 P 811Q

MARATHON SCHOOL

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Independence-Collaboration-Technology-Communication

 Nicole Avila

 **Principal Assistant Principals**

**Elementary Offsites**: P 37**,** P 147, P 822 Johnnie Bradford III

**Intermediate Offsites:** 227 Claudine Eubanks

**High School Offsites:** Bayside HS, Francis Lewis HS, QHST Yvette Miguez Katis Romig

Permission to Invite Agency

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

An IEP meeting has been scheduled for your son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on at . We would like to invite your son/daughter’s Care Manager and/or any other outside agency representative(s) to this meeting.

Because of the confidential nature of an IEP meeting, it is necessary for us to obtain your written permission before any outside agency representative can be invited.

Please complete, sign and return this form to your child’s classroom teacher if you consent to include agency representatives at this meeting. You can also indicate if you are not working with an agency at this time or if you do not wish to invite an agency representative.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I give permission for the above outside agency representatives to attend the IEP meeting for my son/daughter on .

\_\_\_\_\_ At this time, I do not wish to invite an agency representative to participate in the IEP Meeting.

\_\_\_\_\_ No agency has been identified to work with my son/daughter at this time.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date