Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-Mail: spedpw@palaunet.com
Hospital #: _____

IEP MEETING ATTENDANCE/EXCUSAL FORM – SE 8B

Date: _____

Student: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

School: _____ **Address:** _____

Parent: _____ **Parent:** _____

A. IEP TEAM ATTENDANCE: WHEN A DESIGNATED TEAM MEMBER WILL BE ABSENT FROM THE IEP MEETING

Member(s) not in attendance: _____

☐ I **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on _____/_____/_____, in whole or in part, because the member's area of curriculum or related service is not being modified
Date
or discussed at this meeting.

☐ I **do not agree** for an Individualized Education Program (IEP) member to not attend the meeting scheduled on _____/_____/_____, in whole or in part, because the member's area of curriculum or related service is not being modified
Date
or discussed at this meeting. This meeting will be rescheduled for _____/_____/_____.
Date

_____ _____
Signature of the Parent/Guardian/Surrogate/Adult Student Date

_____ _____
Signature of the Authorized MOE Staff Date

B. IEP TEAM MEMBER EXCUSAL: WHEN A DESIGNATED TEAM MEMBER WILL BE EXCUSED FROM THE IEP MEETING

Member(s) excused from the meeting: _____

☐ I **agree** for the following Individualized Education Program (IEP) team member to be excused from the meeting scheduled on _____/_____/_____, in whole or in part, despite the member's area of curriculum or related service being
Date
modified or discussed at this meeting. I understand this agreement requires the excused member submit in writing to the Team their input into the development of the IEP prior to the meeting.

☐ I **do not agree** for an Individualized Education Program (IEP) team member to be excused from the meeting scheduled on _____/_____/_____, in whole or in part, because the member's area of curriculum or related service is
Date
being modified or discussed at this meeting. This meeting will be rescheduled for _____/_____/_____.
Date

_____ _____
Signature of the Parent/Guardian/Surrogate/Adult Student Date

_____ _____
Signature of the Authorized MOE Staff Date

Original: ☑School/EC Program Copy: ☑Sp Ed Office Copy: ☑Parent