Inviting Agencies to ARD Meetings:
Considerations for School Staff and Agency Representatives

**School Staff**
Use this form to carefully consider **if** and **why** an agency should be invited to the meeting, and **which** agency is appropriate. If the school team determines that it is **not appropriate** to invite an agency at this time, document the reason(s) in the IEP. If agency participation would be appropriate for this ARD meeting, use this form to share information about the student with the agency representative and to continue the conversation about appropriate agency involvement.

SPP Indicator 13 checklist item #8:
*If appropriate, is there evidence that a representative of any participating agency was invited to the Admission, Review, and Dismissal Committee (ARD) meeting with the prior consent of the parent or student who has reached the age of majority?*

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<table>
<thead>
<tr>
<th>Student Name</th>
<th>Anticipated Exit Year:</th>
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<tbody>
<tr>
<td><strong>Age/Grade</strong></td>
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**ARD Meeting information**
- Date: ____________________________
- Time: ____________________________
- Location: ________________________

**Consent to invite agency**
- (date of signed consent) **do not send notice of ARD to agency without consent**

**Postsecondary Goals**
*What will the student be doing after high school?*
- Education: ________________________
- Employment: ________________________
- Independent Living: ________________________

**Current supports**
*What’s “special” about this student’s education?*
- Accommodations in classes/tests
- Modifications in classes
- STAAR Alternate
- Communication needs
- Behavior plan
- Related services
- Health services – Describe:
- Other:

**Anticipated impact of disability in post-school environments**
*What supports will this student need from adult agencies after high school?*
- Accommodations to pursue degree in higher education
- Supports to access learning activities
- Behavior
- Transportation
- Assistive technology:
- Job coaching
- **Time-limited**
- Ongoing
- Activities of Daily Living
- Medication/Health
- Independent living (cook/clean/pay bills/etc)
- Other:

**Agency invited**
- Texas Workforce Solutions Vocational Rehabilitation *(formerly DARS)*
- Local Authority (MHDD)
- Dept. of State Health Services (DSHS)
- Center for Independent Living (CIL)
- Health and Human Svcs. Comm (HHSC)
- Dept. of Aging and Disab. Svvs. (DADS)
- Student Support Services at college
- Other:

**Purpose for agency participation in this ARD**
*What does the school hope the agency will do during this ARD meeting?*
- Share information about agency services
- Learn about transition needs and collaborate on student’s post-school plan
- Consider provision of agency services in partnership with school services in order to adequately prepare the student for post-school success
- **must not be the responsibility of the school district under IDEA/504 rules**
- Other:
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Agency Staff

Review this form to prepare for meaningful participation in the ARD meeting, or to:

- Plan for other ways of connecting with the student and family (outside of an ARD meeting)
- Recommend a more appropriate agency
- Share information with the school about how this student can best access agency supports

Agency response:

- **Will attend**
  - Student is currently on my caseload
  - Student might be eligible for services through my agency; attending this ARD will be beneficial for post-school planning

- **Will not attend**
  - Will meet with student/family prior to the ARD
  - Recommend inviting alternate agency:

- **Other:**

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<tr>
<th>Agency representative</th>
<th>School Contact</th>
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<tr>
<td>Name:</td>
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<td>Phone:</td>
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