



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, _____, who is enrolled in the Wraparound Milwaukee program, am aware and understand that there is to be a Central Office Hearing and/or Individual Education Plan (IEP) meeting to be held on:

_____ at _____
Date Time

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

- Chris Shafer
- Kay Frederick
- Shirley Fishman

to attend and have input at any and all meetings pertaining to the above student as our representatives and to act on our behalf.

Signature of Parent/Legal Guardian _____

Date _____