

## Consent for Agency Participation Individualized Education Program (IEP)

Student Name _____  District of Residence _____  Date of Birth _____	Parent/Guardian Names: _____ _____	Parent/Guardian Phone _____  Parent/Guardian Address: _____
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The following agency(s) marked with an (X) have my consent to be invited to and attend my child's IEP meeting in order to exchange, give, receive, share or disclose information regarding the IEP planning for the purpose of securing, coordinating and/or providing services:

- |  |   |
|--|---|
| <input type="checkbox"/> Putnam County Job & Family Services/Children's Services<br><input type="checkbox"/> Pathways<br><input type="checkbox"/> Putnam County Juvenile Court/Probation<br><input type="checkbox"/> Putnam County Board of DD<br><input type="checkbox"/> Putnam County Health Department<br><input type="checkbox"/> Social Security Administration<br><input type="checkbox"/> Adult Probation<br><input type="checkbox"/> Common Pleas Court | <input type="checkbox"/> Ohio Rehabilitation Services Commission<br>-Bureau of Vocational Rehabilitation<br>-Bureau of Visually Impaired<br><input type="checkbox"/> Mental health counselor _____<br><input type="checkbox"/> Family & Children First Council Wraparound/Family Coordination<br><input type="checkbox"/> Residential Placement (specify) _____<br><input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> Other (specify) _____ |
|--|---|

**My signature below indicates that I authorize sharing the following information:**

Identifying information, privileged health and medical information, social history, treatment/service history, psychological evaluation, IEP's, ETR's, transition plans, vocational assessments, grades & attendance, performance history and other personal information held by any of the agency providers, regarding those persons named on this release.

I understand I am under no obligation to sign this consent form and I have signed this form voluntarily in order to document my wishes regarding the use and/or disclosure of information. I understand the information released is strictly for professional purposes and that only the minimum amount of information needed to achieve the purpose may be disclosed. Information may not be provided in whole or in part to any other agency, organization, or person other than those stated above.

**Date Consent for Agency Participation expires: \_\_\_\_\_**

\_\_\_\_\_  
Signature of Parent/Guardian (or student if age 18 or older)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship of person signing to the student

\_\_\_\_\_  
Date Signed

This Consent for Agency Participation can be revoked at any time. Use this box only if the Consent for Agency Participation is being revoked.

\_\_\_\_\_  
Signature of Parent/Guardian (or student if age 18 or older)

\_\_\_\_\_  
Date Signed