### IEP Team Member Excusal

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>District / School</th>
<th>Date of IEP Meeting</th>
<th>Today’s Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of IEP Team Member to be Excused:</th>
<th>Phone Number</th>
<th>Area of Curriculum/Related Service</th>
</tr>
</thead>
</table>

**This student’s strengths are:**
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**The educational concerns I have about this student are:**
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**The student’s present levels of achievement and performance including educational needs:**
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**The accommodations/modifications in general education that would help this student are:**
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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**PARENTAL APPROVAL**

A member of the IEP Team may be excused from attending an IEP meeting when the meeting involves a modification to or discussion of the member’s area of curriculum or related services if:
- the parent and the school district 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.

- [ ] I approve of this team member’s excusal from the IEP meeting.
- [ ] I do not approve of this team member’s excusal from the IEP meeting.

Parent/Adult Student ___________________________ Date ___________________________

School Contact ___________________________ Phone Number ___________________________ Date Sent ___________________________