

Requesting Functional Behavior Assessment, Psycho-Educational Evaluation, and Psychological Assessment.

Parents Name
Address
City , State Zip Code
Telephone Number
Email Address

Date

(Name of Special Education Director)
(Name of School District)
(Address of School)

Dear (Name of Special Education Director):

My child, (child's name) (date of birth) attends (school name). I believe that (child's name) academic, behavior and behavioral health is beginning to interfere with his/her ability to learn and to reach his/her IEP goals and objectives. The following difficulties support my concern:

(List your observations – here are some examples)

- S/he does not know how to respond constructively to name calling or teasing;
- S/he is not cooperative in groups;
- S/he needs assistance to distinguish between socially acceptable and unacceptable behavioral responses to various situations and environments;
- S/he does not recognize situations in his/her self-control is needed;
- S/he does not know how to cope with stress-provoking situations he/she cannot avoid;
- S/he does not understand the consequences of appropriate and inappropriate expressions of his/her feelings.

Please provide (child's name) with a psycho-education evaluation, psychological assessment and functional assessment of behavior as is required by the Individuals with Disabilities Education Act [IDEA]. Please consider this letter my formal request for and consent for the school district to provide the psycho-education evaluation, psychological assessment and functional assessment for behavior. I understand that a positive behavior support team will be assembled to review the functional assessment of behavior and develop an appropriate behavior intervention plan. I expect to be included in the functional assessment of behavior and as active participant on the team developing the behavior intervention plan Please provide me with copies of all psycho-education evaluation, psychological assessment and functional assessment of behavior data and results as soon as they become available to you. I hope that this request can be expedited as (child's name) already has been suspended in/from school on (number of times) for a total of (number of days) days.

Thank you for giving this request for a and functional assessment of behavior, functional assessment of behavior your immediate attention. I will work with you to address and achieve (child's name) educational goals using positive behavior support and an effective behavior intervention plan.

Sincerely,

(Your name)
(Your address)
(Your telephone number)