

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
AGREEMENT TO EXTEND 60 CALENDAR DAY TIMELINE FOR INITIAL SLD CONSIDERATION

Date: _____

Dear _____ ,
(Parent(s) /Guardian)

Re: _____ , _____
(Student's Full Name) (Student Number)

According to the State Board of Education Rule 6A-6.0331, evaluations are to be completed within 60 calendar days. These days are calculated from the time the consent for evaluation is received at the school to the date the last assessment is given. All school holidays; Thanksgiving, winter, and spring breaks; and summer vacation are not counted. If the student is absent for more than eight school days during the 60 calendar day period, then the student's continued absences subsequent to the eighth are also not counted. In accordance with 34 CFR §300.301(e), 300.309(c) and 6A-6.03018 (2)(b), for completion of the initial evaluation related to specific learning disabilities the timeline may be extended if you are in *agreement with the qualified professionals requesting the extension.

We will complete this evaluation by _____, unless further extension is again requested. Following this completion, you will be invited to review the results. We appreciate both, your attention to your child's educational success, and your patience during the evaluation process. Should you have any questions, or concerns, please contact _____ at _____.

Sincerely,

_____, School Administrator

(School)

*Parent/Guardian Agreement to Extend Timeline for Evaluation Related to Specific Learning Disabilities I understand the school district (group of qualified professionals) must have my consent prior to extending the timeline to complete the evaluation. I received a copy of my Notice of Procedural Safeguards for Parents of Students with Disabilities.

☐ I agree ☐ I do not agree to the proposed extension of the 60 calendar day timeline to complete my child's initial evaluation relating to specific learning disabilities.

Parent signature _____ Date _____

Original – Cumulative Folder

Copy – Parent/Guardian

Copy – Managing Officer, Psychological Services