**IEP TEAM MEMBER(S) EXCUSAL FORM**

Student’s Name: Today’s Date:

Dear Parent/Guardian/Student (If 18 years old or older),

With your permission, the Individualized Education Program (IEP) team member(s) identified below has/have been excused from being present and participating in the IEP meeting scheduled on .

|  |  |  |
| --- | --- | --- |
| Name of Individualized Education Program Team Member(s) | Area Of Curriculum Or Related Services | Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting in whole or part: |
| Area of curriculum or related services is **not** being discussed or modified | Written input has been submitted to the parent and the IEP team prior to the meeting regarding area of curriculum or related services |
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**Comments:**

**Please check the appropriate box:**

 [ ]  I agree that the IEP member(s) above may be excused from the IEP meeting.

 [ ]  I **do not** agree that the following IEP member(s) may be excused from the IEP meeting.

**Sign and date below:**

Signature of Parent/Guardian/Student (If 18 years old or older): Date:

Please complete and return this form to the student’s case manager or the Special Education Department that is listed at the address on the top of this form.