

**EXCUSAL OF IEP TEAM MEMBER**

Completed prior to IEP.

Completed at IEP.

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

The \_\_\_\_\_ School District is proposing the excusal of a required team member from all or part of the following IEP meeting:

IEP meeting date: \_\_\_\_\_

Meeting purpose: \_\_\_\_\_

IEP team member being excused: \_\_\_\_\_  
Name and/or Title

IEP team member being excused: \_\_\_\_\_  
Name and/or Title

IEP team member being excused: \_\_\_\_\_  
Name and/or Title

The school district and parent/adult student agree that (check one):

- The attendance of the IEP team member listed above is not necessary because the team member's area of the curriculum or related service is not being modified or discussed.
- Although the meeting involves a modification to or discussion of the member's area of curriculum or related service, the team member shall submit written input to the parent/adult student and team in lieu of attending.

Comments:

If you have questions regarding this form, or if you have questions that you would like addressed at the IEP regarding the area of curriculum of the excused IEP team member, please contact:

\_\_\_\_\_  
Name Title Phone Number

**Please check and return by:** \_\_\_\_\_

- I agree to excuse the IEP team member listed above. Please address the following concerns at the meeting:
- I do not agree to excuse the IEP team member listed above.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature Date

For more information about special education and your rights, please contact your district Special Education Office.

**Copy to:**  District Office  Cumulative File  Case Manager  Parent/Adult Student  Related Services  Agency  Other \_\_\_\_\_