

Thirty (30) Day 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 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)

- Additional testing was required and/or requested
- Child was not available when testing was 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 marking 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

Send copy of completed form to Berrien RESA for data entry