

**Documentation for Excusal of IEP/IFSP Team Member Whose**

**Curriculum Area is Being Discussed**

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

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| --- | --- | --- | --- |
| Date Sent to Parent: |  | 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 Team may be excused from attending a Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of the curriculum or related service ***if*** the parent and the public agency ***in writing*** consent to the excusal and the member submits, ***in writing***, to the parent and IEP/IFSP Team, input into the development of the IEP/IFSP prior to the meeting.

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| --- | --- |
| Date of Meeting:  |  |
| Name and Position of Excused Member: |  |
| Date written input sent to parents and Team (to be completed at the Team meeting): |  |

Date and signature of parent signifying consent for excusal or attached Parental Written Consent for Excusal:

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Parent/Guardian Signature Date

Date and signature of designated public agency representative signifying consent for excusal:

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

Public Agency Representative Signature Date

Enclosures may be included within this document and recorded below:

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