



**STUDENT SUPPORT SERVICES**

**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.**

