



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 jcheers@mdek12.org and "cc" vvirgil@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: _____

Extension Granted By: _____ Date: _____