



**AGREEMENT TO EXCUSE ATTENDANCE
OF AN IEP TEAM MEMBER**

ALPENA-MONTMORENCY-ALCONA
EDUCATIONAL SERVICE DISTRICT
2118 US 23 South
Alpena, MI 49707
(989) 354-3101
Fax: (989) 356-3385

Student Name _____ Building _____

Date of scheduled IEP _____

IEP team must include: The parent, a general education teacher if the student participates in the general education curriculum, a special education teacher, a public agency representative, other individuals who have knowledge or special expertise AND the student, when appropriate.

Note: Participants may serve in more than one role & students with IEP services only will not have a special education teacher—in these cases, the service provider is then required.

Other IEP Team Meeting Participants: When an evaluation is being considered, there must also be an individual who can interpret the instructional implications of the evaluation results.

Parent and District Agreement on Excusal Prior to Meeting: In order for the district to excuse a required IEP team member, written agreement must be obtained from the parent **prior** to the meeting. If attendance of a required member of the IEP team is determined not necessary because that member's area of the curriculum or related service is not being modified or discussed, the district must have written agreement from the parent prior to the IEP team meeting.

In addition, if the member's area of the **curriculum or related service is being discussed**, the excused member **must submit written input** for the development of the IEP **prior** to the meeting.

I, as parent/guardian of the child named above, accept the attached written evaluation report and/or written input from the staff member(s) listed below and excuses them from attending my child's IEP Team meeting.

~ OR ~

I, as parent/guardian of the child named above, excuse the following staff member(s) from attending my child's IEP Team meeting, and understand that no written report/input is attached as their area of service is not being discussed or modified at the IEP Team meeting.

Staff Member(s):

Program/Service Area(s):

- I agree to this excusal
- I do not agree to this excusal, and request another IEP be scheduled when all can attend

(Parent/guardian signature)

(Date)

(District representative signature)

(Date)

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