

REQUEST TO EXCUSE REQUIRED IEP TEAM MEMBERS

(Attach, if required, to Meeting Notice)

ARSD 24:05:27:01.05

STUDENT NAME:		SIMS:
PARENT/GUARDIAN NAME:		DATE SENT:
SCHOOL DISTRICT:		SCHOOL:
DOB:	AGE:	GRADE:

Pending your written agreement for the IEP meeting scheduled on _____.

The following required member(s) of the IEP team will not attend the meeting, in whole or in part, although the curriculum area or related service(s) of the required team member will be discussed or modified. However, they will participate by providing written input to all team members prior to the meeting.

School Representative

Special Education Teacher or Provider

General Education Teacher

Individual who can interpret the evaluation results

The following required member(s) of the IEP team will not attend the meeting, in whole or in part, because their curriculum area or related service(s) will not be discussed or modified

School Representative

Special Education Teacher or Provider

General Education Teacher

Individual who can interpret the evaluation results

Please sign and return prior to the meeting.

I CONSENT¹ to excuse the IEP team member(s) as described above.

I DO NOT CONSENT¹ to excuse the IEP team member(s) as described above. I request all required members of the IEP team be in attendance.

Parent/Guardian Signature: _____ Date: _____

¹ Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01

For District Use:

Date consent was received by the district: _____