

Evaluation Timeline Extension Agreement

Name: _____ Birthdate: _____

District: _____ School Building _____

Dear _____

Name of parent or guardian

Your child (name of child) is undergoing an (Initial or Re-Evaluation) process to determine the need for special education services. Due to the time required to consider all academic, social and emotional aspects of your child 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 request is as follows: (check one)

_____ Child not available to evaluate (absent from school)

_____ Evaluation personnel or district staff unavailable to complete evaluation within timeline

_____ Required external reports not received within timeline (Doctor's report, CMH....)

_____ Other: For the period beginning March 16, 2020, the days districts were closed due to the COVID-19 pandemic and were not providing any services to the general student population are not counted in the 30-school-day timeline.

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

___ **YES**, I give permission for an extension of the 30 day timeline for completion of this evaluation as indicated above.

___ **NO**, I do not give my permission for an extension of the 30 day timeline for completion of this evaluation as indicated above.

Parent Signature Date _____

Parent Print Name

School District's Representative Signature Date _____

Person Seeking Extension Request Date _____