

Manifestation Determination

Student: _____ **Date:** _____

School: _____ **Grade/Program:** _____

TO DETERMINE WHETHER A BEHAVIOR IS (or IS NOT) A MANIFESTATION OF THE STUDENT'S DISABILITY, COMPLETE THE FOLLOWING:

- 1. DESCRIBE THE VIOLATION OF THE SCHOOL RULES OR CODE OF CONDUCT.**

- 2. IN CARRYING OUT A REVIEW OF THE MISCONDUCT, THE LEA, PARENT AND RELEVANT MEMBERS OF THE IEP TEAM¹ MUST CONSIDER ALL SOURCES OF INFORMATION.**

i. PLEASE CHECK ALL INFORMATION CONSIDERED:

- a) ___ Assessment/evaluation (List any current assessments/evaluations considered)
- b) ___ The student's IEP
- c) ___ Interviews conducted
- d) ___ Teacher observations
- e) ___ Information provided by the parent

ii. PLEASE NOTE ANY RELEVANT COMMENTS OR OBSERVATIONS:

- 3. THE RELEVANT MEMBERS OF IEP TEAM MUST ANSWER THE FOLLOWING, IN RELATIONSHIP TO THE ABOVE DETAILED BEHAVIOR:**

(a) Was the conduct in question caused by the child's disability?

___ **Yes** ___ **No**

(b) Did the conduct in question have a direct and substantial relationship to the child's disability?

___ **Yes** ___ **No**

¹ The relevant members of the IEP team are determined by the LEA and the parent.

(c) Was the conduct in question the direct result of the school's failure to implement the student's IEP?

Yes **No**

If the LEA, parent and relevant members of the IEP team determine that the IEP was not implemented, list the steps the district will take to remedy the identified deficiencies:

IF YES IS CHECKED FOR ANY ONE OF THE ABOVE, THE BEHAVIOR IS A MANIFESTATION OF THE STUDENT'S DISABILITY. COMMENTS:

IF NO IS CHECKED TO ALL THE QUESTIONS ABOVE, THE BEHAVIOR IS A NOT MANIFESTATION OF THE STUDENT'S DISABILITY. COMMENTS:

4. IF IT IS DETERMINED THAT THE BEHAVIOR IS A MANIFESTATION OF THE STUDENT'S DISABILITY AND THE STUDENT DOES NOT HAVE A BEHAVIORAL INTERVENTION PLAN, THE IEP TEAM MUST DEVELOP AN ASSESSMENT PLAN FOR A FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA). DESCRIBE THE PROCEDURES FOR CONDUCTING THE FBA: (Please note that this activity requires the participation of the full IEP team.)

5. IF IT IS DETERMINED THAT THE BEHAVIOR WAS A MANIFESTATION OF THE STUDENT'S DISABILITY AND THE STUDENT HAS A BEHAVIORAL INTERVENTION PLAN, REVIEW THE PLAN AND NOTE REVISIONS ON THE IEP AS NECESSARY. (Please note that this activity requires the participation of the full IEP team.)

6. BASED ON THE PRECEDING INFORMATION, THE IEP TEAM HAS DETERMINED THAT:

- The student's behavior was a manifestation of his/her disability. (Therefore, the student may not be removed from his/her current placement beyond 10 days for disciplinary reasons. However, the student's placement may be changed through the regular IEP review process.)

- The student's behavior was not a manifestation of his /her disability. State the disciplinary action to be imposed and services to be provided:

Persons Participating in the Meeting:

Signature of Parent Date

Signature of Student (if appropriate) Date

Signature of Case Manager Date

Signature of Special Education Teacher Date

Signature of Regular Education Teacher Date

Signature of District Representative Date

Signature of Other Participant Date