

Evaluation Timeline Extension Agreement

Student's Legal Name: _____ DOB: _____

School Building: _____ District: _____

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 timeline for completion of this special education evaluation will be exceeded. The reason for this requested extension is as follows: (check one)

- Additional testing was required/requested
- Child was not available when testing was planned/scheduled
- Child moved
- Personnel were not available
- Other: _____

Because the required timeline will be exceeded, both the school and parent must agree to an extension. Therefore, we are seeking your 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 timeline for completion of this evaluation as indicated above.

I do NOT give my permission for an extension of the timeline for completion of this evaluation as indicated above.

Parent/Guardian Signature

Date

Parent/Guardian Name—Please print

School District's Representative's Signature

Date

Staff person seeking Extension Request

Date

***Send copy of completed form to ICISD for data entry**

It is the policy of Ionia County Intermediate School District that no person shall on the basis of sex, age, religion, race, color, national origin, or disability, be excluded from participation in, be denied the benefits of, or be subjected to, discrimination in employment, or any of its programs or activities.