

## Mutual Agreement to Extend Evaluation Timeline for Determining Special Education Eligibility for a Student with a Specific Learning Disability

**PURPOSE:** Unless the parent and the district mutually agree to extend the timeline as indicated in IDEA, (34 C.F.R. Section 300.309(c)), the initial evaluation must be conducted within 60 calendar days of receiving parental consent for the evaluation. If the district and parent agree to extend the timeline, the extension must be documented by the school district according to the criteria below.

**Please Note:** This agreement may affect the State timeline for IEP implementation within 45 school days of the referral (Section 10-76d-13 of the CT State Regulations). In these cases, this agreement permits an extension to this requirement as well.

Date: \_\_\_\_\_

To: \_\_\_\_\_ Re: \_\_\_\_\_  
Parent(s)/guardian(s)/adult student ( $\geq 18$ ) Student name

Due to the reason(s) specified below, your child's evaluation for special education services will not be completed within the evaluation timeline.

Reason(s):

Insufficient information to document that student's learning difficulties are not the result of a lack of appropriate instruction.

Other: \_\_\_\_\_  
\_\_\_\_\_

The evaluation will be completed and the PPT meeting to determine the child's eligibility for special education services will be held on or before:

\_\_\_\_\_ Date

The evaluation timeline may be extended only if **both** the district and parent agree to the extension. Please sign, date, and return one copy of this form to the school district.

**I agree** to the extension and the proposed completion date indicated above.

**I do not agree** to the extension. Reason (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian/adult student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School district representative signature

\_\_\_\_\_  
Date