



Indicator 12

EXCEPTIONS TO THE SPECIAL EDUCATION TIMELINE: Late Referral to Family-Centered Early Supports & Services (FCESS)

District Name: _____ Student SASID: _____

Referral Date: _____ Parent Consent to Evaluate Date: _____

Disposition of Referral: _____ Date of Eligibility Determination: _____

IEP Signature Date: _____ Date of 3rd Birthday: _____

A child is referred to Family-Centered Early Supports & Services (FCESS) less than 90 days before the child's 3rd birthday.

Please note: this is NOT a late referral to special education

Was the child referred to FCESS less than 90 days before the child's 3rd birthday?

No Yes → Date of referral to FCESS: _____

Name of FCESS Organization: _____

FCESS source who shared the date of referral to FCESS: _____

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

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
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.