

Form # 4: Notice of Initial Evaluation Delay

School District: _____ Date Sent: _____

Student's Name: _____ Student #: _____

Dear _____,

We are in the process of completing an initial comprehensive special education evaluation for the student listed above. Although we expected to complete this evaluation by _____, we find that we are unable to meet this deadline. This delay is due to the following circumstance(s):

The parent did not make the student available for evaluation, either repeatedly or for a period of time that forced the delay of the evaluation timeline. Description and dates of attempts to conduct the evaluation (required): _____

The student was hospitalized or experienced an extended medical absence, either of which is supported by medical documentation that the student is not available for evaluation.

The student has received a diagnostic placement for the purpose of determining eligibility.

The child was referred from early intervention for infants and toddlers (IDEA Part C), had a 90-day transition conference, and an IEP was in place by their 3rd birthday or they were found ineligible.

Delay requested by the parent. Date delay was requested: _____

Method delay was requested (select one): Phone Email In-person Mail

Other: _____ Reason (optional): _____

The parent of the student and the school district mutually agree to extend the evaluation timeline. Timeline extension allowable if mutually agreed upon, does not exceed 30 more school days, and extension signed prior to original initial evaluation timeline expiration date.

The student moved to our school district before the eligibility evaluation in their previous district/union had been completed. Our district is making sufficient progress to ensure prompt completion of the evaluation, and the parent and our district have agreed to the specific time when the evaluation will be completed.

Contact Information:

If you have questions about this document or would like additional information, please contact:
[The Special Education Monitoring Group](#)

The following is a schedule of the evaluation activities yet to be completed: _____

We expect that the Evaluation Report will be completed by: _____

If you have any questions or would like to discuss this further, please contact me at:

Phone: _____ Email: _____

Postal Address: _____

Signature: _____

Printed Name*: _____

Position: _____

**By completing this form I attest that I have read the contents of the companion document*