



CONSENT FOR PARTICIPATION IN HEARINGS AND INDIVIDUAL EDUCATION PLAN (IEP) MEETINGS

Student Name _____ Date of Birth _____
Student ID Number _____
Address _____
City _____ State _____ Zip _____
Phone _____

I, _____ (parent/legal guardian) of the following student, _____, am aware and understand that there is to be a(n): **Pre-expulsion Hearing, Individual Education Plan (IEP), Expulsion Hearing, Evaluation, Reevaluation, 504 plan, or any other educational meeting to be held on:**

_____ at _____
date time

In the event that I cannot attend the meeting(s) in person or by phone, I give my permission to the following Educational/Program Liaisons with Wraparound Milwaukee:

- Chris Shafer
- Shirley Fishman
- Laverne Lund
- Sue Endress
- Angela Aquino

to attend and have input at any and all meetings for the above student as my/our representative(s) and to act on our behalf. I also give the aforementioned people permission to request any and all educational records to include: report cards, transcripts, attendance, discipline referrals, suspensions, psychological assessments, special education evaluations/reports, IEP's, etc. Furthermore, I give permission for the district of _____ to release any and all information and records to the aforementioned people.

Signature of Parent/Legal Guardian: _____

Date: _____