MANIFESTATION DETERMINATION

Student Name_____ Date_____

Part I   Background Information   _____ Number of days suspended prior to this incident

YES NO   YES NO

☐ ☐   Were illegal drugs/controlled substances involved   ☐ ☐   504 Accommodation Plan
          in the incident?   ☐ ☐   Special Education

☐ ☐   Has a Functional Behavioral   ☐ ☐   Evaluation pending, not yet eligible
          Assessment/behavioral Screening been conducted?

☐ ☐   Was a weapon involved in this incident?

Part II   Incident: Describe the nature of the offenses(s) alleged against the student and information related to allegations that were considered by the team (*i.e.,* witness reports, police report, discipline and other reports)

Date of Incident_____   Describe:_____
_____
_____

Part III   The team reviewed and considered the following relevant information:

☐ Current evaluation and diagnostic results_____   ☐ Outcome of behavior screening/assessment_____
_____   _____
_____   _____
_____   _____

☐ Current IEP/504 placement/progress records_____   ☐ Information supplied by parents_____
_____   _____
_____   _____
_____   _____

☐ Current academic performance_____   ☐ Current Behavior Plan_____
_____   _____
_____   _____
_____   _____

☐ Disciplinary records_____   ☐ Attendance_____
_____   _____
_____   _____
_____   _____

☐ Observation/Description of any other relevant information/considered_____
_____
_____

Part IV   Team's conclusions regarding relatedness

YES NO

☐ ☐   The student's conduct was caused by, or had a direct and substantial relationship to the student's disability.

☐ ☐   The IEP was not implemented correctly.

NOTE: All of the above must be checked "NO" for the team to determine that the behavior of the student was **NOT** a manifestation of the student's disability.

Part V   Determination

Based on the above review, the IEP team members conclude that:

☐ The student's misconduct was NOT a manifestation of   ☐ The student's misconduct WAS a manifestation of the
the student's disability.   student's disability.

Part VI   Additional Information

☐ IEP to be scheduled.   ☐ Behavior Plan to be developed/implemented/revised.

☐ Additional behavioral data is needed.   (attach)

☐ School will refer student for a long-term suspension   ☐ School will refer student for a 45 interim alternative
hearing.   setting (drug and weapon offenses only, IEP addendum
                                                                 required.)

Recorded by (Name) _____ (Position) _____

_____Title_____Approve Disapprove
_____Title_____Approve Disapprove
_____Title_____Approve Disapprove
_____Title_____Approve Disapprove
_____Title_____Approve Disapprove

_____Title_____Approve   Disapprove
_____Title_____Approve   Disapprove