



# Mississippi Department of Education Office of Special Education

---

## Integrated Monitoring Systems Timeline Extension Request

District Name: \_\_\_\_\_

Completion of this form confirms the request for extension of:

- The timeline to submit monitoring data,
- The timeline to submit the Corrective Action Plan, and/or
- Other

This request references:

Programmatic

Fiscal

Specific issues that require extension:

---

---

Amount of additional time requested: \_\_\_\_\_ calendar days

Special Education Director (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email the completed form to [delewis@mdek12.org](mailto:delewis@mdek12.org) and "cc" [nclark@mdek12.org](mailto:nclark@mdek12.org). If you need additional assistance, contact us by email or (601)359-3498.**

---

For Office of Special Education use

Date Request Received: \_\_\_\_\_

Extension Approved  Denied

Original Due Date: \_\_\_\_\_ Extended Due Date: \_\_\_\_\_