

CASE EXTENSION FORM

IHO Name _____ School District _____ Date _____

Please use this form for each Extension requested for **Case Identifier No.** _____

District Case No. _____ **Student Name** _____

Enter values for new Case Extensions record

Extension Requested Date:	<input type="text"/>	
Requestor:	<input type="text"/>	List 1
Extension Reason:	<input type="text"/>	List 2
Extension Reason Other:	<input type="text"/>	
Extension Decision Date:	<input type="text"/>	
Granted?:	<input type="checkbox"/>	(Y or N)
Denial Reason:	<input type="text"/>	
New Record Close Date:	<input type="text"/>	
New Decision Date:	<input type="text"/>	

New Record Closed Date: The date the record will be closed, based on the projected new decision date identified by the IHO after an extension has been granted.

New Decision Date: The date the IHO projects the hearing will be completed after an extension is granted, based on the IHO's experience with the amount of hearing dates, submission of post hearing briefs/transcripts and decision writing time.

List 1

For each **Requestor**, please choose and circle from the following list:

- School District
- Parent/Guardian
- Emancipated Minor
- Both Parties

List 2

For each **Extension Reason**, please choose and circle from the following list:

- Obtain independent education evaluation
- Extensive testimony/issues
- Obtain representation
- Availability of witnesses
- Other*

* If Extension Reason "Other" is chosen, a brief description is required.