

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A · PONTIAC, ILLINOIS 61764
PHONE: 815-844-7115 · FAX: 815-842-3170 · TDD: 815-842-3170

PARENT/GUARDIAN EXCUSAL OF AN INDIVIDUALIZED EDUCATION PROGRAM TEAM MEMBER

Date: _____ Student's Name: _____ Student's 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 emails exchanged faxes and agreed to the following:

Allowing 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 required 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 "team member" is 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.

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 Signature

Date

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

Name: _____ Title: _____ Phone: _____

Sincerely,

(Signature)

Name: _____

Title: _____