



## Manifestation Determination

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

Date suspension began: \_\_\_\_\_

Date parent/guardian was notified of the suspension/expulsion: \_\_\_\_\_

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

This behavior represents a:  Single Incident  Pattern of Behavior

All relevant information in the student's file must be reviewed. The following relevant information was reviewed:

- The student's IEP and placement
- Unique circumstances that resulted in the student's behavior
- Teacher and related services providers' observations of the student
- Evaluations
- Relevant information provided by the parents
- Other \_\_\_\_\_

**Based on this review, the district/school, parent and other relevant members of the IEP team have determined that:**

- YES      NO
- The conduct in question was caused by, or had a direct and substantial relationship to, the student's disability; **OR**
- The conduct in question was the direct result of the district's failure to implement the student's IEP.

If "**YES**" was marked for either statement above, the student's conduct **IS** found 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 an existing behavioral intervention plan for the student as necessary to address the behavior; AND
- The student must return to the placement from which the student was removed unless the parent and district agree to a change in placement as part of the modifications of the behavioral intervention plan.

If "**NO**" was marked for **BOTH** statements above, then conduct in question **IS NOT** a manifestation of the student's disability, and school personnel may apply the relevant disciplinary procedures to the student in the same manner and for the same duration as procedures would be applied to children without disabilities **EXCEPT:**

- The student must continue to receive educational services so as to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP; AND

- The student must receive, as appropriate, a functional behavior assessment, and behavioral intervention services and modifications that are designed to address the behavior violation so that it does not recur.

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

_____	Date	_____	Date
<b>Parent</b>		<b>Parent</b>	
_____	Date	_____	Date
<b>Student</b>		<b>Special Education Teacher</b>	
_____	Date	_____	Date
<b>Administrator or Designee</b>		<b>Speech/Language Pathologist</b>	
_____	Date	_____	Date
<b>Regular Education Teacher</b>		<b>School Psychologist</b>	
_____	Date	_____	Date
<b>Signature/Position</b>		<b>Signature/Position</b>	

NOTES:

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