

School District: Litchfield School District, SAU 27

District Address: One Highlander Ct., Litchfield, NH 03052

Parental Permission To Waive Time Limits

When a student is being considered for Special Education, or is presently receiving Special Education services, there are time lines by which certain actions must occur. These include:

1. A parent is entitled to be given 10 days notice that a meeting will take place regarding their child.
2. When a student is referred to the special education team, the team must review this referral within 15 days.
3. When the decision is made to evaluate a student, the parent is entitled to an Evaluation Summary Report and Meeting within 45 days of signed permission to evaluate.
4. When the decision is made to identify a student as Educationally Disabled, an Individual Education Plan (IEP) must be proposed within 30 days of the Evaluation Summary Meeting.
5. When an IEP is proposed by the Local Education Agency (LEA), the student's school or the Special Education Department, the parent must sign and indicate their approval (or not) within 14 days.
6. When an IEP is approved by the parent, the LEA must propose a placement to meet the goals of the IEP within 30 days of approval of the IEP.
7. When a placement is proposed by the LEA, the parent must sign and indicate their approval (or not) within 14 days.

The purpose of this permission is to acquire parental permission to waive specific time limit requirements. This is not a blanket permission to waive all limits. Only those time limit waivers indicated above with explanations are being requested.

Student's Name: _____ **DOB:** _____

School Name: _____

Waiver of the following time limit is being requested regarding your child: (check one)

- | | |
|---|--|
| <input type="checkbox"/> 10 day meeting notification | <input type="checkbox"/> 45 days for Evaluation Team Report |
| <input type="checkbox"/> 30 days to develop an IEP | <input type="checkbox"/> 30 days to propose placement |
| <input type="checkbox"/> 15 days to respond to referral | <input type="checkbox"/> 14 day parent approval of placement |
| <input type="checkbox"/> 14 day parent approval for IEP | |

The reason that waiver of this time limit is requested is:

It is proposed that the action being waived will be completed by: _____
(Date)

This agreement has no effect upon any other requirement or responsibility of the Special Education Process.

- I give my permission to waive the time limits as noted.
 I do not give permission to waive the time limits as noted.

Parent/Adult Student Signature

Date

LEA Rep.

Date