



Behavior Intervention Coach Observation/Support Consent Form

Date of Request: _____

Name of Individual Making Request: _____

Student Name: _____

Purpose of the Observation: _____

School Contact Information: _____

Parental Consent: I have read the above information and hereby give my informed consent for the Behavior Intervention Coach to observe and provide support for the implementation of specified behavior interventions to be used with my child.

Guardian Signature: _____ Date: _____

This form will be valid through the 2016-2017 school year.

Please submit a paper copy to your school's administrator and to the Behavior Intervention Coach.

Robin Cormier
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