

School District Name: Nashoba Regional School District
School District Address: 50 Mechanic Street, Bolton, MA 01740
School District Contact: TBD TEAM CHAIR

Student: IEP Blank Grade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#: _

Special Education Team Meeting Statement of Attendance Excusal

Meeting Date:

Time:

Location:

Room:

- Purpose of Meeting:
- Eligibility Determination:
 - IEP Development:
 - Placement
 - Transition
 - Other:

- *It is not necessary for the following team member(s) to attend this meeting or to provide input, since his/her area of the curriculum or related service is not being modified or discussed in this meeting.*

- *The following team member(s) is/are excused from attending this meeting. The meeting does involve a modification to or discussion of the member's area of the curriculum or related service. Therefore, each member has provided to the parent and the IEP Team, prior to the meeting, his/her written input into the development of the IEP.*

- *Signatures of agreement to the above statements of excusal:*

School District Representative

Parent / Guardian