

School District/Public Agency	Excusal of an IEP Team Member 34 C.F.R. §300.321(e)

Name of Student	WISER ID	DOB	Grade	Date

Meeting Date	Time	Location

The purpose of this form is to advise you that the IEP team member(s) listed below will be unable to attend the IEP team meeting, and to obtain your agreement or consent to permit the excusal of those members.

The school district or public agency must ensure that the IEP team includes:

- a. The parents of the child
- b. Not less than one regular education teacher of the child (*if the child is, or may be, participating in the regular education environment*).
- c. Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child.
- d. A representative of the public agency (*who is qualified to provide, or supervise the provision of specially designed instruction, is knowledgeable about general curriculum and about the availability of resources of the public agency*).
- e. An individual who can interpret the instructional implications of evaluation results (*who may already be a member of the team as described above*).

Team members listed in paragraphs b-e above are considered required IEP team members. Excusal of a required IEP team member, in whole or in part, is permitted only under certain circumstances as outlined below:

- The public agency and parent must agree, in writing, to the excusal if the required IEP team member’s area of the curriculum or related service **is not** being modified or discussed at the meeting, **OR**
- The parent and public agency must consent, in writing, if the required IEP team member’s area of curriculum or related service **is** being modified or discussed at the meeting. It is required that the excused member submit in writing to the parent and the IEP team input into the development of the IEP **prior** to the team meeting.

If the IEP team member’s area of the curriculum or related service is being modified or discussed, that IEP team member must provide a written input into the development of the IEP prior to the meeting.

IEP Team Member and Title	Written Input (if required)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
2.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
3.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Please complete and return this page as soon as possible.

Excusal of an IEP Team Member

Name of Student	Date

Your agreement or consent is necessary prior to the excusal of a required IEP team member. Please consider the information provided in this notice and respond by completing the agreement/consent portion of this form. If you are not in agreement, it is likely that the school district or public agency will have to reschedule the IEP team meeting to allow the participant's attendance.

Your consent is voluntary and may be revoked at any time.

Please check one box below to indicate your preference:

I have received and read the information relevant to the excusal of an IEP team member.

I AGREE / CONSENT to the excusal of the IEP team member(s) listed.

I DO NOT AGREE / DO NOT CONSENT to the excusal of the IEP team member(s) listed.

Parent Signature _____ Date _____

For School District or Public Agency Use

Date received	Signature of School District or Public Agency Official