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Beaufort County Schools

IEP Agency Attendance Consent Form (Parent)

To the Parents of _____
(Student Name)

_____ School has scheduled an IEP meeting for your child on _____ and is requesting your consent for the agency and its representative(s) listed below to attend this meeting. This agency(s) may be responsible for providing services identified in the IEP and may possibly provide input on the implementation of the IEP. North Carolina law requires that we have your consent before an agency has permission to attend and provide input during an IEP meeting. If you do not consent to the agency(s) attendance, please indicate below by signing in the appropriate space. If you have additional questions, contact the teacher below for additional information.

Teacher Name: _____ Phone Number _____

Agency Name(s) _____ Representative(s) _____

Agency Name(s) _____ Representative(s) _____

I give my consent for the above listed agency(s) and their representative(s) to attend the IEP meeting on the date listed above.

Parent Signature

I **DO NOT** give my consent for the above listed agency(s) and their representative(s) to attend the IEP meeting on the date listed above.

Parent Signature