

## Bock Associates PASRR Evaluation Extension Request

Contractor:		Due Date:	
Assessment:	(First Name, Last Initial)	Requested Extension Date:	
Location:		Database Upload Date:	
Rationale:			
☐ Facil	lity and/or family requested later appointm	ent.	
Client not found (unable to locate, not at facility at scheduled appointment time, etc.).			
Client moved to different facility. Appointment had to be rescheduled.			
☐ Awa	Awaiting assessment data (records, family/guardian to return call, etc).		
☐ Diffi	Difficulty scheduling appointment (unable to reach contact person, etc).		
☐ Asse	essor illness		
☐ Incle	ement weather		
☐ Othe	er (specify):		