

IEP Excusal Consent and Report Form

Student Information:			UIC #
Name:	DOB:	School:	District:
IEPT Date:		Date of this Report:	
Purpose:			
<p>Excusal: <i>(Separate form for each request is required)</i></p> <p>(1) The following required IEPT members may be excused from attending the IEPT meeting even though the Team may discuss the member's area of the curriculum and/or make modifications(s) to their related services;</p> <p>(2) The excused member(s) will submit a written report to the parent(s) and to the IEP Team members prior to the meeting and the report will be used as input into the development of the IEPT.</p>			
<p>Name (please print): _____ Area of Instruction: _____</p> <p>A copy of the written report for the parent/guardian/surrogate parent and IEPT is attached.</p>			
Public Agency Consent <i>(please check the box below showing your agreement or disagreement)</i>			
Excusal:	<input type="checkbox"/> Agree with excusal of this IEP Team Member	<input type="checkbox"/> Disagree with excusal of this IEP Team Member	
Superintendent/Designee Signature:			Date:
Parent/Guardian Consent <i>(please check the box below showing your agreement or disagreement)</i>			
Excusal:	<input type="checkbox"/> Agree with excusal of this IEP Team Member	<input type="checkbox"/> Disagree with excusal of this IEP Team Member	
Parent/Guardian/Surrogate Signature:			Date:
Parent/Guardian/Surrogate Signature:			Date:

Distribution of Form: Parent/Guardian/Surrogate Attach to IEP School File IEPT Members Scan to IC

It is the policy of the Clinton County Regional Educational Service Agency (RESA) that no discriminatory practices based on gender, race, religion, color, age, national origin, disability, height, weight, marital status, sexual orientation, political affiliations and beliefs, or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Associate Superintendent for Special Education, 1013 South U.S. 27, St. Johns, MI 48879, or call 989-224-6831.

IEPT Excusal Report Form

Student Name:	DOB:	School:	District:
Name: <i>(Please print)</i>		Position:	Date of Report:

Written Report *(must submit to the parent and IEP Team prior to the scheduled IEPT):*

Signature of Staff Member: _____ **Date:** _____

Date Report is provided to the Parent/Guardian/Surrogate: _____

Date Report is provided to the members of the IEP Team: _____

Distribution of Form: Parent/Guardian/Surrogate Central Registry School File IEPT Members CCRESA for Scanning