AREA COOPERATIVE FOR EDUCATIONAL SUPPORT

BEHAVIOR OBSERVATION PERMISSION FORM

Dear Parent/Guardian,

Individualized behavior services are focused on assisting with concerns and behaviors of a student that could impede their success. These services may include observations, collaboration with staff, collection of data, and intervention strategies. Please complete the permission form below to allow the Behavior Intervention team members of the Area Cooperative for Educational Support to come and observe your student’s classroom and offer collaborative feedback with staff and intervention strategies to best support your student.

**Confidentiality:** Please understand that all records, written information, or any electronic data are kept CONFIDENTIAL. All behavior interventionist services are confidential except those required by law to report. The other exception would be when a signed release has been obtained to provide or receive information from another entity.

I, , parent or guardian of (student), consent for an ACES Behavior Intervention team member to observe in the classroom and provide collaborative feedback to staff members and provide intervention strategies to support behavior needs and learning.

This authorization becomes effective the date of below signature.

I understand that I have a right to revoke this authorization at any time. If I revoke this authorization, I must do so in WRITING and present my written revocation to the school administrator or ACES Behavior Intervention team member. I further understand that actions already taken based on this authorization, prior to revocation, will not be affected.

Signature of Parent/Legal Guardian Date

Signature of School Administrator Date

Signature of ACES Behavior Intervention Date

Team Member