Form #5a - Written Agreement for Not Attending an IEP Meeting

**School District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Name and Address of Parent/Guardian/Surrogate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The authorized District staff has explained to the parent that there is no requirement to enter into this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized District Staff-Printed Name Date

**A. WHEN A DESIGNATED TEAM MEMBER WILL BE ABSENT FROM THE IEP MEETING**

Member(s) not in attendance:

I **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member’s area of curriculum or related service is not being modified or discussed at this meeting.

I **do not** **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member’s area of curriculum or related service is not being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Parent/Guardian/Surrogate/Adult Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Authorized District Staff Date

**B. WHEN A DESIGNATED TEAM MEMBER WILL BE EXCUSED FROM THE IEP MEETING**

Member(s) excused from the meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **agree** for the following Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, despite the member’s area of curriculum or related service being modified or discussed at this meeting. I understand this agreement requires the excused member submit in writing to the Team their input into the development of the IEP prior to the meeting.

I **do not agree** for the Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member’s area of curriculum or related service is being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Parent/Guardian/Surrogate/Adult Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Authorized District Staff Date