

**Vashon Island School District No 402**

**INTERIM EVALUATION NOTICE  
DOCUMENTATION OF AGREEMENT TO EXTENSION**

Student Name:	Birthdate:	
School:	Grade:	Teacher/Counselor:

Dear Parent/Guardian/Adult Student:

We will not be able to complete the evaluation procedures required to determine possible or continuing eligibility for Special Education services prior to the anticipated completion date of \_\_\_\_\_.

The reason for the delay is:

We propose a new completion date of \_\_\_\_\_. Please let me know if this is agreeable to you.

Please also feel free to contact me if you wish information on the evaluation that has been completed to date. I may be reached at (\_\_\_\_\_) \_\_\_\_\_.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only:*

**DOCUMENTATION OF CONTACTS**

Method of Contact: (telephone, home visit, conference, correspondence,* etc.)	Date Attempted	Notes/Outcome