



Date:.....

Dear.....

Your child.....has been referred to the Moreton Region Behaviour Team. This team works with students and their teacher/s to provide appropriate behaviour support systems within our school. As part of their information gathering the team may conduct observations of your child within the classroom and/or playground.

We will keep you informed of this process so that you can be involved in sharing information to assist us to make the best possible adjustments or plans for your child.

To enable this process to commence, please complete the section below and return it to the school office as soon as possible.

A team member will be contacting you soon.

Yours sincerely,

.....

..... ✂

Please return to the office – for the Behaviour Team

I/We give permission for the Behaviour Teacher to observe and gather information

regarding.....

I/We give permission for the findings and recommendations to be reported to the Principal, Class Teacher and other relevant staff.

I understand that I will be invited to be a part of this process by sharing information with the school team.

Please tick and complete details for any of the following services your child has accessed:			
✓	Service	Name	Date last seen
	Guidance Officer		
	Speech Language Pathologist		
	Paediatrician		
	Child Youth & Mental Health		
	Other Agency		

Signature of Parent/Carer.....

Date:.....