



Form 5a - Written Agreement for Not Attending An IEP Meeting

School District: _____ Case Manager: _____

Student Name: _____ Date of Birth: ___/___/___

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 ___/___/___.

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Signature of the Parent/Guardian/Surrogate/Adult Student

____/____/____
Date

Signature of the Authorized District Staff

____/____/____
Date