PARENTAL CONSENT TO EXCUSE MEMBERS FROM ATTENDING THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING (Attach to IEP Invitation if appropriate)

School Age

Child's Name:				For LEA Use Only:
Date (mm/dd/yy):			-	Date of Receipt of Parent Excusal Form
Name and Address of Parent/Guardian/Surrogate	:			
			-	
			-	
			-	
Dear	:			
A meeting of your child's Individualized Education	n Program (IE	:P) team i	s scheduled	on:
We have decided that the following person(s) doe content area will NOT be discussed at the meeting		o attend y	our child's l	EP meeting. That person's
Please check Yes if you consent or No if you do no Yes No Name and Area	ot consent.	No	Name and	Aroa
	Yes	No		i Alea
Name and Area			Name and	I Area
We have decided that the following person(s) doe content area WILL BE discussed at the meeting, a in writing to you and to the team prior to the me	and the memb			
Please check Yes if you consent or No if you do no				
Yes No Name and Area	Yes	No	Name and	I Area
Yes No	Yes	No		
Name and Area			Name and	I Area
SIGN HERE:				
Parent/Guardian/Surrogate Signature	_		Date (mr	m/dd/yy)
If you have any questions, please contact me. Name:	Position:			
Phone:	Email:			

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Parental Consent to Excuse* is available on the PaTTAN website at <u>www.pattan.net</u> Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.