

**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION
INTERLOCAL #614**

DANIEL WRAY

DIRECTOR

600 High Street - P.O. Box 41 Baldwin City, KS 66006 785-594-2737 785-594-6815 (fax) www.eckce.com

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 ext 204
E-mail: svandertuig@eckce.com

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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 of Douglas County *Contact: Barb Bishop bbishop@thearcdcks.org 749-0121*
- _____ Bert Nash Community Mental Health Center: _____ (843-9192)
- _____ Case manager/Service Coordinator: _____
- _____ Community Developmental Disability Organization (CDDO/Cottonwood, Inc.)
Contact: Angela Drake, adrake@cwood.org, 785-842-0550
- _____ Community Living Opportunities: _____ 865-5520
- _____ Cottonwood, Inc. *Contact: Janet Fouche-Schack jfoucheschack@cwood.org 842-0550*
- _____ Employment Service Providers (adult)
 - _____ Bert Nash Supported Employment:
 - _____ Independence Inc: *Contact: Daniel Brown dbrown@independenceinc.org 785-841-0333*
 - _____ JobLink *Kathy Long-Morrow klmorrow@cwood.org 785-840-1622*
 - _____ Other: _____
- _____ Foster Care Case Manager and/or Independent Living Coordinator: _____
- _____ Independence, Inc. *Contact: Daniel Brown dbrown@independenceinc.org 785-841-0333, ext. 258.*
- _____ Kansas Rehabilitation Services (Vocational Rehabilitation)
Contact:
Department for Children and Families, 1901 Delaware St, Lawrence, KS 66046,
Pre-ETS Program: Amy Stevenson, 785-832-3896, amy.stevenson@ks.gov
- _____ 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:
KCKCC:
University of Kansas:
Other: _____

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

Parent/Guardian

Date

Student

Date