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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Excusal of IEP Team Member** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | |  | | | | | | | | | | | | | Date of Birth: | | | | | | |  | | | | | | Gender: | | | Male  Female | | | |
| School Site: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District of Attendance: | | | | | | | |  | | | | | | | | | | | | | District of Residence: | | | | | | | | |  | | | | | | | |
| Parent/Guardian: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meeting Type: | | | | Annual | | | | | | | Triennial | | | | | Parent Request IEP | | | | | | Addendum | | | | | | | Other: | | | |  | | | | |
| ***IEP Meeting Date/Time:*** | | | | | | | | |  | | | | | | | | | | | ***Location:*** | | | |  | | | | | | | | | | | | | |
| ***Date District Requested Excusal of IEP Team Member:*** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **34 C.F.R. § 300.321(e); CALIFORNIA EDUCATION CODE § 56341(f)-(g):** A required member of the Individualized Education Program (IEP) team may be excused from attending an IEP team meeting, in whole or in part, if the parent and the LEA agree, in writing, that the attendance of a member (1) is not necessary because the member’s area of the curriculum or related service is not being modified or discussed in the meeting; or (2) when the meeting involves a modification to or discussion of the IEP team member’s area of the curriculum or related service, the member may be excused from attending the meeting, in whole or in part, if the parent, in writing, and the LEA consent to the excusal and the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **IEP Team Member / Reason for Team Member’s Excusal** | | | | | | | |  |  | | |  |  |  | |  | (NAME) | | |  | (POSITION/TITLE) |  | |  | The IEP team member’s area of curriculum/related services will not be modified or discussed; ***OR***  The IEP team member is unable to attend the IEP meeting during which time his/her area of curriculum or related services will be modified or discussed. He/she will provide you with written input into the development of your child’s IEP prior to the scheduled IEP team meeting. | | | | | | |  |  |  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENTAL CONSENT:** The individual above is a required member of your child’s IEP team. He/she has requested to be excused in whole or in part, from attending your child’s IEP meeting for the reason(s) stated above. Your consent is required for the excusal of the IEP team member. Please mark the appropriate box below and sign/date and return the form to the district contact noted at the bottom of this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | I ***DO NOT CONSENT*** to the excusal of the IEP team member and would like to reschedule the meeting. Please contact me at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Home Phone: | | | | |  | | | | | | | Other Phone: | | | | |  | | | | | | | | Email: *(Optional)* | | | | |  | | |  | |
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|  | I ***CONSENT*** to the excusal of the abovementioned IEP team member for the reason(s) stated above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **By signing this form, the parties mutually agree that the presence and participation of the IEP team member indicated above is not necessary and that the team member is excused from being present on the specified IEP meeting date/time for the reason(s) stated above.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | |  | | | |  | | |
| Administrator Signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | |  | | | |  | | |
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| **PLEASE RETURN FORM TO:** | | | | | | | | | | | |  | | | | | | | | | | | at | | |  | | | | | | | | | |  | |
| **For additional information, contact:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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**A COPY OF YOUR PARENTS RIGHTS/PROCEDURAL SAFEGUARDS IS ATTACHED TO THIS NOTICE FOR YOUR REVIEW**