



Warren Township Schools

Office of Special Services

■ Mrs. Molly Lange, Ed.S., Director
mlange@warrentboe.org
908-753-5300, ext. 5716

213 Mount Horeb Rd.

Warren, NJ 07059
Melissa Smolenski, Supervisor
msmolenski@warrentboe.org
908-753-5300, ext. 5720

Data & BIP Permission Form

Student Name:

Date:

Dear Parent or Guardian,

Teachers and support staff have been working diligently to help each student have a successful school year. At this time, your child has been identified as potentially needing additional support to achieve success. We request your permission to collect data to assist in the development of a formal behavior plan. This may require observations, completion of rating forms, and interviews by the Behavior Specialist and/or school psychologist, teachers, case manager, counselor, and/or other support personnel. If it is determined that your child's behaviors significantly impact his or her educational performance, a behavior plan will be developed and you will be invited to discuss the plan prior to implementation.

Thank you for your support in an effort to develop strategies and plans to allow your child the opportunity to have a successful school year. Should you have any questions regarding the nature of this permission form, please contact your case manager.

Sincerely,

_____ Case Manager

Please check the appropriate box then sign and date below. Return this form to your child's case manager.

Yes, I give permission for data collection to be conducted and, if needed, a behavior intervention plan to be developed for my child.

This may include observations, interviews, rating forms, and/or release and review of educational and behavior records to the Behavior Specialist and applicable support personnel.

No, I do not give permission for the behavior specialist to collect data and, if needed, assist in developing a behavior intervention plan.

Parent/Guardian Signature

Date