

Figure 1.1. Letter to Community Service Providers

Insert name of the school
Insert school street address (city, state zip code)
Insert date (month, day, year)
Insert name of adult agency representative
Insert name of agency
Insert agency address

RE: Insert first and last name of student

Dear Insert name of agency representative,

During Insert student's name Individualized Education Program (IEP) meeting this year, we will discuss long term planning. We will look at where Insert student's name is going when completing school, what skills need to be developed in order to get there, and what linkages to other agencies may be necessary. The goal is to work together to ensure that Insert student's name has the opportunity to become employable by developing the academic, social, and living skills needed to make the transition from school to work (or further education) and community living. We would like to invite you to participate in this meeting and share the available services and supports offered by your agency. We would also be interested in hearing about your organization's eligibility criteria.

The meeting details are as follows:

Insert meeting date and time
Insert meeting location
Insert contact information

If you are unable to attend, would you be willing to send the IEP team information regarding services and supports and contact information so that Insert student's name and Insert pronoun: his or her family can contact you at a later date?

We feel that by teaching the skills needed to live, learn, and work in the community, and by providing Insert Student's Name with additional information about adult services and programs, we can better meet the goal for which we are all striving: the successful participation of Insert student's name in adult life.

We look forward to working together toward this goal at the IEP meeting.

Sincerely,

SIGN HERE

Print name

CC: Insert name of IEP case manager, School IEP Case Manager