



# Indicator 11

## EXCEPTIONS TO THE 60-DAY TIMELINE: New Student Enrollment

District Name: \_\_\_\_\_ Student SASID: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Parent Consent to Evaluate Date: \_\_\_\_\_

**Provide the Bureau with a copy of the student history page from NHSEIS for this student.**

Exception to the 60-day timeline may be made when a child enrolls in a school of another district after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous district as to whether the child is a child with a disability.

**Date enrolled in your District:** \_\_\_\_\_

If this student enrolled in your district after the initial evaluation began at another district, this student may be removed from your district count.

*If this student enrolled in your district before the initial evaluation began, please do not submit this form or other documentation. The NHDOE will not be able to remove the student from your district count.*

\_\_\_\_\_  
Signature of Special Education Director or Designee

\_\_\_\_\_  
Date

**Postal addressed to:**  
NH Dept. of Education, Bureau of Student Support  
Attn: Brandy Quinn-Richards  
25 Hall Street  
Concord, NH 03301

**Email:** [Brandy.A.Quinn-Richards@doe.nh.gov](mailto:Brandy.A.Quinn-Richards@doe.nh.gov)  
*All personally identifiable student information other than SASID, i.e., student name, address, disability, picture, grade, etc. must be REDACTED in order to accept submission by email.*