

SONOMA COUNTY SELPA

IEP TEAM MEMBER(S) EXCUSAL  
From A Meeting In Whole Or In Part

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Dear Parent/Guardian/Adult Student,

With your permission, the Individualized Education Program (IEP) team member(s) identified below has/have been excused from being present and participating in the IEP meeting scheduled on \_\_\_\_\_

Name of Individualized Education Program Team Member(s)	Area Of Curriculum Or Related Services	Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting in whole or part:	
		Area of curriculum or related services is <b>not</b> being discussed or modified	Written input has been submitted to the parent and the IEP team prior to the meeting regarding area of curriculum or related services

**Comments:**

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Please check the appropriate box:

I agree that the IEP member(s) above may be excused from the IEP meeting.

I **do not** agree that the following IEP member(s) above may be excused from the IEP meeting.

**Circle** relationship to student, sign and date below.

Signature of Parent/Guardian/Adult Student: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to \_\_\_\_\_ located at \_\_\_\_\_  
Name of District Representative Local Education Agency