

MANCHESTER PUBLIC SCHOOLS
CONSENT FOR AGENCY PARTICIPATION IN TRANSITION PLANNING PPT

I. Identification Information:

Student: _____ **DOB:** _____
School: _____ **Grade:** _____
Parent/Guardian: _____

II. Agency Information:

Person: _____ **Title:** _____
Agency: _____ **Telephone #:** _____

Person: _____ **Title:** _____
Agency: _____ **Telephone #:** _____

Person: _____ **Title:** _____
Agency: _____ **Telephone #:** _____

III. Written Consent

☐ I consent to inviting the above named person(s) to my child's PPT where transition goals and objectives will be discussed and/or developed.

Parent/Guardian Signature

Date

☐ I do not consent to inviting the above named person(s) to my child's PPT where transition goals and objectives will be discussed and/or developed.

Parent/Guardian Signature

Date