

Student:		Meeting Date:		
School Distrie	ct:	Grade:		
Meeting Type: Staffing IEP Other:				
Parent(s), Gu	uardian(s), and/or Student(s),			
RE: Prior Notice to Invite a Non-School Agency to a Meeting				
	ardian, <u>or</u> the age-of-majority student m <u>sies to be invited</u> to a school meeting.	nust provide <i>prior consent</i> for non-		
This form serves as documentation that the local school district contacted the parent/guardian/age-of-majority student to seek consent to invite a non-school agency.				
contacted me on, 20, by □phone □email □other, to indicate that the following agency may be invited to the meeting with my consent (see meeting date above.)				
	Michigan Rehabilitation Services (N	/IRS)		
	Shiawassee Health & Wellness (SHW)			
	Family Court			
	The Arc Shiawassee			
	Other:			
Yes. I was contacted. I approved the invitation of the above agencies to the meeting. (This consent is voluntary and may be revoked at any time.)				

Parent/Guardian/Age-of-Majority Student _	
Date	

■ No. I was contacted. I did not approve the above agencies to be invited to the meeting.

Parent/Guardian/Age-of-Majority Student _	
Date	