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| **PURPOSE:** A school district member of the IEP team may be excused from attending the IEP meeting if the parent(s) and the district agree in writing that the member’s attendance is not necessary because his/her area of curriculum/services is not being modified or discussed in the meeting. A member whose area of the curriculum/services will be modified or discussed may be excused from the IEP meeting if the district and parent(s) consent in writing (pursuant to the consent requirements contained in WAC 392-172A-03000), and the team member provides written input into the development of the IEP prior to the meeting. |

# REQUEST TO EXCUSE AN IEP TEAM MEMBER

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |
|  |  |  |  |
| To: |  | Re:  |  |
| *Parent/guardian/adult student* |  | *Student name* |

|  |  |
| --- | --- |
|  | , a required member of your child’s IEP team has |

*Name/Title*

|  |  |  |
| --- | --- | --- |
| asked to be excused, in whole or in part, from the IEP meeting scheduled for: |  | . |

*Date*

A required team member may be excused from attending an IEP meeting with the agreement/consent of the parent(s) and the district.

[ ]  We agree to excuse the attendance of this team member at the IEP meeting specified above because this member’s area of the curriculum or related services is not being modified or discussed at this IEP meeting.

[ ]  We consent to excuse the attendance of this team member at the IEP meeting specified above because, although the IEP meeting involves a modification to or discussion of this staff member’s area of the curriculum or related services, he/she will submit in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

Your agreement or consent to excuse the above identified IEP team participant from attending the meeting must be in writing. Please sign, date, and return one copy of this form to the school district.

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|  |  |  |
| *Parent/guardian/adult student signature* |  | *Date* |
|  |  |  |
|  |  |  |
| *School district representative signature* |  | *Date* |

[ ]  I do not agree to the excusal. Please contact me to reschedule the meeting when required members are able to attend.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature* |  | *Date* |

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