

**IN LIEU OF IEP TEAM ATTENDANCE REPORT**

Morgan County Schools

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

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Excused IEP Team Member \_\_\_\_\_  
Academic or Nonacademic Area(s) \_\_\_\_\_

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**Directions for excused team members:**

- Complete this form if you have been excused from the IEP Team meeting and your area of academic or nonacademic area will be discussed in your absence.
- Attach copies of relevant reports, draft IEP pages, additional information, etc.
- Provide this report to the IEP Team chairperson and the parent prior to the meeting.

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE/  
IMPACT STATEMENT/TARGETED STANDARD(S):**

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**SUGGESTIONS FOR ANNUAL GOALS MODIFICATIONS/ACCOMMODATIONS/SERVICES:**

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<b>Excused Team Member Signature</b>	<b>Position</b>	<b>Date</b>
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**Parent Statement:**

I have been provided an opportunity to review this report **prior** to the development of the student's IEP.

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<b>Parent/Adult Student Signature</b>	<b>Date</b>
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