

**King Philip Regional School District
Special Education Department**

18 King Street; Norfolk, MA 02056
(508) 520-7991; Fax (508) 520-7993

Lisa M. Moy
Director of Student Services

Permission to Communicate/Invite Transition Agencies to TEAM Meetings

School Year: _____

Date: _____

Student Name: _____

DOB: _____

Program: _____

Grade: _____

I _____ give permission for the King Philip Regional School District
(Student/ (Parent/Guardian Name))

to contact Mass Rehab Commission regarding transition planning for me/ (my child).
(Agency Name)

This includes telephone and written communication. I also give permission for the King Philip
Regional School District to invite the above-named Agency to any scheduled TEAM Meetings.

This permission will be effective for the duration of my/ (my child's) enrollment in the King Philip
Regional School District, unless revoked by written notice.

Parent/Guardian Signature

Date

Student's Signature

Date