



* Beaverton Rural Schools * Clare Public Schools * Farwell Area Schools * Gladwin Community Schools * Harrison Community Schools*

Initial Evaluation Timeline Extension Agreement

Student's Legal Name: _____ DOB: _____

School Building: _____ District: _____

Dear _____,
(Parent or Guardian)

Due to the time required to consider all academic, social, and emotional aspects of your child, (Print student's name) _____, the 30-school day timeline, as mandated by the *Michigan Administrative Rules for Special Education, 2015* for completion of initial special education evaluation will be exceeded. The reason for the requested extension is as follows: (Check one)

- _____ Additional testing was required or requested
- _____ Child was not available when testing was scheduled
- _____ Child moved
- _____ Personnel were not available
- _____ Documentation was 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

School District's Representative's Signature

Date

Person Seeking Extension Request

Date

Copy of Completed Form to be sent to the CGRESD