



CONFIDENTIAL

Fairfax County Public Schools
Individualized Education Program

Parent Consent for Non-Attendance of IEP Team Members

Student Name: _____ ID#: _____ Date of Meeting: _____

The following IEP team members have indicated that they are not able to attend the IEP meeting. Attached is written input provided for your review.

IEP Team Member (position) _____

IEP Team Member (position) _____

IEP Team Member (position) _____

Parent signature indicates agreement with the following statement:

I have been informed and agree that the IEP team member(s) indicated above be excused from the IEP meeting, and I have received written input.

Parent Signature

Date