

School District Name:

School District Address:

School District Contact Person/Phone #:

Extended Evaluation Form

Evaluation Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

Why is an extended evaluation period being recommended? (Check one)

- The Team found the student eligible for special education and developed a partial IEP/ full IEP but recommended further assessment. *(Check one box within the sentence itself.)*
- The Team found the student eligible for special education but recommended further assessment before developing an IEP.

Important Details from State Regulation — §603 CMR 28.00: An extended evaluation should be used when evaluation information is inconclusive and should not be used to deny programs or services determined necessary by the Team. If the Team has determined eligibility and some necessary objectives and services, then the Team should write a partial IEP and, with parent acceptance, immediately implement the partial IEP while the extended evaluation is occurring. The evaluation may extend from one to eight school weeks but no longer than eight school weeks. The Team may meet at intervals during this period and should reconvene promptly when the evaluation is complete to make any final decisions about IEP services. The extended evaluation should not be used to allow extra time to complete required assessments and is not considered a placement.

1. What are the current evaluation findings?	2. What type(s) of additional information is needed?
3. How will the additional information be obtained? Identify personnel, specific evaluators and assessments, if known, and locations for assessments.	4. What time period (<i>longer than one week but not to exceed eight school weeks</i>) is needed to complete the necessary evaluation(s)?
5. Should the Team meet at intervals during the extended evaluation period? If yes, please specify meeting dates and times.	6. What date will the Team reconvene to complete an IEP? Please specify meeting date and time.

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Additional Information

Response Section

School Assurance

I certify that the evaluation(s) in this Extended Evaluation are those recommended by the Team and that the indicated evaluation(s) will be provided.

Signature and Role of LEA Representative

Date

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the recommended Extended Evaluation. I reject the recommended Extended Evaluation.
- I reject the following portions of the Extended Evaluation with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

- I reject the offer of an Extended Evaluation and wish to have an IEP immediately developed.
- I request a meeting to discuss the rejected Extended Evaluation or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed Extended Evaluation will not be implemented unless the Extended Evaluation form is amended.

