



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
EXCEPTIONAL STUDENT EDUCATION SERVICES**

MIS Form #704  
Rev. 12/14

**MUTUAL AGREEMENT TO EXTEND 60-DAY TIMELINE FOR INITIAL  
EVALUATION FOR SPECIFIC LEARNING DISABILITY**

Student \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

A consent for evaluation of the above student was signed on \_\_\_\_\_ .

The school evaluation team and parent agree that there are intervention and/or evaluation components necessary in order to conduct a comprehensive evaluation, yet these components cannot be obtained within the 60 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