

EXCUSAL FROM ATTENDANCE AT IEP MEETINGS  
of  
REQUIRED IEP TEAM MEMBERS

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date of IEP meeting \_\_\_\_\_

Name of parent(s)/decision maker \_\_\_\_\_

Name of school representative: \_\_\_\_\_

Position of school representative: \_\_\_\_\_

**UNDERSTANDINGS**

I have been informed and understand that the IEP team must include at least the following: (a) parent of the child; (b) one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); (c) one special education teacher or special education provider of the child; (d) a representative of the school district; (e) an individual who can interpret the instructional implications of evaluation results; (f) other individuals who, at the discretion of the parent or the school, have been invited to the meeting because they have knowledge or special expertise regarding the child; and, (g) when appropriate, the student.

I have also been informed and understand that: (a) all of the required members of an IEP team (listed above) must attend each IEP meeting unless both the parent and the school representative agree in writing that a required team member does not need to attend all or part of an IEP meeting; and (b) that a required team member may be excused from attending a meeting that will involve a modification to or a discussion of the required team member's area of the curriculum or related services, only if: (1) both the parent and the school representative give written consent for the member to be excused; and (2) the member submits written input regarding the development of the IEP to both the parent and the other members of the IEP team prior to the meeting.



**THE IEP TEAM MEMBER'S AREA OF THE CURRICULUM OR RELATED SERVICES MAY BE MODIFIED OR DISCUSSED**

\_\_\_\_\_  
(Position of team member)

The member of the IEP team noted above is **excused from attending this IEP meeting**, providing that the member submits written input related to the development of the IEP to both the parent and to the other members of the team prior to the meeting.

I  consent  do not consent to the above marked statement

\_\_\_\_\_  
(Parent/Legal Decision Maker)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Authorized District Representative)

Date: \_\_\_\_\_