OP-5 Parent/Guardian Excusal (Optional Form)

District: _____

Date: _____ Student's Name: _____ Date of Birth: _____

Dear _____
   Parent(s)/Guardian(s) Name

An IEP team meeting is scheduled for your child on: _____.

We ☐ met in person ☐ spoke on the phone ☐ exchanged e-mails ☐ exchanged faxes

And agreed to the following:

Allowing required team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The required team members are described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the **instructional implications of evaluation results, who may be a 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 whole or 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: _____

Excused member(s) whose content area WILL BE discussed at the meeting.

☐ Yes   ☐ NA

The school district and parent/guardian **consent*** to the excusal of the following member(s) from attending the IEP meeting in whole or in part even though the meeting involves a modification to or discussion of the member's area of the curriculum or 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: _____

Name and Area: _____

*I understand 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: _____ Title:_____ Phone: _____

Sincerely,

Name: _____ Title:_____