## **Southwest Vermont Supervisory Union**

184 North Street, Suite 1 Bennington, VT 05201 Telephone: 802-447-7501 FAX: 802-447-0475

James R. Culkeen Superintendent

Date:

Laura Boudreau Assistant Superintendent

## **Consent Form for Functional Behavioral Assessment**

Southwestern Vermont Supervisory Union

To the Parent/Guardian of:
A Functional Behavioral Assessment (FBA) has been requested for based on concerns related to behavior and difficulty remaining safe. In the coming weeks, a member or member(s) of the district behavioral team would like to conduct this FBA to assist in creating a behavior support plan.
<ul> <li>The FBA includes, but may not be limited to the following:</li> <li>Interviews with teacher(s) and relevant school staff, parent(s)/guardian, and the student (if applicable)</li> <li>Information gathering (i.e. file review, rating scales, self-assessments, etc.)</li> <li>Direct observation of student</li> <li>Data collection on student behavior</li> </ul>
The purpose of this assessment is to utilize the information gathered to develop a behavior support plan for you learner to help him/her be safe and successful in the school environment. The support plan may include, but is not limited to the following:
<ul> <li>Interventions to help prevent and/or reduce problem behaviors</li> <li>Interventions for teaching new, appropriate replacement behavior</li> <li>On-going data collection to assist in making sure the plan is effective</li> <li>Safety or crisis plan, if necessary</li> <li>Once complete, we will review the results as part of an IEP or Team meeting and the IEP/Educational Support team will meet to review and discuss results and strategies with the educational team members that work with Please complete the bottom of this form and return it to Please don't hesitate to reach out with any questions.</li> </ul>
Sincerely,
Kate Abbott, Ph.D. Interim Director of Student Services
I <b>give</b> permission for my child,, to be evaluated, as outlined above.
I <b>do not give</b> permission for my child,, to be evaluated as outlined above.
Parent/Guardian Signature Date

Please note that you can revoke consent at any time by notifying a member of your learner's IEP/Educational Support Team.

Bennington, Mt. Anthony Union School District, North Bennington, Pownal, Shaftsbury, Woodford, Arlington, Sandgate