

Sample Manifestation Determination Form

 <p style="font-size: small; margin: 0;">south dakota DEPARTMENT OF EDUCATION Learning. Leadership. Service.</p>	Special Education Programs	MANIFESTATION DETERMINATION FORM
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Student Name:	Date:
School:	Grade: DOB:
Date of IEP Team Meeting:	

Behavior resulting in the discipline action:

Step 1: The IEP team first considers the following information:

- ✓ Evaluation and diagnostic results and information from the parent(s)
- ✓ Observation(s) of the student's behavior
- ✓ Current IEP and behavior intervention plan

Step 2: The IEP team then determines:

	Yes	No
1. Was the conduct in question caused by, or did it have a direct and substantial relationship to, the student's disability?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the conduct in question the direct result of the district's failure to implement the student's IEP?	<input type="checkbox"/>	<input type="checkbox"/>

Step 3: The behavior is considered a manifestation of the student's disability if the team answered "yes" to either question 1 or 2 above.

Therefore:

The behavior is a manifestation of the student's disability.	<input type="checkbox"/>
The behavior is not a manifestation of the student's disability.	<input type="checkbox"/>

IEP team members present:

Name	Title	Name	Title
	Parent		SPED Teacher
	Parent		General Ed Teacher
	Student		Administration

Note to Parent(s): If you do not agree with the team's decision, you may request an expedited due process hearing, mediation, or a resolution session. Please advise the district of your decision.

Resources you may contact for further information about parent rights and procedural safeguards:

SD Advocacy Services at 1-800-658-4782 for assistance with advocacy services; SD Dept. of Education at 1-605-773-3678 for information on due process complaints, state complaints or mediation; or SD Parent Connection at 1-800-640-4553 for information on the SD Navigator Program.