Special Education

Request for a Functional Behavioral Assessment



Today's Date (include month, day, and year)	Note: Send to your child's Case Manager and to the IEP Chairperson/Facilitator.
	Keep a copy for your records.
Dear,	
I am making a formal request that a functional behavioral as	ssessment be conducted for my child, [Name of
Child], whose date of birth is [date of birth], is a student at [name of school] in [grade/class].
I are realized this was react because I believe that were shild dis-	releves help arriens that increased a hig/hear learning a second
I am making this request because I believe that my child dis	
the learning of others. [Make a short list of the types of beha	viors that you believe are interfering with
learning and that are communicating an unmet need. Be as s	specific as possible.]
Please let me know if I can provide any additional informati	on to assist you in better meeting [my child's]
needs. Please contact me at your earliest opportunity to disc	uss scheduling an IEP Team meeting at a
mutually convenient day and time for all Team members, so	that we can discuss my concerns and for me to
give my informed consent to the assessment.	
Sincerely,	
[Your name, address, telephone number and email address]	
cc: [List of other people to whom you are sending a copy of	this letter]
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This document is provided for informational purposes only; it does not, nor is it intended to, constitute legal advice. For more information on the special education process, and upcoming workshop opportunities, please visit our website at www.ppmd.org.

Adapted from the Parent Information Center on Special Education