



COMPLIANCE DOCUMENT FOR THE STATUS OF INITIAL IEP

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3010

NOTE: This form MUST be completed for all initial IEPs

These data are used for NCLB and IDEA reporting including the Annual Performance Report for USED. State and Federal laws require 100% compliance for Child Find (indicator B-11). Sections I and II below contain the codes which will meet the 100% compliance requirement for MDE.

Student Name: _____ DOB: _____

District: _____ Building: _____ Date of Receipt of Parent Consent: _____

According to Michigan compliance laws, the following reasons are permissible to use when an Initial IEP was completed **within the required timeline**.

SECTION I - CODE 11

IEP completed within 30 school days. FAPE date: _____

*******OR*******

Due to the time required to consider all academic, social, and emotional aspects of your child, the 30-day timeline, as mandated by the *Michigan Administrative Rules for Special Education (April 2009)*, for completion of this special education evaluation will be exceeded. The reason for this requested extension is as follows: (Check one)

SECTION II - CODE 12

Child unavailable for evaluation. Circumstances such as the child's extended absence or communication challenges with the family made the timeline inapplicable. This includes school days lost due to school closure for weather, mechanical issues, or other unforeseen events beyond district or parental control.

Personnel not available for evaluation. Evaluation personnel have not been available to complete the initial evaluation and IEP within the required timeline.

Personnel not available to complete the IEP. District personnel were not available to contribute to the planning or development or attend the IEP team meeting.

External reports unavailable. External Evaluation reports necessary to determine eligibility and/or request by the district are not yet available.

Transfer from one public agency to another. Your child recently transferred to our school district/public agency. The initial evaluation referral was begun by the former public agency or school district. Our school district will require additional time to complete the evaluation. The time line extension is detailed below.

Response to intervention for determination of specific learning disabilities. The school district requires more time to determine whether your child responds to specific instructional interventions that are targeted to address your child's academic or functional delays.

Other: _____

Because the required timeline will be exceeded, both the school and parent must agree to an extension. Therefore, we are seeking your approval to extend the evaluation timeline until _____

Please note your approval of this evaluation timeline extension by marking a box below

I give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.

I **do not** give my permission for an extension of the thirty (30) day timeline for completion of this evaluation as indicated above.

(Parent Signature) (Date)

(Parent Name – Please Print)

(School District's Representative's Signature) (Date)

(Personal Seeking Extension Request) (Date)

AMA ESD STAFF--Date Request for Initial Evaluation was received at AMA ESD: _____