

School Administrative Unit #24

Districts of
Stoddard Henniker Weare John Stark

TIME EXTENSION FOR A DIAGNOSTIC EVALUATION

Student Name: _____ **School:** _____ **SPED ID #** _____
SASID #: _____ **Date of Birth:** _____ **Grade:** _____

Initial evaluations and reevaluations, including a written Evaluation Summary Report, must be completed within 60 days of the date on which the school district receives written permission from the parent to conduct the evaluation. For reevaluations, this 60 day time limit may be extended with parental consent by no more than 30 days.

In the case of your child, we are requesting a 30 day extension for the following reason(s):

Date Document Transmitted: _____ Transmittal Method: _____

Date of Original Evaluation Proposal: _____

Date Permission to Conduct Original Evaluation was received: _____

Current Due Date for this Original Evaluation: _____

Length of Proposed Extension (Calendar Days): _____

Proposed Completion Date for Evaluation: _____

School Contact Person: _____ Telephone #: _____

Parent(s) please indicate your response to this request by checking the box which reflects your decision, signing and dating the document, and then returning the document to the contact person above.

I AGREE to this request for an extension to my child's evaluation timeline.

I DO NOT AGREE to this request for an extension to my child's evaluation timeline.

Signature: _____ Date: _____

Relationship to Student: _____

I have received an annual copy of "Parent's Rights in Special Education".

Received on: _____