



Parent/Guardian Consent for Functional Behavior Assessment

Parent/Guardian:

Your child, _____, was referred on _____ by _____ for a Functional Behavior Assessment (FBA).

An FBA is specifically required when the IEP team determines that a student’s conduct (that gave rise to a change in placement, i.e., removal for more than 10 consecutive school days or a series of removals that constituted a pattern) was a manifestation of the student’s disability. At such time, the IEP 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.

An FBA is an ongoing process consisting of gathering information necessary to develop proactive strategies and positive interventions and supports. An FBA is typically completed by a team of school personnel, some of whom may or may not be familiar with your child. Through observations, rating scales, checklists, interviews, work samples, and other data collection methods, the team will identify target behaviors, analyze factors contributing to the behaviors (setting, antecedents, consequences, environmental variables, etc.), and make a hypothesis of the function or purpose of the behavior. The team will attempt interventions during the FBA process to determine the most appropriate environmental interventions, instructional and/or curricular interventions, positive behavior supports, and motivators and/or rewards.

The FBA will be completed and a Behavior Intervention Plan (BIP) will be developed within 60 school days from the date of the signed consent. Refusal to give your consent does not prohibit school personnel from developing a BIP for your child if your child has an Individualized Education Plan (IEP). If consent is not provided, school personnel will develop a behavior intervention plan using any available data. After the initial 60 days, data for the FBA may continue to be collected, but any revisions to the BIP will be made at an IEP meeting or via an IEP amendment with your permission to amend with a meeting.

___ I give consent for a functional behavioral assessment to be conducted. I further understand that my consent is voluntary and can be revoked at any time.

___ I do not give consent for a functional behavior assessment to be conducted.

 Parent/Guardian Signature

 Date

 Authorized School Personnel Signature

 Date