



**OFFICE OF STUDENT SUPPORT**

IEP TEAM MEMBER ATTENDANCE NOT REQUIRED

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

The District and the Parent agree that the following member(s) of the IEP team may be excused from attending the IEP meeting on \_\_\_\_\_(date),  
in whole or in part:

Staff Member(s):

Role/Position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

MSBSD Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Written input from the excused team member(s) is included in the draft IEP to be discussed at the meeting.**