

Consent to Excuse Participant

Student: _____ **STN:** _____

DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

The list of invited participants includes all of the individuals who are required to attend. The public agency representative, the teacher of record, the general education teacher, and the instructional strategist may be excused from all or some of the meeting if it is agreed prior to the meeting that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

In addition these members may be excused prior to the meeting when the meeting involves a modification to or discussion of the member's area of expertise if the member attends the part of the meeting that involves this member's expertise or if the member submits, in writing to the parent and the case conference committee, input into the development of the Individualized Education Program prior to the meeting.

The following members have requested your consent to excuse them from the entire IEP meeting because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

Position	Name	Additional Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following members have requested your consent to excuse them from the portion of the IEP meeting that does not involve their expertise.

Position	Name	Additional Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following members have requested your consent to excuse them from the entire IEP meeting. Input from these members will be submitted prior to the meeting or has been included in this notice.

Position	Name	Additional Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my consent to excuse the participant(s) above. In absence of this consent, the participant is not excused. I understand that a parent of a student with a disability has protection under the procedural safeguards and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

Sign _____ **Date** _____