

Local Education Agency Name
School Division Address

**Team Member Excusal From the
Individualized Education Program (IEP) Team Meeting**

Student: School's Name

Date of Birth: MM/DD/YYYY

School: School's Name

Grade: XXX

Special Education Case Manager: Name

Date: MM/DD/YYYY

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

An IEP meeting is scheduled for your child on MM/DD/YYYY

(Local Education Agency Name) anticipates that the following required team member(s) will not be available to attend. In order to move forward and conduct the IEP meeting (Local Education Agency Name) 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.

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 (Local Education Agency Name)

Signature: _____ Date: _____

Title: _____

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