

Special Education Department  
Wenatchee School District  
112 South Elliott, Wenatchee, WA 98801  
509.663.7117

AGREEMENT TO EXTEND EVALUATION TMELINE

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

To: \_\_\_\_\_ Re: \_\_\_\_\_  
Parent(s)/Guardian(s)/Adult Student Student Name

Due to the reason(s) specified below, your child’s evaluation for special education services will not be completed within the 35 school day timeline.

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We plan to complete this evaluation by: \_\_\_\_\_  
Date

The 35 school day timeline may be extended if the district and parent agree to the extension. Please sign, date and return one copy of this form to the school district.

- I agree to the extension and the proposed completion date indicated above.
- I do not agree to the extension. Reason (optional):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date