

**AGREEMENT ON IEP TEAM PARTICIPANT  
ATTENDANCE AT IEP MEETING (I-2)**

**CESA #7, \_\_\_\_\_ SCHOOL DISTRICT**  
*[If you need this agreement in a different language or communicated in a different way, or have questions about this agreement, please contact \_\_\_\_\_ at \_\_\_\_\_.]*

Dear \_\_\_\_\_

Date \_\_\_\_\_

An IEP team meeting for your child \_\_\_\_\_ is scheduled for \_\_\_\_\_.  
On \_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and agreed the following individual(s) is/are not required to attend all or part of the meeting (***include name and title***).

- We agree \_\_\_\_\_ will not attend the IEP meeting because his/her/their area of curriculum or related service is not being changed or discussed at the meeting.
- We agree \_\_\_\_\_ will not attend the IEP meeting during which his/her/their area of curriculum or related service will be discussed at the meeting. However, she/he/they will prepare and provide to you prior to the IEP meeting written information that can be used in developing or revising your child's IEP.
- We agree \_\_\_\_\_ will be or was present for that portion of the meeting during which his/her/their area of curriculum or related service will be or was discussed or changed and his/her/their attendance is no longer required.

Other options, if any, related to the above action that were considered and the reason(s) they were rejected including a description of any other relevant factors include:

- None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_  
Name and Title of District Contact Person

-----

Your agreement or consent to excuse the above identified IEP team participant(s) from attending the meeting must be in writing. *(Please sign, date and return one copy of this agreement to the school district)*

I agree that the above named IEP team participant(s) need not attend all or part of my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the excusal of the team participant(s) takes effect. I understand that I may request to meet with the excused team participant(s) before agreeing or consenting to excusing the participant(s) from attending the IEP team meeting.

\_\_\_\_\_  
Signature of parent or legal guardian or adult student

\_\_\_\_\_  
Date