**MANIFESTATION DETERMINATION**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPROPRIATENESS OF PROGRAM:**

 A. **Current Classification**: \_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_ Source(s) of Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Referral / Reevaluation Information:** Date of Referral/ Reevaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Concerns Noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source(s) of Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the behavior prompting suspension noted as concern? Yes No

C. **Evaluation*:***Date of last evaluation: \_\_\_\_\_\_\_\_ Evaluation current (< 3 years)? Yes No

 Do existing evaluations address current areas of educational concern? Yes No

 Additional evaluation needed in the following area(s): Complete Evaluation

 Intellectual Academic Achievement

 Communication Adaptive/Social/Behavioral

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source(s) of Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. **IEP**: Date of last IEP\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is IEP current? Yes No N/A

 Is IEP in compliance? Yes No N/A

 Have services been consistent with the IEP provided? Yes No N/A

 If no, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are behavioral goals included on the IEP? Yes No

If yes, do they address the behavior subject to discipline action? Yes No N/A

 Source(s) of Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. **Academic Performance:** Statement regarding student’s present school performance

 Grades:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s) of Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. **Placement:** Current Permission to Place in evidence? Yes No N/A

Is the current placement appropriate to meet student needs? Yes No N/A

Source(s) of information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G.** **Statement of appropriateness of program**: After review of the above relevant information it is the

 finding of this team that:

The student WAS WAS NOT properly evaluated.

 The student’s parent(s) WERE WERE NOT included in the IEP process.

The IEP and placement ARE ARE NOT reasonably calculated to confer educational benefit.

1. **EVALUATION OF CONDUCT IN QUESTION:**

**A. Common Behavioral Characteristics:**

As a team, identify the frequency of characteristics the student is displaying:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Characteristics | Seldom | Frequently | Always | Reported by |
| 1 | Perceptual processing skills within the classroom. |  |  |  |  |
| 2 | Understands cause and effect relationships. |  |  |  |  |
| 3 | Is able to actively process information. |  |  |  |  |
| 4 | Is able to identify and attend to key information. |  |  |  |  |
| 5 | Has the ability to follow rules. |  |  |  |  |
| 6 | Has the ability to problem solve. |  |  |  |  |
| 7 | Is an active, organized learner. |  |  |  |  |
| 8 | Has a positive self-concept. |  |  |  |  |
| 9 | Is able to consistently follow directions. |  |  |  |  |
| 10 | Is easily frustrated. |  |  |  |  |
| 11 | Responds to people in authority appropriately. |  |  |  |  |
| 12 | Takes responsibility for own actions. |  |  |  |  |
| 13 | Acts impulsively. |  |  |  |  |

1. **History of Disciplinary Actions:** (Within the last year)

Total number of incidents: \_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of administrative assignments of (ISS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OSS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reasons for suspensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **History of Behavioral Interventions:** (Within the last year)

Is a behavior support plan based on a functional behavioral assessment in place? Yes No

If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have interventions and plans been revised when they are not effective? Yes No

 If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Which interventions have been effective? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has there been a change in behavior patterns over time, (i.e., increase in frequency or intensity) Explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of Incident Prompting Suspension:**

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Decision to Suspend ≥10 Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Behavior Prompting Suspension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Description of the incident (Describe the who, what, when, where, why and how of the incident)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Statement of conduct in question**: After review of the above relevant information it is the finding of this team that:

The student’s common behavioral characteristics HAVE HAVE NOT been reviewed.

The student HAS DOES NOT HAVE a documented ongoing history of disciplinary actions relating to the recent suspension.

 Documented behavioral interventions HAVE HAVE NOT decreased the targeted behavior.

**III. COMMITTEE DETERMINATION:**

The team may determine that the behavior is a manifestation of the child’s disability only after conducting a review and determining that one of the following are true:

1. The conduct in question was a direct result of the school’s failure to implement the IEP. TRUE FALSE
2. The conduct in question was caused by, or had a direct and substantial relationship to the child’s disability; and TRUE FALSE

**The IEP Team determined the student’s behavior … (Check one)**

 **IS** a manifestation of the student’s disability. (At least one response is “TRUE”)

A Functional Behavioral Assessment /Behavior Intervention Plan is required to be scheduled and completed as soon as possible.

 **IS** **NOT** a manifestation of the student’s disability (Both responses are “FALSE”)

**Parent / guardian signature indicates whether they agree or disagree with committee’s determination.**

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

**Signatures below indicate whether the participant agrees/disagrees with the committee’s determination.**

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Title Date

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature /Title Date

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature /Title Date

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature /Title Date

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature /Title Date

Agree \*Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature /Title Date

**\* Dissents are to be written and attached to this document.**