

**Permission  
Functional Behavior Assessment**

Davison Community Schools  
1490 N. Oak Road  
Davison, Michigan 48423  
(810) 591-0913

I, the undersigned, grant permission for school personnel to complete a Functional Behavior Assessment for my child, \_\_\_\_\_, and create a Behavior Intervention Plan. After a plan is formulated, you will be contacted to review the data collected with school personnel.

\_\_\_\_\_  
Signature of Custodial Parent/Guardian/Student, if over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date