

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

Notice of Observation by Behavior Intervention Specialist

Date _____

Campus _____

To the Parents of _____

We have referred your child to a Behavior Intervention Specialist. This district employee will observe your child in his/her classes and provide suggestions to his/her teachers to improve school behavior.

Name of Contact Person

Telephone Number