**Mutual Agreement to Extend Evaluation Timeline Due to COVID-19**

Each local educational agency (“LEA”) has an obligation to conduct a comprehensive evaluation for each child being considered for initial placement into special education and to conduct a comprehensive reevaluation of each child eligible for special education at least every three (3) years or when circumstances warrant a reevaluation . The purpose of an evaluation for special education is to:

* Determine whether the child is or continues to be a child with a disability as defined by state and federal law;
* Gather information that will help determine and evaluate the child’s educational needs; and
* Guide decision-making about an appropriate educational placement for the child.

As you are aware, you previously signed consent for an evaluation or reevaluation of your child to determine whether he or she has, or continues to have, a disability and is eligible for special education and related services. This evaluation is being conducted in accordance with the documented decision of your child’s IEP team, of which you are a member, in regard to the nature and scope of the evaluation.

State and federal special education law imposes various timelines on LEAs regarding when an initial evaluation for special education or reevaluation must be completed. An initial evaluation for special education must be completed, and an IEP meeting must be held to review the results of the initial evaluation and determine the child’s eligibility for special education, within 60 days of receiving parental consent to an assessment plan. A reevaluation for special education, including triennial assessments, must also be completed within 60 days of receiving parental consent to an assessment plan. Nonetheless, state and federal law authorizes these timelines to be extended upon mutual written agreement of the child’s parent/guardian and the LEA.

Guidance from the U.S. Department of Education (USDOE) in response to the COVID-19 global pandemic provides that if an evaluation of a student with a disability requires face-to-face assessment or observation, the evaluation should be delayed until school reopens for instruction. Additionally, guidance issued by the Office of Special Education and Rehabilitative Services (OSERS) on May 21, 2020 encourages collaboration between LEAs and parents to reach mutually agreeable extensions of special education timelines whenever possible. The following circumstances prevent the LEA from completing the evaluation/reevaluation within the timeline set by state and federal law: [list details regarding LEA’s school closures, applicable state/county guidance, etc.] In addition, the LEA considered the following alternative methods for completing the evaluation/reevaluation within the applicable timelines (and the reasons those alternatives were rejected): [list individual student details].

As such, due to the COVID-19 pandemic, and to ensure that comprehensive in-person assessments are completed as soon as safely possible and in accordance with relevant state and federal public health guidelines, [add school name] is requesting an extension of the timeline to complete your child’s initial evaluation or reevaluation and hold an IEP meeting to review the completed evaluations.

[Add school name] is proposing to extend the evaluation timeline for the assessment plan signed by Parent/Guardian on [date]to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the reason(s) discussed above.

**LEA Agreement to Extend the Timeline:**

[Add school name] hereby agrees to extend the evaluation timeline as specified above.

LEA Representative’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Representative’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Agreement to Extend the Timeline:**

I agree to extend the timeline as specified above to complete a special education evaluation of my child due to the COVID-19 global pandemic.

Parent/Guardian’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child D.O.B.: \_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_