



2191 Harwood Road  
Ionia, MI 48846-9458  
P: 616-527-4900  
F: 616-527-4731  
[www.ioniaisd.org](http://www.ioniaisd.org)

Jason P. Mellema  
Superintendent

Christopher J. Carnes  
Director of Fiscal Services

James L. Lóser  
Assistant Superintendent  
Special Education

## **Evaluation Timeline Extension Agreement**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Building:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Person Seeking**

**Extension:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Dear** \_\_\_\_\_,  
(parent/guardian name)

Due to the time required to consider all needs (academic, social-emotional, behavioral, medical, etc.) of your child, \_\_\_\_\_, we are requesting an extension on the timeline for completion of this evaluation. 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
- ☐ Personnel were not available
- ☐ Other: \_\_\_\_\_

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 marking the appropriate box below:

\_\_\_\_\_ I give my permission for an extension of the timeline for completion of the evaluation as indicated above

\_\_\_\_\_ I *do not* give my permission for an extension of the timeline for completion of the evaluation as indicated above

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date