

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)  
TEAM MEMBER EXCUSAL(S)**

**Hancock County Schools**

<b>Student's Full Name</b> _____	<b>Date</b> _____
<b>School</b> _____	<b>Date of Birth</b> _____
<b>Parent(s)/Guardian(s)</b> _____	<b>Grade</b> _____
<b>Address</b> _____	<b>WVEIS #</b> _____
<b>City/State</b> _____	<b>Telephone</b> _____

TO BE COMPLETED WHEN A TEAM MEMBER'S EXCUSAL WAS NOT DOCUMENTED ON THE MEETING NOTICE:

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**Documentation of District/Parent Discussion**  
(To be completed **prior** to the IEP Team Meeting.)

Date parent contacted regarding excusals \_\_\_\_\_

Personnel making contact (names/positions) \_\_\_\_\_  
\_\_\_\_\_

Date of scheduled IEP Team Meeting \_\_\_\_\_

Agreed-upon excused IEP Team members	Name/Position
_____	_____
_____	_____
_____	_____

Reports are required from the following excused members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_