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## Eastern Illinois Area of Special Education

5837 Park Drive, Suite 1

Charleston, IL 61920

Phone: (217) 348-7700 - FAX: (217) 348-7704

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### Parent/Guardian Excusal of an Individualized Education Program Team Member

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NAME OF CHILD

DATE OF BIRTH

DATE

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Dear

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:

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.

#### Content area of excused member not 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*

\_\_\_\_\_  
*Name and Area*

#### Content area of excused member discussed at the meeting

Yes  NA The school district and parent/guardian agree the following member(s) may be excused from attending the IEP meeting in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the member submits input into the IEP in writing to the parent and to the team prior to the meeting.

\_\_\_\_\_  
*Name and Area*

\_\_\_\_\_  
*Name and Area*

\_\_\_\_\_  
*Name and Area*

\_\_\_\_\_  
*Name and Area*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized School Personnel*

\_\_\_\_\_  
*Date*

*Signature*

If you have any questions or would like a copy of Explanation of Procedural Safeguards, please contact:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title*