

## Form # 5a - Written Agreement for Not Attending an IEP Meeting

School District: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Name and Address of Parent/Guardian/Surrogate: \_\_\_\_\_

The authorized District staff has explained to the parent that there is no requirement to enter into this agreement.

\_\_\_\_\_  
Authorized District Staff-Printed Name \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### A. WHEN A DESIGNATED TEAM MEMBER WILL BE ABSENT FROM THE IEP MEETING

Member(s) not in attendance:

- I **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting.
- I **do not agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date\_\_\_\_\_  
Signature of the Authorized District Staff \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### B. WHEN A DESIGNATED TEAM MEMBER WILL BE EXCUSED FROM THE IEP MEETING

Member(s) excused from the meeting: \_\_\_\_\_

### Contact Information:

If you have questions about this document or would like additional information, please contact:  
the [Special Education Monitoring Team](#).

- I **agree** for the following Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_/\_\_\_/\_\_\_, in whole or in part, despite the member’s area of curriculum or related service being modified or discussed at this meeting. I understand this agreement requires the excused member submit in writing to the Team their input into the development of the IEP prior to the meeting.
  
- I **do not agree** for the Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_/\_\_\_/\_\_\_, in whole or in part, because the member’s area of curriculum or related service is being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Signature of the Authorized District Staff

\_\_\_/\_\_\_/\_\_\_  
Date