



Lewis Cass Intermediate School District  
 61682 Dailey Road  
 Cassopolis, MI 49031

**Thirty (30) Day Evaluation Timeline Extension Agreement for  
 INITIAL EVALUATION**

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Building: \_\_\_\_\_ District: \_\_\_\_\_

Dear \_\_\_\_\_,  
 (parent or guardian name)

Due to the time required to consider all academic, social, and emotional aspects of your child, \_\_\_\_\_,  
(print student's name)  
 the 30-day timeline, as mandated by the Revised Administrative Rules for Special Education (revised  
 November 2002), for completion of this special education evaluation will be exceeded. The reason for this  
 requested extension is as follows: (check one)

- \_\_\_\_\_ Additional testing was required/requested
- \_\_\_\_\_ Child was not available when testing was planned/scheduled
- \_\_\_\_\_ Child moved
- \_\_\_\_\_ Personnel were not available
- \_\_\_\_\_ Additional information/testing from an outside agency was requested
- \_\_\_\_\_ Other: \_\_\_\_\_

Because the required timeline will be exceeded, both the school and the child's legal guardian must agree to an extension. Therefore, we are seeking your approval to extend the evaluation timeline until:

\_\_\_\_\_ Date

**Please note your approval of this evaluation timeline extension by marking a box below.**

<input type="checkbox"/>	I give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.
<input type="checkbox"/>	I do not give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.

Parent Signature	Date
Parent Name (Please Print)	
School District's Representative's Signature	Date
Person Seeking Extension Request	Date

**Send completed form to LCISD for data entry. Copies to be distributed to:**  
 Parent/Legal Guardian ♦ CA-60 ♦ Evaluation Team Members ♦ Teacher/Service Provider(s)