

North Providence School Department
2240 Mineral Spring Avenue
North Providence, RI 02911
Phone: (401) 233-1100
Fax: (401) 233-1106

Date:	DOB:
Student:	Grade:
School:	
IEP Team Member's Attendance Excusal	
TO:	
FROM:	
DATE:	
IEP Team Member's participation is not necessary because:	
<input type="checkbox"/> The member's area of the curriculum or related services is not being modified or discussed in the meeting, OR	
<input type="checkbox"/> The member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.	
Previous IEP Goal(s):	
Previous IEP Service:	
<input type="checkbox"/> IEP Goal(s) Met	
<input type="checkbox"/> IEP Goal(s) Unmet	
Current Academic/Functional Performance Summary:	
Recommended IEP Goal:	
Recommended Goal Target/Baseline:	
Recommended service is:	
IEP Team Member Name:	Date:
I am aware that the IEP Team Member named above will not be in attendance at the IEP meeting and I:	
<input type="checkbox"/> Give my approval for them to be excused from the meeting;	
<input type="checkbox"/> Wish to reschedule the meeting so that they may attend	
Parent/Guardian Signature	Date