

(Insert School Logo)

Functional Behavior Assessment Parental Consent

Current Date: Click or tap to enter a date.	Student Name: Click or tap here to enter text.	Gender: Click or tap here to enter text.
School: Click or tap here to enter text.		Grade: Choose an item.
Person Completing Form & Title: Click or tap here to enter text.		

The School Team is requesting your permission to conduct a Functional Behavioral Assessment (FBA) of your child. The purpose of an FBA is to explore the relationship between the environment and the behavior. The process consists of three parts. A review of the student's record's, interviews with relevant individuals, and data collection from direct observation. Based on the information gathered from the FBA process, a Behavior Intervention Plan (BIP) will be developed. Parts of the plan may include, but are not limited to, environmental modifications, replacement skills and consequence strategies. The team would like to do an FBA to identify the function of the behavior in order to assist the team in determining interventions to help your child. The team has 45 school days to complete the FBA from the date of signed consent.

- ☐ Yes, I give permission to conduct an FBA.
- ☐ No, I do not give permission to conduct an FBA.

Contact me (parent/guardian) at _____

Signature of Parent/Guardian

Date

Print Parent Name