

School District Name:

School District Address:

School District Contact Person/Phone #:

Extended Evaluation Form

Evaluation Dates: from _____ to _____

Student Name: _____ DOB: _____ SASID#: _____ 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.

Important Details from State Regulation — §603 CMR 28.05(2)(b): 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 before the end of the evaluation period to develop a full IEP. The extended evaluation should not be used to allow extra time to complete required assessments and is not a placement.

1. What are the current evaluation findings?

2. What additional information is needed for evaluation of this student? Identify the specific assessments to be completed.

3. Location where the extended evaluation will take place.
Name of public school/collaborative/or approved special education program:

Address:

Contact person and 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 meeting dates, times and location.

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.

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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.

- 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 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.

