

Parent/Caregiver
Address Parent/Caregiver
Phone Number

Date

Name of Principal
Name of School Address of School
City, State, Zip Code

Re: Requesting a Functional Behavior Assessment and Behavior Intervention Plan for
____ Student ____

Dear (Name of Principal):

I am the parent/caregiver of _____ (Name of Student), whose date of birth is
_____. My child attends the _____ (grade level) grade at
_____ (Name of School).

My child has not been doing well in school and I believe _____ (Name of
Student)'s ability to learn is compromised because of his behavior challenges.

I am requesting that a Functional Behavior Assessment be conducted and a Behavior
Intervention developed and implemented as soon as possible. Please contact me to let me know
when this is scheduled to begin.

Should you have any questions or problems with this request, please contact me at
_____ (home phone number) or _____ (work phone
number). The best time to reach me is _____ (indicate time of day).

Thank you for your prompt attention to this matter.

Sincerely,

(Name & Signature of Parent/Caregiver)
Cc: Physician (if desired)

KEEP A COPY OF THE REQUEST FOR PARENT RECORDS.