Date:

Dear Parent/Guardian:

As we prepare for IEP meeting, we would like to invite the people from the agencies who are also involved in your student’s life. Their attendance and participation can aid

in the transition planning portion of the IEP.

In order for us to invite the agency representative, we need your consent to do so. Attached is a release of information that gives your permission for us to contact the agency. I have filled out some of the information; please complete it, sign and return it to .

If you have any questions, please contact me or your IEP Case Manager.

Thanks for your help,

Sheila Vander Tuig

Transition/Vocational Coordinator

East Central Kansas Cooperative in Education

Phone number: 785-594-2737

E-mail: [svandertuig@eckce.com](mailto:svandertuig@eckce.com)

Dear Parent/Guardian/Student:

During ’s next IEP meeting, we will be addressing transition planning needs and services. We would like your permission to invite a representative from the following agency(s) to assist in the planning. The invitation will include your student’s name, academically related information, and the type of information we are seeking. No other identifying information will be released at this time. However, by having the agency personnel present at the meeting, you agree to allow them access to the information released during the time they are present. The agency(s) we would like to invite, have been marked below. We will contact the person indicated but they may send a different representative from their agency.

\_\_\_\_ The Arc *Contact: Barb Bishop* [*bbishop@thearcdcks.org*](mailto:bbishop@thearcdcks.org) *749-0121*

\_\_\_\_ Elizabeth Layton Health Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *242-3780*

\_\_\_\_ Case manager/Service Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Community Developmental Disability Organization (CDDO/ECKAAA, Inc.)

*Contact: Amber Vogeler,* [*amberv@eckaaa.org*](mailto:amberv@eckaaa.org) *785-242-7200*

\_\_\_\_ Community Living Opportunities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *865-5520*

\_\_\_\_ COF Training Services, Inc. *Contact: Ottawa, KS Toll Free 877-990-5035*

\_\_\_\_ Employment Service Providers (adult)

\_\_\_\_ Supported Employment

\_\_\_\_ Independence Inc: *Contact: Daniel Brown* [*dbrown@independenceinc.org*](mailto:dbrown@independenceinc.org) *785-841-0333*

\_\_\_\_ COF: *Craig Evans* [*cevans@cofts.org*](mailto:cevans@cofts.org) *877-990-5035*

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Foster Care Case Manager and/or Independent Living Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Independence, Inc. *Contact: Daniel Brown* [*dbrown@independenceinc.org*](mailto:dbrown@independenceinc.org) *785-841-0333, ext. 258.*

\_\_\_\_ Kansas Rehabilitation Services (Vocational Rehabilitation) East Region, Ottawa Service Center*: 2231 S. Elm St. Ottawa, KS 66067 Contact: Julia Griffith,* [*Julia.Griffith@ks.gov*](mailto:Julia.Griffith@ks.gov) *785-229-8608*

*Contact: Sonya Croci,* [*Sonya.Croci@ks.gov*](mailto:Sonya.Croci@ks.gov) *785-229-8632*

\_\_\_\_ Northeast Kansas Assistive Technology Center (located at Independence. Inc.) *Contact*:

\_\_\_\_ Post-secondary school representative from the office that coordinates services for students with disabilities.

Name of School/College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JCCC: Carla Dodge [cdodge@jccc.net](mailto:cdodge@jccc.net)

KCKCC: Valerie Webb [vwebb@kckcc.edu](mailto:vwebb@kckcc.edu)

University of Kansas:

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to have the agencies indicated above invited to the next IEP meeting.**

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**Parent/Guardian Date Student Date**

10/22/15