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| **Manifest Determination Review Form** |
|  School District:  |
| Student Name:  | School:  |
| Student ID:  | Grade:  |
| Date of Birth:  | Primary Disability:  |
| Race/Ethnicity:  | Additional Disabilities: Date student will return to school:  |
| Date of Incident:  |
| Date of parent notification of incident:  | Procedural Safeguards provided: |
| Date of manifest determination meeting:  |  Yes No Parent/Guardian Initials: \_\_\_\_\_ |

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| **Review of Relevant Information** |
| A review of all of the relevant information in the student’s file, including the student’s Individualized Education Program (IEP), teacher observations, and any relevant information provided by the adult student (if applicable) or the student’s parent/guardian must be completed to determine whether the student’s conduct was caused by, or had a direct and substantial relationship to, the student’s disability or the direct result of the district’s failure to implement the student’s IEP. |

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| **Sources of Information** |
|  **IEP** |  **504 Plan** |
|  **Behavioral Intervention Plan (BIP)**  |  **Functional Behavior Assessment (FBA)** |
|  **Discipline Report** |  **Cumulative File** |
|  **Assessments/Evaluations** |  **Student Interview** |
|  **Teacher Observations** |  **Relevant information from Parent/Guardian** |
|  **Medical Information** |  |

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| **Discipline History** |
| 1. Number of out-of-school suspension days for the student this school year:
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| 1. Number of in-school suspension days for the student this school year:
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| 1. Previous manifest determination meetings (including date, conduct leading to discipline, manifest determination
2. decision):
 |
| 1. Describe the conduct violation (behavior that led to disciplinary action):
 |
| 1. Describe the District policy concerning the behavior:
 |
| 1. Was this a special circumstance?  Yes  No **If YES:**   Weapons  Drugs  Serious Bodily Injury
 |
| 1. Was this behavior a single occurrence or is there a history of similar behavior?

 Single occurrence  History of similar behavior (describe): |

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| **Special Education Services and Supports** |
| 1. Was an FBA (Functional Behavior Assessment)

completed prior to the incident? Yes  No **If YES,** include the date, person(s) who conducted, behaviors targeted, and function: | **4.** Are there any pertinent medical or other diagnoses to consider:  Yes  No **If YES**, explain: |
| 1. Does the student have an existing BIP (Behavior

Intervention Plan)?  Yes  No **If YES:**1. Date of most recent plan:
2. Have services/interventions in BIP consistently

been provided?  Yes  No  | **5.** Is the student currently being reevaluated?   Yes  No  **IF YES,** what is the purpose? |
| 1. The services in the IEP
* have been provided
* were consistently implemented
* were not provided or were not consistently implemented
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| **Team Decisions** |
| 1. **Was the conduct in question caused by the student’s disability or have a direct and substantial relationship**

**to the student’s disability?**  **Yes**  **No**  |
| 1. **Was the conduct in question the direct result of the district’s failure to implement the student’s IEP or 504 plan?**  **Yes**  **No**

(**If yes,** the district must take immediate steps to ensure that all services set forth in the student’s IEP or 504 plan are provided consistent with the student’s needs as identified in the IEP.) |
| **Information used to determine the team decision:** |
| NOTE:* If the IEP team has answered “**No**” to both questions A and B, the conduct is **NOT a manifestation.**
* If *either or both* condition A and/or B are “**YES**”, the conduct subject to disciplinary action **would be**

**considered a manifestation of the student’s disability.**  |

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| **Manifest Determination** |
| The team determined that the behavior subject to discipline: |
|  **WAS NOT** a manifestation of the student’s disability 1. The student may be disciplined in a manner consistent with his or her nondisabled peers; however, the student

must Continue to receive FAPE in a manner that allows 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.1. Location of Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  **WAS** a manifestation of the student’s disability. 1. The IEP team must conduct an FBA, unless an FBA has already been conducted.
2. The IEP Team must develop and implement a BIP for the student based on the FBA, or if a BIP has already been

developed, the team must review and modify the BIP, as necessary, to address the behavior resulting in this disciplinary incident.1. The student is returned to the placement from which the student was removed, unless the parent/guardian/

adult student and the district agree to a change of placement as part of the modification of the BIP (this does not apply to special circumstances: drugs, weapons, serious bodily injury – see Special Considerations section). |
| **Special Considerations** |
| School personnel may remove a student to an appropriate interim alternative educational setting (IAES) for not more than 45 school days, without regard to whether the behavior is determined to be a manifestation of the student’s disability, if any of the below considerations are determined to be true:  |
| **The IEP team determined that:**

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|  **Yes  No**  | **\* The student carried a weapon to or possessed a weapon while at school, on school premises, or**  **to a school function under the jurisdiction of a state or local education agency, *or*** |
|  **Yes  No**  | **\* The student knowingly possessed or used illegal drugs or sold or solicited the sale of a controlled**  **substance while at school, on school premises, or at a school function under the jurisdiction of a**  **state or local educational agency, *or*** |
|  **Yes  No**  | **\* The student inflicted serious bodily injury upon another person while at school, on school**  **premises, or at a school function under the jurisdiction of the state education agency or a school**  **district.** |

**Comments:****If above is Yes, the IEP team determined that the student should be placed in an IAES for \_\_\_\_\_\_\_ school days.** **Location of IAES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Signatures of Participants attending the meeting.**  |
|  **Printed Name** | **Signature** |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |
|  |  |  **Agree Disagree** |

**If you disagree, attach a written statement explaining your disagreement.**

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| **Provision of Services beginning on 11th day of suspension**  |
| **IEP services to be provided:** |
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| **Amount of service time to be provided:** |
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| **Staff providing the IEP services:** |
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| **Location services will be provided:** |
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