

North Central Ohio ESC, Marion Campus 333 E.Center Street Marion, OH 43302 Phone: 740-387-6625 Fax: 740-383-4804

PARENT PERMISSION TO EXCUSE ATTENDANCE AT IEP MEETING

Student:	Date of birth:	Disability:
TO GRANT CONSENT		
L	parent or gua	rdian of
Name of parent/guardian	, pur one of gau	rdian ofName of student
hereby give my permission for	e of IEP team member	to be excused from attending my child's IEP
meeting onb Date of IEP meeting	ecause:	
<u>check one</u>		
the member's area of the curriculum	or related service is not being mod	ified or discussed in the meeting.
		ice of this team member, I will accept, in lieu of ritten input is included as an attachment to this
Sign here only if giving consent		
Parent signature	Date	_
District representative signature	Date	_
TO REFUSE CONSENT: I DO NOT GIVE MY PERMISSION TO E BECAUSE:	XCUSE THIS TEAM MEMBE	R FROM MY CHILD'S IEP MEETING
Sign here only if refusing consent		
Parent signature	Date	
District representative signature	Date	
Reference: Rule 300.321 (e), IDEIA 2004		