

**MUTUAL WRITTEN AGREEMENT TO EXTEND EVALUATION TIMELINE
(FOR STUDENTS WITH OR SUSPECTED OF HAVING A SPECIFIC LEARNING DISABILITY ONLY)**

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

INITIAL EVALUATION **RE-EVALUATION**

Dear _____:
(Parent(s)/Guardian(s) Name)

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has or continues to have one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education; and,
- Whether the child needs or continues to need special education and related services.

As you know, you previously signed consent for the initial evaluation or reevaluation of your child to determine if he or she has or continues to have a disability and is eligible for special education and related services. This evaluation is in process and is being conducted in accordance with the documented decision of the IEP Team, of which you are a member, with regard to the nature and scope of the evaluation. The state special education rules require that within 60 school days from the date of parent/guardian consent, a conference must be held to discuss the evaluation findings and determine eligibility for special education and related services.

The federal special education regulations at 34 CFR 300.309(c) allow the 60 school-day timeline to be extended when conducting an evaluation of a student with or suspected of having a specific learning disability. Such an extension may only occur through mutual written agreement of the child's parents and a group of qualified professionals (as described in 34 CFR 300.306(a)(1)).

We are proposing to extend the evaluation timeline by _____ school days, which will have the effect of changing the completion date from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____, for the reason(s) discussed below. This extension cannot have the effect of delaying or denying the provision of a free, appropriate public education for your child.

Reason(s) for Timeline Extension:

DISTRICT AGREEMENT TO EXTEND THE TIMELINE

The school district hereby agrees to extend the evaluation timeline as specified above.

Date: _____ District Representative Signature: _____

Name: _____ Title: _____

PARENT/GUARDIAN AGREEMENT TO EXTEND THE TIMELINE

I understand the school district (group of qualified professionals as described in 34 CFR 300.306(a)(1)) must have my agreement to extend the timeline to complete the evaluation. If I do not agree to extend the evaluation timeline, the district is required to complete the evaluation and determine eligibility within the 60 school day timeline. I understand my rights as explained to me and contained in the **Explanation of Procedural Safeguards**.

I agree I do not agree

to extend the 60 school day timeline as specified above to complete the special education evaluation of my child and determine his or her initial or continued eligibility in the category of specific learning disability.

Date: _____ Parent/Guardian Signature: _____