



Individual Student Record Review Form: Discipline

THE FOLLOWING PAGES ARE REQUIRED FOR EACH STUDENT

Student Identifier:

Reviewer:

Date:

Randomly select five (5) student records for this review. To randomly select student files, begin with a comprehensive list of students in the defined category (e.g. Black students suspended out of school greater than 10 days). Use a random number generator (e.g., the RAND function in Excel) to select the desired number of files. If a selected file is inappropriate for some reason, document thoroughly why it is inappropriate – this becomes a part of the record. Replace any such files with a new randomly selected file.

Request the following items from each child's file

- | | |
|---|--|
| 1. Individualized Education Plan (IEP) | 4. Functional Behavior Assessment |
| 2. Manifestation determinations, including any emergency exclusions | 5. Behavior Intervention Plans |
| 3. Discipline reports and behavior referrals | 6. Evidence of interventions in use (e.g., service logs) |

Description: Relevant records of students with disabilities will be reviewed to determine if the district/school code of conduct was followed, as well as special education legal requirements. The review includes appropriate practices and regulatory compliance items. The district team should complete the items in below labeled district response. A state team will complete a final review to verify results and determine any findings.

Area 1: Discipline Record Review		
92 Neb. Admin. Code § 51-016 ; 34 C.F.R. § 300.530(h)		District Response
1a	Is there documentation of the incident that provides evidence the staff followed school policy and procedures for office referrals (to include positive behavior supports prior to office referral)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	Is the behavior leading to disciplinary removal consistent with the district/school code of conduct and discipline matrix?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c	Is the duration of disciplinary removal consistent with the district/school code of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d	Did school staff respond to the child's misbehavior with an age-appropriate consequence that fit the infraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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92 Neb. Admin. Code § 51-016 ; 34 C.F.R. § 300.530(h)			District Response
1e*	016.02H; 34 C.F.R. § 300.530(h)	Was the parent provided prior written notice on the same day the school decided on the removal/change of placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f*	016.02H; 34 C.F.R. § 300.530(h)	Did the prior written notice include the procedural safeguards notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

District Response: If you answered "No" to any items above, provide explanation or relevant information:

State compliance review notes and items with potential findings of noncompliance:

*Compliance item.



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Area 2: IEP Record Review: Refer to the date(s) of IEP(s) and BIP(s) prior to and between discipline actions.

92 Neb. Admin. Code [§ 51-007.07B3](#) and 34 C.F.R. [§ 300.324\(a\)\(2\)\(i\), \(b\)\(1\)](#)

District Response

2a	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	<p>IEP date(s): <input type="checkbox"/> Is there an indication that behavior impedes the student's learning?</p> <p>BIP date (if applicable): <input type="checkbox"/> Student does not have a BIP</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b*	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	Is there evidence the team considered, as appropriate, the use of positive behavioral interventions and supports (or other strategies) to address behavior (i.e., within the IEP or embedded in the school-wide multi-tiered systems of support (MTSS) for all students)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2c*	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	If the student continued to demonstrate behaviors impacting learning, is there evidence the team made adjustments to interventions or strategies (i.e., revised the IEP or changes in MTSS interventions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA



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92 Neb. Admin. Code § 51-007.07B3 and 34 C.F.R. § 300.324(a)(2)(i), (b)(1)			District Response
2d*	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	Did the IEP indicate the reasons for the decision regarding the use of intervention or other program modification to address the student's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2e*	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	If the IEP team indicated the student required a BIP, is there a BIP included that has been reviewed annually and updated when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

District Response: If you answered "No" to any items above, provide explanation or relevant information:

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Area 3: Manifestation Determination Review (MDR): Refer to the student’s manifestation determination meeting(s) documentation. Complete if a student was suspended or expelled for more than 10 consecutive days or more than 10 cumulative days that shows a pattern of removal constituting a change of placement.

NA (Removal for less than 10 consecutive days or more than 10 cumulative days, but did not show a pattern of removal constituting a change of placement)

92 Neb. Admin. Code [§ 51-016.02D, .02E, .02F](#); 34 C.F.R. [§ 300.530\(e\)](#)

District Response

3a		Date of manifestation determination meeting(s): How many days was the child removed? Consecutive or intermittent?	
3b*	§ 51-016.02E1 § 300.530(e)(1)	Was there a manifestation determination meeting every time a student was removed (suspended or expelled) for more than 10 consecutive days or more than 10 cumulative days that shows a pattern of removal constituting a change of placement within the school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c*	§ 51-007.07B3 § 300.324(a)(2)(i), (b)(1)	Did the manifestation determination meeting(s) occur within 10 school days of the decision to impose a suspension or expulsion for more than 10 consecutive days or more than 10 cumulative days that shows a pattern of removal constituting a change in placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d*	§ 51-016.02E1 § 300.530(e)(1)	Is there evidence the team meeting for manifestation determination included 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3e*	§ 51-016.02E1 § 300.530(e)(1)	Is there evidence the team reviewed all relevant information in the child’s file, including the child’s IEP, any teacher observations, and any relevant information provided by the parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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92 Neb. Admin. Code § 51-016.02D, .02E, .02F; 34 C.F.R. § 300.530(e)			District Response
3f*	§ 51-016.02E1a § 51-016.02E1b § 300.530(e)(1)	Does the file document the team's decision as to whether the conduct in question was a direct result of the school district's or approved cooperative's failure to implement the child's IEP or caused by, or had a direct and substantial relationship to the child's disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3g*	§ 51-016.02E3 § 300.530(e)(3)	If the manifestation team determined the conduct in question was the direct result of the school's failure to implement the IEP, were immediate steps taken to remedy those deficiencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3h*		Does the file include an explanation for the manifestation determination decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

District Response: If you answered "No" to any items above, provide explanation or relevant information:

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Area 4.1: MDR Decision-Conduct was a Manifestation: Complete the following if the team determined the conduct was a manifestation of the student's disability.			<input type="checkbox"/> NA (conduct was not a manifestation)
92 Neb. Admin. Code § 51-016.02F; 34 C.F.R. § 300.530(f), (g)			District Response
4.1a*	§ 51-016.02F1 § 300.530(f)(1)	Did the IEP team conduct a FBA and develop a BIP, if one had not been completed; or review the existing BIP and revise, as needed, to address the current behavior(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1b*	§ 51-016.02F2 § 300.530(f)(2), (g)	Was the student returned to the placement from which the student was removed (except for removals involving drugs, weapon(s), or serious bodily injury) unless the parent and district or approved cooperative mutually agreed to change the student's placement as part of the modified behavior intervention plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

District Response: If you answered "No" to any items above, provide explanation or relevant information:

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Area 4.2: MDR Decision-Conduct was not a Manifestation Complete if the IEP Team determined the conduct was not a manifestation of the student’s disability.			<input type="checkbox"/> NA (conduct was a manifestation)
92 Neb. Admin. Code § 51-016.02D; 34 C.F.R. § 300.530(d)			District Response
4.2a*	§ 51-016.02D1 § 300.530(d)(1)(i)	Did the team specify the educational services to enable the student to continue to participate in the general curriculum, although in another setting, and to progress toward IEP goals during the applied school removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2b*	§ 51-016.02D2 § 300.530(d)(1)(ii)	Did the IEP team consider a functional behavior assessment (FBA) and behavior intervention plan (BIP), as appropriate, to help the student replace inappropriate behaviors with appropriate ones?	<input type="checkbox"/> Yes <input type="checkbox"/> No

District Response: If you answered “No” to any items above, provide explanation or relevant information:

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Area 5: Functional Behavior Assessments (FBA) and Behavior Intervention Plan (BIP): Refer to the student's FBA and BIP if the student has one.			<input type="checkbox"/> NA (child does not have a FBA or BIP)
92 Neb. Admin. Code § 51-003.26 ; -007.07A8 ; 34 C.F.R. § 300.320(a)(7)			District Response
5a		Was the BIP(s) based on the results of the FBA(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b*	§ 51-007.07A8 34 C.F.R. § 300.320(a)(7)	If the student had a BIP(s) during that school year, did the BIP include the following information: <ul style="list-style-type: none"> • Frequency • Duration • Location 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5c*	§ 51-003.26	Review the FBA to determine if it contains the following components: <ul style="list-style-type: none"> • Description of the problem behavior (i.e., frequency, intensity, duration) • Direct observation • Identification of antecedents which occasion the behavior • Identification of consequences which maintain the behavior • Function the behavior serves • Selection of alternate behaviors which will provide the same function 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



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92 Neb. Admin. Code [§ 51-003.26](#); [-007.07A8](#); [34 C.F.R. § 300.320\(a\)\(7\)](#)

District Response

5d

Was the parent provided progress reports for the BIP as often as progress reports were provided to all students?

Yes No

District Response: If you answered “**No**” to any items above, provide explanation or relevant information:

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*Compliance item.



SPED
SPECIAL EDUCATION

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General Notes

A large, empty rectangular area with a light blue gradient background, intended for entering general notes.