



Montana
Office of Public Instruction
 Denise Juneau, State Superintendent

Manifestation Determination

Student's Name	Initials	Birth Date	Today's Date
Parent(s) Name	IEP Manager and Phone Number		District/School

Specific behavior that resulted in student's suspension/expulsion:

Date suspension began: _____

This behavior represents a: Single Incident Pattern of Behavior

The following data must be reviewed:

- Current Classroom-Based Assessments and Observations
- Teacher and Related Services Providers' Observations
- Evaluations and Information provided by the parents of the student
- Other: _____
- Other: _____

Based on this review, the IEP Team and other qualified professionals have determined that:

YES NO

- The conduct in question was caused by, or had a direct and substantial relationship to, the student's disability.
AND/OR
 The conduct in question was the direct result of the district's failure to implement the student's IEP.

If the members of the IEP team determine that the answer is YES to either of the above questions the conduct shall be determined to be a manifestation of the student's disability.

- The conduct in question **WAS** a manifestation of the student's disability.
 The conduct in question **WAS NOT** a manifestation of the student's disability.

If the conduct in question is determined to be a manifestation of the student's disability, the IEP team must conduct a Functional Behavior Assessment, if not previously done, and implement or revise a behavioral intervention plan for the student.

Additional information attached (e.g., incident report, meeting minutes, assessment summary, etc.)

The following persons, as indicated by their signatures, have participated in the Manifestation Determination.

 Parent Date

 Parent Date

 Student Date

 Special Education Teacher Date

 Administrator or Designee Date

 Speech/Language Pathologist Date

 Regular Education Teacher Date

 School Psychologist Date

 Signature/Position Date

 Signature/Position Date