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| **Fillmore Central and Kingsland** | **Agreement Regarding IEP Team Member Attendance** |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

🗹 Initial Evaluation 🞏 Reevaluation

🞏  **I. Content Area of Excused Member will *Not* be Discussed or Modified at IEP Meeting**

The district and parent voluntarily agree that team member \_\_\_\_\_\_\_\_ does not need to attend the IEP meeting held on\_\_\_\_\_\_\_\_\_\_ because his/her area of the curriculum or related service is not being modified or discussed during the meeting. The district and the parent further agree that the identified team member’s absence from the meeting will *not* impact the student’s right to a free appropriate public education, the student’s ability to benefit from his/her program of specialized instruction, nor the parent’s ability to meaningfully participate in developing the IEP.

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

Parent Signature Date

🞏 **II. Content Area of Excused Member will be Discussed at IEP Meeting**

The district and parent voluntarily agree that team member \_\_\_\_\_\_\_\_ is excused from attending the IEP meeting held on \_\_\_\_\_\_\_\_\_\_ because he/she has provided or will provide the IEP team (including the parent) with the following:

🞏 written input into the IEP before the meeting; *or*

🞏 verbal input into the IEP during the meeting and before being excused.

The district and the parent further agree that the identified team member’s absence or excusal from the meeting will *not* impact the student’s right to a free appropriate public education, the student’s ability to benefit from his/her program of specialized instruction, nor the parent’s opportunity to meaningfully participate in developing the IEP.

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

Parent Signature Date

Return this form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_