

MANIFESTATION DETERMINATION FINDINGS

Student: _____ Birth date: _____ Date: _____
 District of Residence: _____ School: _____
 Teacher: _____ Grade: _____ Gender: M F CSIS: _____
 Parent/Guardian: _____ Phone:(H) _____ (W) _____ (C) _____
 Address: _____ City: _____ Zip: _____

Is the student an English Learner? Yes No Primary Language: _____

Date of Current IEP: _____ Date of last assessment: _____

Disability: _____ Current educational setting(s): _____

Description of behavior/actions of student resulting in this analysis:

Disciplinary action taken/proposed: _____ Date of decision of disciplinary action: _____

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following **in relation to the behavior subject to discipline** (check applicable items):

- Teacher observations of the student. List: _____
 The Student's IEP. Describe: _____
 Other relevant information **supplied by the parents of the student**. List: _____
 Other. List: _____

The Manifestation Determination team determined that, in relation to the behavior subject to the disciplinary action:

Yes No **The conduct in question was caused by or had a direct and substantial relationship to the disability.**
Comments:

Yes No **or....**
The conduct in question was the direct result of a failure to implement the IEP.
Comments:

The Manifestation Determination team decided that the student's behavior:

was a manifestation of his/her disability. (requires a "yes" or any 1 of the above 2 items)

Discipline proceeding(s) may not occur at this time.

- Functional behavior assessment to be conducted (unless already conducted) and behavior plan to be implemented, or
 If a behavioral intervention plan has been developed, plan will be reviewed and modified as necessary

Comments:

was not a manifestation of his/her disability. (requires a "no" on both of the above 2 items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Comments:

Parent: agrees disagrees with the determination of the Manifestation Determination team.

Comments:

Parent received copy of Procedural Safeguards (Parent Rights): Yes No Date: _____

Signatures:

 Parent/Guardian/Surrogate/Adult Student Signature

 Date

 Parent Signature

 Date

 Title

 Date

Title

Date

Title

Date

Title

Date

Title

Date

Title

Date