



PO Box 218 • 202 Elm Street • Bergland, MI 49910
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Initial Evaluation Timeline Extension Agreement

Note: This form may be used to extend the initial IEPT meeting only.

Name: _____ Birthdate: _____

District: _____ School Building: _____

Dear _____
 (parent or guardian name)

Due to the time required to consider all academic, social and emotional aspects of your child.
 (Print Student's Name) _____ the 30-day timeline, as mandated by the Revised Administrative Rules for Special Education (revised November 2002), for completion of this special education evaluation will be exceeded. The reason for this requested extension is as follows: (check one)

- Child not available to evaluate
- Evaluation personnel or district staff unavailable to complete evaluation within timeline
- Required external reports not received within timeline

Because the required timeline will be exceeded, both the school and parent must agree to an extension. Therefore, we are seeking approval to extend the evaluation timeline until: _____

Please note your approval of this evaluation timeline extension by checking the box below.

I give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.

I do not give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.

Parent Signature	Date
Parent Name - Please Print	
School District's Representative's Signature	Date
Person Seeking Extension Request	Date