

Permission for Functional Behavior Assessment (FBA)

Date: _____ **Grade:** _____

Student: _____

Parent/Guardian: _____

Flagstaff Unified School District (FUSD) would like to conduct a Functional Behavior Assessment (FBA) on your student. The FBA is intended to provide information to help improve your student's behavior and learning at school. For example, your student may need to come prepared for class to be on time for class. The FBA is intended to give us insight into why your child is engaging in the inappropriate behavior and then implement a plan to help your student change his or her behavior to something more school appropriate.

Permission

I understand that this assessment will be conducted at school and will require FUSD personnel to observe my student in several different school environments. After the assessment is conducted, I will be informed of the results.

I have read this form and understand the purpose of this program.

My student may have a Functional Behavior Assessment.

Parent Signature: _____

Date: _____