# Extended Evaluation Form

**Evaluation Dates: from**       **to**

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| **Student Information** |
| Student Name:       | Student Date of Birth:       |
| Student ID#:       | Grade Level:       |

**The team found the student eligible for special education but recommended further assessment before developing a full IEP. The Team developed a partial IEP to be implemented during the Extended Evaluation period.**

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| **Description of Extended Evaluation** |
| **(1)** What are the current findings? |       |
| **(2)** What additional information is needed for evaluation of this student? Identify the specific assessments to be completed. |       |
| **(3)** What is the location where the extended evaluation will take place? Include the name of public school/collaborative or approved special education program, address, and contact person with phone number.  |       |
| **(4)** What time period *(longer than one week but not to exceed eight school weeks)* is needed to complete the necessary evaluation(s)? |       |
| **(5)** Should the Team meet at intervals during the extended evaluation period? If yes, please specify the meeting dates, times, and locations. |       |
| **(6)** What date will the Team reconvene to develop a full IEP prior to the end of the evaluation period? Please specify meeting date, time, and location. |       |

**ADDITIONAL INFORMATION**

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| Record other information not previously stated.  |
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**RESPONSE SECTION**

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| **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.  |
| Name and Role of LEA Representative:  |       | Signature: |       | Date: |       |
| **Response from parent(s) or student who has reached the age of majority with decision-making rights:**It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district. |

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|[ ]  **I accept 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 recommended Extended Evaluation.** |
|  | **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:       |

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| **X** |  |
| **Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over\***\**student signature is required once a student reaches 18 unless there is a court-appointed guardian* | **Date** |

**Meeting Request**

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|[ ]  I **request a meeting** to discuss the rejected Extended Evaluation or rejected portion(s).  |