



## Indicator 11

### EXCEPTIONS TO THE 60-DAY TIMELINE: School District Disaster

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 school district experiences a serious disruption occurring over a relatively short time which exceeds the ability of the school to resume daily functions. including evaluations of students with disabilities.

**Date(s) when school was not in session:** \_\_\_\_\_

Please provide documentation to evidence the school district disaster and describe what occurred below:

\_\_\_\_\_  
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.*