# Functional Behavioral Assessment Consent Form

Dear Parent/Guardian,

As a way to best serve your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we would like to conduct a functional behavior assessment (FBA). A functional behavior assessment is the process of

* Identifying challenging behavior(s)
* Identifying environmental events which impact challenging behavior(s)
* Determining the cause/function of the challenging behavior(s)
* Outlining the necessary changes needed to be made by the school, teacher, student, and parent/guardian in order to allow the student to successfully access the curriculum.

An FBA may include, but is not limited to, the following components:

* Interviews completed by the student (if applicable), teacher(s), and parent(s)/guardian(s) regarding the student’s behavior
* Information gathering tools (e.g., cumulative file review, Motivation Assessment Scale, teacher rating scale and student self-assessment)
* Observations of student behavior in school settings
* Data collection on student behavior
* Interventions to address student behavior, which focus on decreasing negative behavior and teaching new, appropriate replacement behaviors
* Ongoing data collection to evaluate intervention effectiveness
* Safety or crisis plan, if necessary

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

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

I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in a functional behavior assessment.

I do not give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in a functional behavior assessment.

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Parent/Guardian Signature Date