

Model Manifestation Determination Review Form

School District: _____

Student Name: _____ School: _____

Student ID: _____ Grade: _____

Date of Birth: _____ Primary Disability: _____

Race/Ethnicity: _____ Additional Disabilities: _____

Date of incident: _____

Date of parent notification of incident: _____

Date of manifestation determination meeting: _____

Review of Relevant Information

A review of all of the relevant information in the child's file, including the child's individualized education program (IEP), teacher observations, and any relevant information provided by the parent must be completed to determine whether the child's conduct was caused by, or had a direct and substantial relationship to the child's disability or the direct result of the district's failure to implement the child's IEP.

Sources of Information (check all that the team reviewed)

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> IEP | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Behavioral Intervention Plan (BIP) | <input type="checkbox"/> Functional Behavioral Assessment (FBA) |
| <input type="checkbox"/> Discipline Report | <input type="checkbox"/> Cumulative File |
| <input type="checkbox"/> Assessments/Evaluations | <input type="checkbox"/> Student Interview |
| <input type="checkbox"/> Teacher Observations | <input type="checkbox"/> Relevant Information from Parent |
| <input type="checkbox"/> Medical Information | |

Discipline History

1. Number of out-of-school suspension days for the child this school year: _____
2. Number of in-school-suspension days for the child this school year: _____
3. Previous manifestation determination meetings (include date, conduct leading to discipline, manifestation determination decision): _____
4. Describe the conduct violation (behavior that led to disciplinary action): _____
5. Describe the district policy concerning the behavior: _____
6. Was this a special circumstance? Yes No **If yes:** Weapons Drugs Serious bodily injury
7. Was this behavior a single occurrence or is there a history of similar behavior?
 Single occurrence History of similar behavior (describe): _____

Special Education Services and Supports

1. Was an FBA completed prior to the incident? Yes No
If yes, include the date, behaviors targeted, and function:
2. Does the child have an existing BIP?
 - a. Date of most recent plan:
 - b. Have services/interventions in BIP consistently been provided Yes No
3. The services in the IEP have been provided
 - were consistently implemented
 - were not provided or consistently implemented
4. Are there any pertinent medical or other diagnoses to consider? Yes No
If yes, explain:
5. Is the child currently being reevaluated? Yes No
If yes, what is the purpose?

Team Decisions

- A. Was the conduct in question caused by the child’s disability or have a direct and substantial relationship to the child’s disability? Yes No
- B. Was the conduct in question the direct result of the district’s failure to implement the child’s IEP or 504 plan? Yes No
 (If yes, the district must take immediate steps to ensure that all services set forth in the child’s IEP or 504 plan are provided, consistent with the child’s needs as identified in the IEP.)

NOTE: If either condition is true, the conduct subject to disciplinary action would be considered a manifestation of the child’s disability.

Manifestation Determination

The team determined that the behavior subject to discipline:

WAS NOT a manifestation of the child’s disability.

1. The child may be disciplined in a manner consistent with his or her nondisabled peers; however, the child must continue to receive FAPE in a manner that enables the child to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child’s IEP.
2. Location of Services: _____

WAS a manifestation of the child’s disability.

1. The IEP Team must conduct a FBA, unless a FBA has already been conducted.
2. The IEP Team must develop and implement a BIP for the child based on the FBA or, if a BIP has already been developed, review and modify the BIP, as necessary, to address the behavior resulting in this disciplinary incident.
3. The child is returned to the placement from which the child was removed, unless the parent and district agree to change of placement as part of the modification of the BIP (this does not apply to special circumstances: drugs, weapons, serious bodily injury).

Role: Print Name	Signature	Agree	Disagree	Date

Required: A representative of the school district or approved cooperative, the parent, and relevant members of the child’s IEP Team (as determined by the parent and the school district or approved cooperative). Recommended team members include a LEA designee, special education teacher, general education teacher, the parent, assessment specialist(s) or person that can interpret evaluation results, and the student if age appropriate.