



Student: _____	Student UID# _____	DOB: _____
School: _____	Grade: _____	Age: _____

Commented [CAH1]: This is the student's full legal name. <First Name, Middle Name, Last Name>

Commented [CAH2]: The Student UID# should correspond to the student's Powerschool ID #.

REQUEST TO EXCUSE REQUIRED IEP TEAM MEMBER(S)

Dear: _____ Date: _____

Commented [CAH3]: Parent/Guardian/Student (if rights have transferred at the age of majority)

Commented [CAH4]: Date the request to excuse is sent to the parent/guardian/student

Prior to the excusal of an IEP Team member from an IEP Team meeting, the parent/guardian and/or student have to agree that the team member may be excused. The LEA is proposing to excuse an IEP Team member(s) from the IEP Team meeting currently being planned.

This is a written request for your agreement to excuse an IEP Team member(s). The conditions of this proposal are listed below.

The following required members of the IEP team will not attend the meeting; however, they will participate by providing written input to all team members **prior to the meeting**.

Name	Consent Decision	
Special Education Teacher/Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Education Teacher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreter of Instructional Implications of Evaluation Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LEA Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commented [CAH5]: This documents the parent/guardian/student's decision whether to excuse a required member.

The following required members of the IEP Team will not attend the meeting because the member's area of the curriculum or related services is not being modified or discussed during the meeting.

Name	Consent Decision	
Special Education Teacher/Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Education Teacher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreter of Instructional Implications of Evaluation Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LEA Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commented [CAH6]: This documents the parent/guardian/student's decision whether to excuse a required member.

Signature: _____ Date: ____/____/____

Commented [CAH7]: This is the signature of the parent/guardian/student providing or withholding consent to excuse a required IEP Team member.

So that the meeting arrangements can be confirmed, please return this signed form to:
 EC Case Manager: _____ School: _____
 Email: _____ Phone: _____

Commented [CAH8]: This information applies to the EC Case Manager – the staff member responsible for coordinating and managing the student's EC file. This is also the person to whom this document should be returned.

C: EC File, Parent/Guardian Student ID#: _____