



# Documentation of Parent/Guardian Request to Delay

## Initial Evaluation

Office of Special Education  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 336-46A**  
**July 2017**

**DIRECTIONS:** This form is to be completed in cases when a parent/guardian requests that the Individualized Education Program (IEP) team schedule an IEP meeting that extends beyond required timelines for an **Initial Evaluation**.

Student name \_\_\_\_\_ Student ID # \_\_\_\_\_

School/office responsible for scheduling meeting \_\_\_\_\_

Date meeting due \_\_\_\_\_

Date meeting was scheduled \_\_\_\_\_

Name of parent/guardian requesting delay \_\_\_\_\_

Reason parent/guardian is requesting delay \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date parent/guardian made request to postpone meeting \_\_\_\_\_

Date parent/guardian was informed that requested date was beyond timelines \_\_\_\_\_

Date meeting is rescheduled based on parent/guardian request \_\_\_\_\_

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I \_\_\_\_\_, have been informed that state and federal regulations mandate that the eligibility determination for special education services be completed within 60 days of my consent for assessment(s), or 90 days of the referral for special education eligibility. I understand that my request for a delay or postponement extends the required federal and state timelines. My signature below indicates that I have mutually agreed with Montgomery County Public Schools to extend the applicable timeline for the initial evaluation based upon my request and that the completion date for the assessment(s) will be extended by \_\_\_\_\_ days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form completed by \_\_\_\_\_ Position \_\_\_\_\_

Staff member signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DISTRIBUTION:** Original/Student's confidential folder; COPY 1/Parent/Guardian;  
COPY 2/Resolution and Compliance Unit (RACU), CESC Room 208