



# Indicator 12

## EXCEPTIONS TO THE SPECIAL EDUCATION TIMELINE: Parent Delay

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

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

Disposition of Referral: \_\_\_\_\_ Date of Eligibility Determination: \_\_\_\_\_

IEP Signature Date: \_\_\_\_\_ Date of 3<sup>rd</sup> Birthday: \_\_\_\_\_

34 CFR 300.301(d)(1) The parent of a child repeatedly fails or refuses to produce the child for the evaluation;

**Did the parent repeatedly fail or refuse to make the child available for evaluations or repeatedly delay the process by not showing up to timely meetings?**

Yes

→ Explanation of Parent Delay:

\_\_\_\_\_

### Documentation of Parent Delay:

*Use a single line for each contact attempt and provide the information in the following format:  
DATE, FORMAT (phone, email, certified letter, etc.), DETAILS.*

Example:

7/15/2020 Phone Call Called to remind of meeting scheduled on 7/21, but voicemail was full

**Date:            Format:            Details:**  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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.*



NH Department of Education

**Bureau of  
Special Education  
Support**

25 Hall Street, Concord, NH 03301  
(603) 271-3741 - [www.education.nh.gov](http://www.education.nh.gov)

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**Date:**            **Format:**            **Details:**

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Any additional comments or information you would like the state to consider as part of the Desk Audit process?

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Signature of Special Education Director or Designee

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Date

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