



JAMP Special Education Services
Johnson, Alexander, Massac and Pulaski Counties
 P.O. Box 107, 251 W. 2nd Street Grand
 Chain, IL 62941
 618-634-9800 • 618-634-9864 FAX

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 problematic behavior(s)
- ✓ Identifying environmental events which impact problematic behavior(s)
- ✓ Determining the cause/function of the problematic 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 general 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
- ✓ 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

We greatly appreciate your involvement in this plan during each step in the process. The assessments should be completed and shared with you within 40 school days. 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 my child, _____, to participate in a functional behavior assessment.

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

Parent/Guardian Signature

Date