



Consent for Individual Behavioral Services

Behavioral services have been recommended for your child, _____, due to the presence of challenging behavior in his/her classroom. A behavior specialist will provide behavioral services in conjunction with school staff. Behavioral services may include record review, staff interviews regarding your child's behavior, classroom observations, data collection, and/or direct behavior intervention services if deemed necessary.

Please check one:

_____ **Yes, I give my consent for behavioral services.**

_____ **No, I do not give consent for behavioral services.**

This consent will be valid for one calendar year.

Parent Signature:_____

Date:_____