

SF-5 IEP Team Member Excusal

Educational Agency: _____

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

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

An IEP team meeting is scheduled for your child on (date/time): _____. Your permission to excuse a required team member from attending this meeting is requested.

Allowing required team members to be excused from attending an Individualized Education Program (IEP) meeting is intended to provide additional flexibility to parents in scheduling meetings. The IEP team member(s) identified below are unable to attend the meeting. The team member(s) has/have completed data collection and input for the IEP and can be excused from being present and participating in the meeting. The required team members that can be excused are described in the regulations as, the general education teacher, special education teacher/provider, educational agency representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.

Proposed Excusal of the following IEP Team member(s):

Name: _____ Title: _____ Content Area: _____

- ☐ Content Area will **NOT** be modified or discussed during the meeting
- ☐ Content Area **WILL** be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____

Name: _____ Title: _____ Content Area: _____

- ☐ Content Area will **NOT** be modified or discussed during the meeting
- ☐ Content Area **WILL** be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____

Name: _____ Title: _____ Content Area: _____

- ☐ Content Area will **NOT** be modified or discussed during the meeting
- ☐ Content Area **WILL** be modified or discussed during the meeting and input will be provided to the parent and the IEP team in writing on: _____

I understand that giving my consent to the excusal is voluntary, and I may revoke it at any time before the IEP team meeting takes place. This is applicable for the IEP meeting to be held on _____ (date).

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: _____