

Functional Behavioral Assessment Consent Form

Dear Parent/Guardian,

A Functional Behavior Assessment (FBA) is the process of:

- ✓ Identifying behavior(s) that interfere with learning
- ✓ Identifying environmental factors which impact behavior(s) that interfere with learning
- ✓ Determining the cause/function of the behavior(s) that interfere with learning
- ✓ Developing a hypothesis of the function of the behavior(s) that are interfering with learning

The purpose of the FBA is to gather relevant data to plan for and determine the needs regarding a possible Behavior Intervention Plan, which must be developed any time a student exhibits behaviors that interfere with learning (his or her own learning or the learning of others).

In addition, a Functional Behavioral Assessment is also specifically required when the IEP team determines that a student's conduct is a manifestation of the student's disability. At such a time, the IEP team must conduct a functional behavioral assessment (provided the district had not conducted such assessment prior to the conduct at issue) and implement a behavioral intervention plan for the child.

As a way to best serve your child, _____, we would like to conduct a functional behavior assessment (FBA).

A FBA may include, but is not limited to, these indirect and direct methods:

Indirect

Review of student cumulative records – health, medical, and educational.

Direct

Structured interview with school personnel and/or student.

Observations and data collection regarding student behavior.

We greatly appreciate your involvement in this plan during each step in the process. If you have any questions regarding this process please call _____ at _____.

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

I give consent for a Functional Behavioral Assessment to be completed in regards to my child, _____. I further understand that my consent is voluntary and can be revoked at any time.

I do not give consent for a Functional Behavioral Assessment to be completed in regards to my child, _____.

Parent/Guardian Signature

Date