OP-5 Parent/Guardian Excusal (Optional Form)

Dear	Distric <mark>t:</mark>			
An IEP team meeting is scheduled for your child on: We _ met in personepoke on the phoneexchanged e-maileexchanged faxes And agreed to the following: Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility parents in scheduluing meetings. The presence and participation of the Individualized Education Program (IEP) team mer required team members are described in the regulations as, the general education teacher, special education results, who may the required team and/or an individual who can interpret the instructional implications of evaluation results, who may the member of the team already identified. Excused member(s) whose content area will NOT be discussed at the meeting. 	Date:	Student's Name:		Date of Birth:
We	Dear Parent	(s)/Guardian(s) Name		
And-agreed to the following: Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team meritor in the necessary and has/have been excused from being present and participating in the meeting. The representative, and/or an individual who can interpret the instructional implications of evaluation results, who may is member of the team already identified. Excused member(s) whose content area will NOT be discussed at the meeting.	An IEP team meet	ing is scheduled for your child on:	:	
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parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team mer identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be member of the team already identified. Excused member(s) whose content area will NOT be discussed at the meeting. Yes NA The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in win in part because the individual's area of curriculum, content or related service will not be discussed or modified. Name and Area: Name and Ar	And agreed to the	following:		
Excused member(s) whose content area will NOT be discussed at the meeting;	parents in schedul identified below is/ required team mer representative, an	ing meetings. The presence and pre The presence and the second presence and presence and presence and presence and presence and presence and presence Description of the presence and p	participation of the Individu seen excused from being tions as, the general educa	ualized Education Program (IEP)- team member(s) present and participating in the meeting. The ation teacher, special education teacher, LEA
Yes Name Name and Area:	Excused member	(s) whose content area will NO	T be discussed at the me	eeting.
In part because the individual's area of curriculum, content or related service will not be discussed or modified. Name and Area:		. ,		
Name and Area:				
Name and Area:	Name and Area:			
Excused member(s) whose content area WILL BE discussed at the meeting. Yes NA The school district and parent/guardian concent* to the excusal of the following member(s) from attending the IEP meeting involves a modification to or discussion of the member's area of the curriculum related services. The member will submit his/her input into the IEP in writing to the other IEP team members including the parents prior to the meeting. Name and Area:	Name and Area:			
Yes -NA The school district and parent/guardian consent* to the excusal of the following member(s) from attending the IEP meets whole or in part even though the meeting involves a modification to or discussion of the member's area of the curriculum plated services. The member will submit his/her input into the IEP in writing to the other IEP team members including the parents prior to the meeting. Name and Area:	Name and Area:			
Name and Area:	The school district whole or in part ev related services. T	and parent/guardian consent * to en though the meeting involves a he member will submit his/her inp	modification to or discuss	ion of the member's area of the curriculum or
Name and Area:	Name and Area:			
*Lunderstand that my granting of consent is voluntary and that I may revoke consent at any time before the activity is conducted for which consent is sought. Parent/Guardian Signature Date Authorized School Personnel Signature Date If you have any questions or would like a copy of the procedural safeguards notice, please contact:	Name and Area:			
conducted for which consent is sought. Parent/Guardian Signature Date Authorized School Personnel Signature Date If you have any questions or would like a copy of the procedural safeguards notice, please contact:	- Name and Area:			
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	Authorized School P	ersonnel Signature		Date
	If you have any qu	estions or would like a copy of the	e procedural safeguards n	otice, please contact:
Name: Title: Phone:	Name:		Title:	Phone:
Sincerely,	Sincerely	,		
Name: Title:	Name:		Title:	