

**AGREEMENT TO EXTEND THE TIME LIMIT TO
COMPLETE THE EVALUATION OF A CHILD SUSPECTED
OF HAVING A SPECIFIC LEARNING DISABILITY (M-3)**

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 _____

As you know school district staff are in the process of evaluating your child _____ to determine whether he / she has a specific learning disability and needs special education services. School district staff assigned to your child's individualized education program (IEP) team believe that additional time is needed to complete this 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 extending the evaluation 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

Your agreement to the above must be in writing.

Sincerely,

Name and Title of District Contact Person

(Please sign, date and return one copy of this agreement to the school district.)

I agree to the extension as described above for completing the evaluation on my child and understand that my agreement is voluntary.

Signature of parent or legal guardian or adult student

Date

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.