**School Name**

**County LOGO**

**Street Name**

**Town, State, Zip**

**Phone Number**

**Excusal From the**

**Individualized Education Program (IEP) Team Meeting**

**Name: Grade: Age: D.O.B:**

 **Student ID: Service School: T**

**Date:**

**To the Parent(s)/Guardian(s) of:**

**An IEP meeting is scheduled for your child on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**(Input your County/District) anticipates that the following required team member(s) will not be available to attend. In order to move forward and conduct the IEP meeting (Input your County/District) requests your agreement or consent to excuse the following required members of the IEP team.**

**The Individuals with Disabilities Act (IDEA) of 2004 allows the parent and public agency to consent to a member of the IEP team not attending an IEP team meeting in two circumstances. In these circumstances, before an IEP team member is excused from attending an IEP team meeting, the parent and the public agency must agree or consent, in writing, to the excusal.**

[ ]  A member of the IEP team is not required to attend an IEP team meeting, in whole or in part,

 if the parent of the student with a disability and the public agency agree, in writing, that the

 attendance of the member is not necessary because the member’s area of the curriculum or

 related service is not being modified or discussed in the meeting.

[ ]  A member of the IEP team may be excused from attending an IEP meeting, in whole or in part,

 when the meeting involves a modification to or discussion of the member’s area of the

 curriculum or related services, if the parent and public agency consent, in writing, to the

 excusal. If an IEP team member is excused from attending the meeting, the IEP team member

 shall submit his or her input on the development of the IEP to the parent and the IEP team

 prior to the scheduled IEP team meeting. The team member’s input must be in writing.

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**IEP team member(s) listed below are not required to attend because the curricular area or related service area(s) are not being modified or discussed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Team Member |  | Title |  |
| Team Member |  | Title |  |
| Team Member |  | Title |  |
| Team Member |  | Title |  |

*My signature below indicates that I AGREE to the team member(s) listed above not attending.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Excusal or IEP team member whose curricular or related area is being modified or discussed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Team Member |  | Title |  |
| Team Member |  | Title |  |
| Team Member |  | Title |  |
| Team Member |  | Title |  |

*My signature below indicates that I CONSENT to the excusal of the team member(s) listed above. I understand that the team member will provide input, in writing to me and to the other members of the IEP team, for consideration. I understand that my consent is voluntary and that I may revoke my consent at any time.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative of (Input your County/District)**

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If you agree or consent, please return a signed copy of this document as soon as possible.*

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