



SHAKER HEIGHTS CITY SCHOOL DISTRICT

15600 Parkland Drive
Shaker Heights, OH 44120
(216) 295-1400
www.shaker.org

Consent for Functional Behavior Assessment (FBA)

I, _____, give my consent for the Shaker Heights City Schools to conduct a Functional Behavior Assessment (FBA) for _____ DOB:_____. I understand that the FBA will be shared with my student's educational team and used in development of positive behavior intervention planning for my student. I understand that granting consent is voluntary and that my consent may be revoked at any time.

In giving my consent, I understand that any or all of the following may occur:

1. Review of relevant records (release of information will be included--if necessary);
2. Interviews with staff and myself;
3. Observation(s) of my child;
4. Assessment (e.g. behavior inventories, reinforcement inventories)
5. Other: _____

Name of Parent/ Legal Guardian/Surrogate

Signature

Date