

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

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
