

Consent for a Functional Behavior Assessment & Behavior Plan

Dear Parent/Guardian,

To best serve your child, _____, we would like to conduct a functional behavior assessment (FBA) to identify interventions to support your child's behavioral and academic success in school.

An FBA is the process of:

- Defining behaviors of concern
- Identifying triggers to your child's problem behavior(s)
- Determining common outcomes of problem behavior that will help us to understand the function, or purpose, of problem behavior(s)
- Identifying interventions to be implemented by the teachers, staff, student, and parent/guardian to support the student to experience greater success in school.

An FBA and Behavior Plan may include, but is not limited to, the following components:

- Interviews completed with teacher(s) and staff who know your student at school, the student (if applicable), and parent(s)/guardian(s) (if necessary) regarding the student's behavior
- Observations of student behavior in school settings
- Review of Student Records (e.g., IEP, cumulative file review, discipline referral records)
- Interventions to support student behavior, which focus on decreasing negative behavior and teaching new, appropriate replacement behaviors
- Ongoing data collection to evaluate implementation of the intervention as well as effectiveness of the intervention on student behavior
- Safety or crisis plan, if necessary

We greatly appreciate your involvement in this plan during each step in the process. The assessments should be completed within two weeks. At that point we invite you to participate in a Behavior Planning meeting where we will review the results of the FBA and work together to identify interventions to support your child.

If you have any questions regarding this process please call or email _____
_____ at _____.

Please sign below to indicate whether or not you give consent to conduct a functional behavior assessment (FBA).

_____ I give consent for my child, _____, to participate in a functional behavior assessment.

_____ I do not give consent for my child, _____, to participate in a functional behavior assessment.

Parent/Guardian Signature

Date