

| Student:           |  | IEPT Date:  |            |
|--------------------|--|---|------------|
| School Dist        | trict:   | Grade:  |            |
| Dear Parer         | nt, Guardian, and/or Age-of-Majo   | rity Student,   |            |
| RE: Secon          | dary Transition Services   |   |            |
| representat        | ry transition services are being di<br>tives of other agencies who are I<br>cansition services must be invited | ikely to be responsible for paying  | for or     |
|                    | uardian, <u>or</u> the age-of-majority s<br>ncies to be invited to the IEPT m                                  | tudent must provide <i>prior consent</i><br>eeting.                                   | for non-   |
|                    | e for paying or providing transition   | on, 20_<br>indicate that the following agency<br>n services; and therefore, will be i | y may be   |
|                    | Michigan Rehabilitation Ser  | vices (MRS)   |            |
|                    | Shiawassee Health & Wellr  | iess (SHW)  |            |
|                    | Family Court   |   |            |
|                    | The Arc Shiawassee   |   |            |
| _                  | Other:   |   |            |
|                    | •  | ior consent to invite the above ag<br>y and may be revoked at any time                |            |
| Parent/Gua<br>Date |  |   |            |
|                    | was contacted and I did not provo  | ride prior consent for the above aલ્  | gencies to |
| Parent/Gua         | urdian/Age-of-Majority Student _   |   |            |