

Excusal of an IEP Team Member

*The team member requesting the excusal is responsible for completing this document.

Student Last Name:	First Name:	M:	UIC:
Attending Building:	DOB	Grade:	IEPT Date:

Check the appropriate box:

- 34 CFR §300.321(e)(1)** A member of the IEP Team (**general education teacher, special education teacher, related services personnel, representative of the public agency, and individual who can interpret the instructional implications of evaluation results**) is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child 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 services is not being modified or discussed in the meeting.
- or**
- 34 CFR §300.321(e)(2)** A member of the IEP Team (**general education teacher, special education teacher, related services personnel, representative of the public agency, and individual who can interpret the instructional implications of evaluation results**) may be excused from attending an IEP Team 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, in writing, and the public agency consent to the excusal; ***and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.***

Team Member Name	Program/Service Role	Attendance Not Necessary 34 CFR §300.321(e)(1)	Parent Consent for Excusal 34 CFR §300.321(e)(2)
		<input type="checkbox"/>	<input type="checkbox"/>

District Representative/Designee: Check the appropriate box and sign/date:

- I consent to this excusal.
- I do not consent to this excusal.

District Representative Signature (**Building Administrator**) _____
Date

Parent/Guardian: Check all that apply and sign/date:

- I consent to this excusal (**34 CFR §300.321(e)(1) and 34 CFR §200.329(e)(2)**) and the member has provided written input into the development of the IEP prior to the meeting (**34 CFR §200.329(e)(2)**).
- I do not consent to this excusal and request another IEPT meeting be scheduled when all participants can attend (**34 CFR §300.321(e)(1) and 34 CFR §200.329(e)(2)**).

Parent/Guardian Signature _____
Date

A copy of this signed form must be attached as a part of the IEP.

Mode of Delivery: _____ Date: _____