



Ionia County Intermediate School District

2191 Harwood Road • Ionia, Michigan 48846
 Phone (616) 527-4900 • Fax (616) 527-4731
www.ioniaisd.org

Initial IEP Timeline Extension Agreement

Student Name: _____ Date of Birth: _____
 District: _____ Date Extension Requested: _____

REQUEST for EXTENSION

Rule 340.1721 c(2) of the Michigan Revised Administrative Rules for Special Education states:

*The time from referral or from receipt of parental consent to an **initial** evaluation to the completion of the individualized education program or the determination of ineligibility shall not be more than 30 school days. This time line begins upon the receipt of the signed parental consent by the public agency requesting it and may be extended if agreed to by the parent and public agency.*

In accordance with Rule 340.1721c(2) of the Michigan Administrative Rules for Special Education, we request your written consent to extend the thirty (30) school day timeline for completing your child's initial evaluation and scheduling the initial IEP meeting.

Initial Evaluation Timeline Dates		Proposed Extended Timeline
Date of Receipt of Consent:	End of 30 School Day Timeline	Date for End of Proposed Extension:

EXTENSION AGREEMENT & SIGNATURE of INFORMED CONSENT

- I give my permission to this extension of the thirty (30) school day timeline, as indicated above, for completion of the initial evaluation and IEPT meeting.
- I do NOT give my permission to this extension of the thirty (30) school day timeline, as indicated above, for completion of the initial evaluation and IEPT meeting.

Signature of Parent/Guardian _____
Date

For School District Use Only
Reason for extension:
Date signed, completed extension received:
Signature of District Representative: _____