

**ADDITIONAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEMBER
EXCUSAL(S)**

_____ County Schools

Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____ Telephone _____

TO BE COMPLETED WHEN A TEAM MEMBER'S EXCUSAL WAS NOT DOCUMENTED ON THE MEETING NOTICE

**Documentation of Consent
(To be completed *prior* to the IEP Team meeting.)**

Date parent/adult student contacted regarding excusals _____

Method of contact (email, phone, etc.) _____

Personnel making contact (names/positions) _____

Date of scheduled IEP Team meeting _____

Additional excused IEP Team Members	Name/Position
_____	_____
_____	_____

I consent to excuse the IEP Team members above. _____
Signature of Parent/Adult Student

NOTE: Reports are required from the excused members
