Dear Parent/Guardian,

As a way to better serve __________________________, we would like to conduct an Indirect Behavior Assessment (IBA). An IBA is the process of collecting information to help identify student barriers that interfere with the learning process and also to help determine why these barriers might be occurring.

An IBA may include, but is not limited to:

- Information-gathering tools (e.g., student profile, teacher rating scales, etc.)
- Observations
- Data collection

The purpose of the IBA is to collect information to help develop a Behavior Support Plan (BSP) for your child to improve his/her performance and success in school. A BSP may include, but is not limited to:

- Interventions/strategies to prevent and reduce behaviors that interfere with the learning process
- Teaching new, appropriate replacement behaviors to facilitate the learning process
- On-going data collection to evaluate the effectiveness of the Behavior Support Plan (BSP)

We greatly appreciate your involvement in this process. The IBA will be completed and shared with you by the expected completion date of _____________________. If you have any questions regarding this process, please call me at ________________________.

Thank you,

________________________________

Please check and sign below to indicate your consent to an Indirect Behavior Assessment (IBA) being conducted for your child.

I give consent to conduct an Indirect Behavior Assessment for my child.
I do not give consent to conduct an Indirect Behavior Assessment for my child.

________________________________________
Parent/Guardian Signature

__________________________________________________________________________________________

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