

**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,

Joshua Reynolds
Transition Specialist
East Central Kansas Cooperative in Education
Phone number: 785-594-2737
E-mail: jreynolds@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 *Contact: Angie Reinking areinking@thearcckks.org 749-0121*

___ Elizabeth Layton Health Center: _____ 242-3780

___ Case manager/Service Coordinator: _____

___ Community Developmental Disability Organization (CDDO/ECKAAA, Inc.)
Contact: Jacquelyn Branch, jacquelynnb@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 785-841-0333*

___ COF: *Craig Evans cevans@cofts.org 877-990-5035*

___ 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) East Region, Ottawa Service Center: 2231 S. Elm St. Ottawa, KS 66067 *Contact: 785-229-8608*

Contact: Talia Bayer, Talia.Bayer@ks.gov, (785) 521-6364- office, (785) 220-4158- cell

___ 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:

___ Other: _____

I agree to have the agencies indicated above invited to the IEP meeting. Print Student Name:

Parent/Guardian

Date

Student

Date

06/26/23