

**Documentation of Agreement of Non-Attendance for IEP/IFSP Team Member Whose Curriculum Area is not Being Discussed**

Maine Unified Special Education Regulations (MUSER) VI.2.F.&G.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Sent to Parents: |  | | | SAU: |  |
| Child’s Name: |  | | | School: |  |
| Date of Birth: |  | Grade: |  | School Phone: |  |
| Parent/Guardian Name: |  |  | | School Address: |  |
| Parent/Guardian Address: |  |  | | City, State Zip: |  |
| Parent/Guardian City, State Zip: |  |  | | School Contact: |  |

A member of the IEP/IFSP Team is not required to attend an IEP/IFSP Team meeting in whole or in part, if the parent of a child with a disability and the public agency agree ***in writing*** that the attendance of the member is not necessary because the member’s area of the curriculum or related services is not being modified or discussed in the meeting.

|  |  |
| --- | --- |
| Date of Meeting: |  |
| Name and Position of Excused Member: |  |

Date and signature of parent signifying agreement for non-attendance or attached Parental Written Agreement for Non-Attendance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Date and signature of designated public agency representative signifying agreement for non-attendance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Agency Representative Signature Date

Enclosures may be included within this document and recorded below:

|  |
| --- |
|  |