

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		
T	narent or gu	ardian of
Name of parent/guardian	, purche of gat	ardian ofName of student
hereby give my permission for	of IEP team member	to be excused from attending my child's IEP
meeting on b Date of IEP meeting	ecause:	
<u>check one</u>		
the member's area of the curriculum of	or related service is not being mo	lified or discussed in the meeting.
		vice 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		