MST) Provider: _____

_____ Outside Therapy: PT: _____

OT: _____

Speech: _____

_____ Other: _____

_____ Other: _____

Parent

Date