

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

**DANIEL WRAY**

**DIRECTOR**

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600 High Street - P.O. Box 41    Baldwin City, KS 66006    785-594-2737    785-594-6815 (fax)    [www.eckce.com](http://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 ext 204  
E-mail: [jreynolds@eckce.com](mailto: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 of Douglas County *Contact: Angie Reinking [areinking@thearcckks.org](mailto:areinking@thearcckks.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@cwwood.org](mailto:adrake@cwwood.org), 785-840-1614*

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

\_\_\_\_\_ Cottonwood, Inc. \_\_\_\_\_ 842-0550

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

\_\_\_\_\_ Bert Nash Supported Employment: \_\_\_\_\_

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

\_\_\_\_\_ Job Link: \_\_\_\_\_ 785-840-1622

\_\_\_\_\_ 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*

\_\_\_\_\_ Kansas Rehabilitation Services (Vocational Rehabilitation) Contact:  
Department for Children and Families, 1901 Delaware St, Lawrence, KS 66046, [785-832-3820](tel:785-832-3820),  
Pre-ETS Program: Stephanie Pascua, 785-832-3896, [Stephanie.Pascua@ks.gov](mailto:Stephanie.Pascua@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: \_\_\_\_\_

\_\_\_\_\_ 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