

Special Education Team Meeting Excusal Form

District: Litchfield School District, SAU 27

Student:

Attendance Not Necessary - 20 U.S.C. 1414 (d)(1)(C)(i)

The team member listed below is not required to attend the Special Education Team meeting that will occur on:

Team Member's Name:

Purpose of Meeting (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Disposition of Referral Meeting | <input type="checkbox"/> Evaluation Planning Meeting |
| <input type="checkbox"/> Determination of Eligibility Meeting | <input type="checkbox"/> IEP Development - Review - Revision Meeting |
| <input type="checkbox"/> Placement Meeting | <input type="checkbox"/> Manifestation Determination Meeting |
| | <input type="checkbox"/> Other |

NON - Attending Team Member's Role on the Team (check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Child (if appropriate) |
| <input type="checkbox"/> Other Individual with Special Knowledge or Expertise | | |

Parent in Agreement Signature: _____ Date: _____
LEA in Agreement Signature: _____ Date: _____

Excusal for All or Part of a Special Education Meeting - 20 U.S.C. 1414 (d)(1)(ii)

The team member listed below is excused from attending (check one):

- | | | |
|---|--|---------------------|
| <input type="checkbox"/> the ENTIRE Special Education Team Meeting | <input type="checkbox"/> A PART of the Special Education Team Meeting | Meeting Date: _____ |
|---|--|---------------------|

Team Member's Name:

Purpose of Meeting (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Disposition of Referral Meeting | <input type="checkbox"/> Evaluation Planning Meeting |
| <input type="checkbox"/> Determination of Eligibility Meeting | <input type="checkbox"/> IEP Development - Review - Revision Meeting |
| <input type="checkbox"/> Placement Meeting | <input type="checkbox"/> Manifestation Determination Meeting |
| | <input type="checkbox"/> Other |

NON - Attending Team Member's Role on the Team (check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Child (if appropriate) |
| <input type="checkbox"/> Other Individual with Special Knowledge or Expertise | | |

Parent in Agreement Signature: _____ Date: _____
LEA in Agreement Signature: _____ Date: _____

The excused team member has submitted to the parent(s) the Special Education Team written information concerning his/her input into the development of the IEP prior to the meeting. The information was submitted to the Special Education Team on (Date) _____. The information is attached to this document.