



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
MUTUAL AGREEMENT TO EXTEND 30-DAY TIMELINE
FOR CONSENT TO EVALUATE**

MIS Form #705
Rev. 12/14

Student _____ Date _____

Student # _____ DOB _____ Grade _____ School _____

On _____, the parent requested an evaluation of the above student. The school evaluation team and parent agree that there are intervention and/or evaluation components necessary in order to determine if a comprehensive evaluation is necessary, yet these components cannot be obtained within the 30 days due to the following reason(s):

The school evaluation team and parent agree to reconvene to review all evaluation data and determine next steps by _____.

We are in mutual agreement with the evaluation team for the proposed extension:

Yes No

Parent/Guardian/Adult Student Signature

Date

School Designee Signature

Date