

Parent Name
Address
City, VA Zip

Date

Name of School Division
Name of School
Attn: Principal's Name
Principal
School Address
City, VA Zip

Dear **Principal's Name**:

I am writing to formally request a functional behavioral assessment (FBA) for my student, **child's name**, a student found eligible for special education services in **School Division Name**. I am requesting a functional behavioral assessment because my student has behaviors which significantly impede my child's access to learning.

I am aware the law requires a school division to conduct an FBA when a student's behavior is determined to be a manifestation of the child's disability. I am also aware that I have a right to request an FBA even in the absence of a manifestation determination. I am exercising my right because my student's access to education has been significantly impacted by **his/her** behavior challenges.

Please schedule an IEP meeting so the team can identify the behaviors which need to be addressed. I will also provide consent for **school division name** to conduct an FBA from which a behavior intervention plan can be created.

Thank you for your time and attention to this matter.

Sincerely,