

Rev. 4/02

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

Student Name: (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_ (First) \_\_\_\_\_ (Mid) \_\_\_\_\_
School Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Anticipated Exit Date: \_\_\_\_\_

To: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Your agency has been identified to assist in the planning for the transition services for this student. Specifically, we would like to have you assist in developing a plan to meet the post-school goals and needs of this student. As a member of the IEP team, we will ask you to explore the services, supports and/or programs that your agency might be able to provide in the transition of this young adult to help him/her realize his/her post-secondary goals.

The Individualized Education Program meeting has been scheduled for \_\_\_\_\_, (date), at \_\_\_\_\_ (time), \_\_\_\_\_ (location).

One of the purposes of the meeting is to design a Statement of Needed Transition Services that will help the student meet his or her post-school goals. During this meeting, based on needs, preferences and interests, we will do the following:

- Discuss post-school goals and needs for post-school services, supports or programs.
• Discuss a plan for post-school goals and the courses, activities, agencies and people who will help him or her achieve these post-school goals.
• Determine the courses, school and community activities and supports that will help the student achieve his or her goals for after high school.

Along with the student and his/her parents/guardians, we have invited the following to attend this meeting:

Name Position/Agency Name Position/Agency
Name Position/Agency Name Position/Agency

If you are unable to join us, please let me know the best way to engage your agency in planning for the transition services that will meet the student's goals.

We appreciate your time and commitment to establish the linkages with your agency which will enable this student to attain his or her goals.

Thank you.

Special Education Teacher with IEP Authority

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Table with 5 columns: COPIES TO, WHITE Agency, YELLOW Area Office, PINK Parent, GOLD Cumulative Folder

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

School: \_\_\_\_\_

The following arrangements have been made for the IEP Team Meeting:

Date	Time	Location
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- ( ) Yes, I will attend IEP meeting on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) in Room \_\_\_\_\_ (location).
- ( ) Yes, I would like to attend student's IEP meeting, but please contact me at the following telephone number \_\_\_\_\_ to reschedule.
- ( ) No, I will not be able to attend IEP meeting, but I wish to share my input about student's long-term post-school interests and goals with you prior to the meeting and assist with planning for his/her future. Please contact me at the following number: \_\_\_\_\_.

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

Phone Number where you can be reached:

Day:

Evening:

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

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

Detach this page and return the form within three (3) days to:

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Thank you for assisting the Jefferson Parish Public School System in meeting the student's transition needs.

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