

**Ripley - Ohio - Dearborn
SPECIAL EDUCATION COOPERATIVE
925 N. Meridian, Suite 100
Sunman, Indiana
(812) 623-2212**

PARENT PERMISSION FOR FUNCTIONAL BEHAVIORAL ASSESSMENT

Student Name _____ Date of Birth _____

Address _____ School _____

A request has been made for a Functional Behavioral Assessment (FBA) for your child. A FBA collects and uses data to identify patterns in a student's behavior and the purpose of that behavior for the student. This assessment gathers input from teachers, parents, and the student about the student's strengths and interests, as well as the behavior of concern. It may also involve classroom observations and/or observations in other school settings. The assessment helps to determine appropriate strategies to use with the student.

The FBA is requested because: (mark **all** that apply)

- the student is having behavioral difficulties and appropriate interventions need to be developed
- the student's behavior may be impeding his/her learning and/or the learning of other students
- a behavior plan that is currently in place has not been effective and new information needs to be gathered to modify the plan
- the student has been suspended and interventions need to be developed to help the student with appropriate behavior

Individuals who may help complete the FBA include parents and _____ Teacher
 _____ School Psychologist
 _____ Educational Consultant
 _____ Other School Personnel

Your permission is necessary before the functional behavioral assessment can be conducted. Please complete this form and return it to _____ . Thank you for your help.
 (school staff member)

As the parent of _____ :

(check one)

_____ **Yes**, my permission is given to conduct the functional behavioral assessment.

_____ **No**, my permission is not given to conduct the functional behavioral assessment.

Signature of Parent/Guardian

Date Signed