**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Parent(s) Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

At this time, we are requesting your consent for a Functional Behavior Assessment (FBA) to collect new information in order to better understand your child's behavior at school. Behavior is broadly defined and includes any behavior that is frequent, persistent or severe and may include but is not limited to inattention, impulsivity, study skills, aggression, poor work completion, poor attendance, social interactions with peers, etc.

Please be aware that an FBA is a problem-solving process that looks beyond the behavior itself to identify the student specific factors associated with the occurrence (and non-occurrence) of specific behaviors. Conducting an FBA lays the foundation for developing a Behavior Intervention Plan (BIP), if indicated, that is intended to teach the student replacement behaviors. An FBA may include collecting information in the following ways:

* Parent/Student interview
* Teacher interview
* Classroom observation
* Data collection including, but not limited to Scatterplot, ABC (Antecedent-Behavior-Consequence) Chart, work samples, etc.

This process is intended to help us understand your child's educational needs. We believe that with your help, we can

positively affect your child's scholastic progress. Thank you for joining us in support of your child.

**Consent for Functional Behavior Assessment (FBA):**

[ ]  I **DO** give permission to collect new information to conduct a Functional Behavior Assessment.

[ ]  I **DO NOT** give permission to collect new information to conduct a Functional Behavior Assessment, however, I understand that existing information can be used to conduct a Functional Behavior Assessment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Parent/Guardian Signature Date

Click or tap here to enter text.

Parent/Guardian Printed Name