

**NOTICE OF AGREEMENT TO EXTEND TIME LIMIT TO COMPLETE  
EVALUATION FOR TRANSFER STUDENT (M-2)**

**CESA #7 \_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact \_\_\_\_\_ at \_\_\_\_\_.]*

Dear \_\_\_\_\_

Date \_\_\_\_\_

Recently your family moved to our school district. Your last school district started an evaluation to determine whether your child \_\_\_\_\_ is a child with a disability. Our school district must complete the evaluation.

On \_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and agreed that this evaluation will be completed by \_\_\_\_\_. The reason(s) for this action are:  
(month/day/year)

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:

None

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_  
Name and Title of District Contact Person