



School District of Philadelphia  
 Kirkbride Elementary School  
 1501 South 7<sup>th</sup> Street  
 Philadelphia, PA 19147  
 Victoria Magness, Ed.D., Principal  
 215 952 6214 Fax 215 952 6253



**Permission to Evaluate Consent Form- Functional Behavioral Assessment (FBA)**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

**ID#** \_\_\_\_\_

**Name and address of Parent/Guardian:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear** \_\_\_\_\_,

**We are planning to evaluate your child for a Functional Behavior Assessment. The Behavior/ Behaviors of Concern are as follows:**

\_\_\_\_\_

\_\_\_\_\_

**In the proposed evaluation, we will be using the following tools, tests, and procedures:**

\_\_\_\_\_

\_\_\_\_\_

**Consent must be requested before we can begin the evaluation. However, please be aware that after reasonable attempts, if we have not received a response from you, we are permitted by law to proceed with the evaluation.**

**A team will conduct the proposed FBA. As the parent(s), you are part of the team. Any information you can provide is helpful to us. If a team meeting is held, you will be invited. Information from all the team members will be considered during the FBA process. After an FBA is made, a Positive Behavior Support Plan will be provided to address the behaviors of concern.**

**The FBA is to be completed and a copy given to you no later than 60 calendar days after we have received your written permission to evaluate your child. This 60 calendar days does not include the summer break. The 60 days timeline will begin on the day we receive this signed consent form from you, giving us permission to conduct the evaluation.**

**Keep a copy of this for your records.**

**If you have any questions, or if you need services of an interpreter, please contact me.**

**Angelique Visco  
215-952-6214**

**Special Education Liaison  
[avisco@philasd.org](mailto:avisco@philasd.org)**

**Directions for Parent/Guardian/Surrogate: Please check either box 1 or 2. Select box 3 if desired.**

- 1.  I consent to an evaluation for a Functional Behavioral Assessment**
- 2.  I DO NOT consent to an evaluation for a Functional Behavioral Assessment**
- 3.  I would like to schedule an informal meeting with the school personnel to discuss this request.**

**SIGN HERE:**

\_\_\_\_\_  
**Parent/Guardian/Surrogate Signature**

\_\_\_\_\_  
**Date(mm/dd/yy) Daytime Phone**