

MANIFESTATION DETERMINATION**Student:** Student Name**Birth Date:** 00 / 00 / 2000 **Date:** 00 / 00 / 2000**School:** School Name**Grade:** Grade**Area of Disability:** _____**Current Educational Setting (LRE):** _____

Data being considered (check each one):

- | | |
|--|-----------------------|
| <input type="checkbox"/> IEP | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Assessment/evaluations | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Medical information, including diagnosis and medication | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Interviews conducted | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Direct observations | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Discipline reports for the current school year | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Functional Behavioral Assessment (attach) | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Behavioral Intervention Plan (attach) | Dates: 00 / 00 / 2000 |
| <input type="checkbox"/> Other | Dates: 00 / 00 / 2000 |

History of disciplinary actions during current school year:

Number of incidents: _____ Dates: _____

Number of administrative assignments of in-school suspension: _____, total # of actual days: _____

Number of administrative assignments of out-of-school suspension: _____, total # of actual days: _____

Longest # of consecutive days suspended: _____ days.

Current Disciplinary Incident:

Was a weapon involved?

Were drugs involved?

Did serious bodily injury occur?

Summarize the administrative authority's written findings:

Summarize the available information from persons who observed the violation of the student code of conduct when it occurred:

Implementation of IEP:

- Describe how the academic and behavioral goals on the child's IEP are being implemented:
- Describe how the accommodations, modifications and supplementary services included in the child's IEP are being implemented:
- Describe how the related services included in the child's IEP are being implemented:

Consider the following questions prior to reaching a decision about the behavior being a manifestation of the disability:

- Does the child have a behavior intervention plan (BIP) based on a functional behavioral assessment? Summarize the BIP.
- Explain how and when the interventions and/or plans were revised if they were not effective? List dates these occurred:

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Did behavior patterns change over time, e.g., increase in frequency, duration and/or intensity? If so, please explain.

Has this behavior or similar behaviors associated with the disability been exhibited in the past? If so, describe the pattern of behavior.

Describe the information that is being considered from evaluations and additional diagnostic procedures.

Describe the relevant information provided by the parents.

List and summarize other agency involvement with the child.

Assessment of Manifestation Determination:

1. Based on the above factors, was the conduct in question caused by the child’s disability? YES NO

2. Based on the above factors, did the conduct in question have a direct or substantial relationship to the child’s disability? YES NO

3. Was the conduct in question the direct result of the school district’s failure to implement the IEP? YES NO

The violation of the student code of conduct is a manifestation of the student’s disability. YES NO

If ALL the questions have an answer of “NO”, the discipline procedures for students that do not have a disability can be used. If the student is removed from the school placement, the student must continue to receive education services to enable the student to continue to participate in the general education curriculum and to progress toward meeting the goals set out in the student’s IEP. The IEP team determines the interim alternative educational setting for services. Parents shall be informed of their procedural safeguards.

If ANY of the questions has an answer of “YES”, the manifestation team has decided that the behavior is a manifestation of the student’s disability and the behavior did not have to do with weapons, drugs or serious bodily injury. The student must remain in the educational placement indicated on the IEP unless the parent and LEA agree to a change of placement at an IEP team meeting. The student may NOT be disciplined using procedures applicable to nondisabled students. The manifestation team should review the student’s IEP for implementation, including the current placement and review the functional behavioral assessment and behavioral intervention/support plan. If no behavior intervention plan exists, the IEP team should be convened to conduct a functional behavioral assessment and create a behavior intervention plan.

COMMITTEE PARTICIPATION	Position	Date
	LEA Representative	
	Parent	
	Other Relevant Member	
	Other Relevant Member	