Instructions for Use

If an FBA is needed as part of a comprehensive special education initial evaluation or reevaluation, use DPI sample form IE-3 or RE-5. **This worksheet cannot be used for notice and consent for an initial evaluation or reevaluation for special education eligibility.**

If an FBA is used solely to address the use of positive behavioral interventions and supports when the student's behavior impedes their learning or the learning of others, parental notification and consent are recommended but not required.

Parental notification and consent are required before conducting an FBA when:

- an FBA is part of required manifestation determination procedures, or
- a student with an IEP is secluded or restrained twice in a school year. Under this circumstance, the IEP team must review the IEP to ensure it contains appropriate positive behavioral interventions and supports based on an FBA of the behavior of concern, if a recent FBA has not been completed on the behavior of concern.

SAMPLE RESOURCE

FBA: NOTICE AND CONSENT REGARDING NEED TO CONDUCT FUNCTIONAL BEHAVIORAL ASSESSMENT

_____**SCHOOL DISTRICT**

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact _____at _____.]

Dear _____ Date _____

This letter is to inform you that the _____ School District intends to conduct a functional behavioral assessment (FBA) of your child _____. The results of the FBA will be used to provide data and other information to the IEP team to develop positive behavioral interventions and supports.

The local educational agency, e.g. school district or independent charter school, is responsible for this assessment and will conduct the FBA at no cost to you.

The school district is requesting your written consent (permission) before it administers assessments to your child. With your consent the following assessments will be administered:

Areas to be assessed (consideration of 6 areas of academic and functional skills)	**Description of assessments and other evaluation materials and titles, if known**	**Name of evaluator, if known**

Following the administration of these assessments, the IEP team will meet to review the results of the FBA and other existing information available on your child, including information provided by you. Using the results of this assessment along with other available information, the IEP team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy, or earlier this year you received a copy, of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact _____ at _____ if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AS PART OF A FUNCTIONAL BEHAVIORAL ASSESSMENT

I understand the action proposed by the school district and
(please check appropriate box below, sign and date, and return one copy to the school district)

□ I give my consent for the school district to administer these assessments to my child as part of a functional behavioral assessment. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

□ I do not give my consent for the school district to administer these assessments to my child as part of a functional behavioral assessment.

_____ _____
Signature of parent or legal guardian or adult student Date

For School District Use Only

Date school district received parent consent

_____
(month/day/year)