

RANKIN COUNTY SCHOOL DISTRICT
EXCUSAL OF IEP COMMITTEE MEMBER

PERSONAL DATA

Child's Name:	MSIS #:	DOB:
District:	School:	Grade:
Time and Date of IEP Committee Meeting:		
Location of IEP Committee Meeting:		

COMMITTEE MEMBER REQUESTING TO BE EXCUSAL

IEP Committee Member Name:	Role: <input type="checkbox"/> General Educator <input type="checkbox"/> Agency Representative <input type="checkbox"/> Special Educator <input type="checkbox"/> Other: _____
Request to be excused for: <input type="checkbox"/> Entire meeting <input type="checkbox"/> Part of meeting	Indicate whether the IEP Committee member's area will be addressed: <input type="checkbox"/> Member's curricular/service area is not to be addressed. <input type="checkbox"/> Member's curricular/service area is to be addressed. <i>The IEP Committee member must provide written input prior to the IEP Committee meeting.</i>

PUBLIC AGENCY AGREEMENT TO EXCUSE IEP COMMITTEE MEMBER

Public Agency:

The Public Agency does agree to excuse the IEP Committee member for the indicated meeting.

The Public Agency does NOT agree to excuse the IEP Committee member for the indicated meeting. The Public Agency requests that the IEP Committee member attend the meeting at the scheduled time.

The Public Agency does NOT agree to excuse the IEP Committee member for the indicated meeting. The Public Agency would like to reschedule the meeting for: _____

Public Agency Representative:	Date:
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PARENT AGREEMENT TO EXCUSE IEP COMMITTEE MEMBER

As the Parent, I have been informed and understand:

All of the IEP Committee members must attend all IEP Committee meetings in their entirety unless the Parent and the Public Agency agree in writing that the IEP Committee member may be excused in whole or in part.

If the IEP Committee member's curricular or service area is to be addressed during the scheduled meeting, the IEP Committee member must submit written input for the development of the IEP prior to the meeting, such as:

- Interpretations of data from assessment(s) and/or progress monitoring;
- Recommendations on measureable annual goals, services, and/or supports;
- Recommendations on participation in State-wide assessments and/or accommodations;
- Recommendations on postsecondary goals, secondary transition services, and/or exit options;
- Considerations on placement and the child's Least Restrictive Environment (LRE); and/or
- Recommendations on the need for Extended School Year (ESY) services.

Parent:

I do agree to excuse the IEP Committee member for the indicated meeting.

I do NOT agree to excuse the IEP Committee member for the indicated meeting. I request that the IEP Committee member attend the meeting at the scheduled time.

I do NOT agree to excuse the IEP Committee member for the indicated meeting. I would like to reschedule the meeting for: _____

Parent:	Date:
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WRITTEN INPUT FOR THE DEVELOPMENT OF THE IEP ATTACHED

<input type="checkbox"/> Interpretations of data from assessment(s) and/or progress monitoring <input type="checkbox"/> Recommendations on participation in State-wide assessments and/or accommodations <input type="checkbox"/> Considerations for placement and the child's LRE	<input type="checkbox"/> Recommendations on measureable annual goals, services, and/or supports <input type="checkbox"/> Recommendations on postsecondary goals, secondary transition services, and/or exit options <input type="checkbox"/> Recommendations for ESY services
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