

PERMISSION FOR FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

Date: _____

Grade: _____

Student: _____

Parent/Guardian: _____

FUSD1 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 or 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 know what the program is about.

My student may have a functional behavior assessment.

Parent's Signature _____ Date _____