School Administrative Unit #24

Districts of

Stoddard Henniker Weare John Stark

IEP TEAM MEETING EXCUSAL

Student:			Date:	
DOB:	School:		Grade:	
Attendance Not Necessary				
The team member(s) listed below is not required to attend the IEP meeting that will occur on				
Disposition Evaluation Determin Developm Manifesta Team Member: Parent/Guardian	ng: (Please check all that apply) on of Referral on Planning ation of Eligibility for Special Education ment of Initial IEP ation Determination in Agreement Signature:			
Excusal – for all or part of an IEP Meeting				
The team member(s) listed below is excused from attending: (Please check one)				
The <u>entire</u> IEP meeting OR a <u>part</u> of the IEP meeting on				
Disposition Evaluation Determin Developm	ng: (Please check all that apply). In of Referral In Planning In It In I		Annual Review/Rev Placement Progress Review Transition Planning Other:	ision of the IEP
Team Member:				Role:
Parent/Guardian	in Agreement Signature:			Date:
LEA in Agreement Signature:				Date:
*The excused team member has submitted to the IEP Team written information concerning his/her input into the IEP				

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meeting prior to the meeting. The information was submitted on (date):