

**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