**AUTHORIZATION for MCB Children’s / Vocational Rehabilitation Caseworker to Attend Individualized Education Program (IEP) / Special Education / Transition Services Meetings**

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

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (PARENT/GUARDIAN/STUDENT 18+)                                                 (SCHOOL)

to contact the Massachusetts Commission for the Blind (MCB), Children’s Social Worker(CSW) / Vocational Rehabilitation (VR) Caseworker/Pre-ETS Transition Counselor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at
                                                                                          (NAME)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
               (PHONE)                                          (OFFICE ADDRESS)

to invite them to any upcoming IEP/special education services meetings, including meetings on transition services concerning me/my child at least 10 days before such meeting so that they can attend as part of the team. Further, I authorize the release to MCB, documents including, but not limited to, medical, educational reports and/or other assessments relevant to the IEP or other special education/transition services, including pre-employment transition services for me/my child.

Likewise, I authorize the MCB CSW/VRC/Pre-ETS Transition Counselor to be able to speak to relevant school personnel about the student’s vision, and educational related needs and to release related documents, contact school personnel, SPED staff and vision rehabilitation providers concerning my/my child’s case in order to provide input and technical assistance for special education services. All parties understand that this release is in effect until parental revocation.

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

CONSUMER OR PARENT/GUARDIAN SIGNATURE                         DATE

**Contact Information:**

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Address: (Street, City, State, Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_