

Initial IEPT Meeting Request for Extension of Thirty (30) School Day Timeline

Student's Name _____ **Date of Birth** _____

School Building _____

In accordance with Rule 340.1721c(2) of the Michigan Administrative Rules for Special Education, we request your written consent to extend the thirty (30) school day timeline for holding the IEPT meeting that follows your child's initial evaluation for a suspected disability.

Reason for the Extension:

- The child was unavailable for the evaluation.
Explain: _____
- Documentation not available.
Explain: _____
- The child moved in from another district and is already under an initial referral timeline.
Explain: _____

Original IEPT Meeting Due Date _____

Extended IEPT Meeting Due Date _____

Extension Agreement and Informed Consent Signature

I understand the reason(s) for and give my consent to an extension of the thirty (30) school day timeline and the extended IEPT Meeting due date. YES NO

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

School District Representative Signature

Date

► *If this document is not signed by the parent prior to the end of the 30 school days, the initial IEP will NOT be counted as timely.* ◀

Send a copy of this completed form to Tammy Juusola at the Eastern Service Unit