

**OFFICE OF SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES
SUSPENSION/EXPULSION OF STUDENTS WITH DISABILITIES
MANIFESTATION DETERMINATION FORM**

Section I: Demographic Information

Date of Manifestation Determination Meeting: ___/___/___

Student's Name: _____ ID# _____ DOB: ___/___/___

Exceptionality(ies): _____ School: _____

Grade Level: _____

- Educational Placement: General Education (80%-100%)
 Resource Room (41%-79%)
 Separate Class (0%-40%)

Section II: Review of Relevant Information

- Date of most recent evaluation: ___/___/___
- Is there a FAB? Yes No
- Is there a BIP? Yes No
- Date of FAB: ___/___/___ Date of BIP: ___/___/___ Date BIP Implemented: ___/___/___
- Date of IEP/504 Plan: ___/___/___
- Are behavioral goals based upon the BIP included in the IEP? Yes No
- If yes, do they address the behavior subject to disciplinary action? Yes No
- Is there a record of the behavior subject to discipline? Yes No
- If yes, list the source of information: (SCM, etc) _____

Code of Student Conduct:

- Group 1 Group 2 Group 3 Group 4 Group 5

Date of Incident ___/___/___

Describe Incident: _____

List factors considered by the Manifestation Determination team, such as:

1. Evaluations, diagnostic results, and information supplied by the parent, student and school personnel.

2. Observations of student's behavior including relevant details and antecedents.

3. Is the current educational placement appropriate to meet the student's needs? Yes No
 If no, why not?

Section III: Determination

- A. The behavior in question was caused by or had a direct and substantial relationship to the child's disability. Yes* No

Explain: _____

- B. The behavior in question was the direct result of the school district's failure to implement/develop an appropriate IEP and/or BIP? Yes* No

Explain: _____

****If either A or B is yes, the behavior shall be determined to be a manifestation of the child's disability. Complete Section IV if YES is checked for A and/or B.***

Section IV: Complete this section if YES was marked in Section III.

As the child's behavior was a manifestation of the disability , the IEP/MD team shall:

1. conduct a functional behavior assessment, and implement a behavior intervention plan (if no FAB had been done prior to the conduct);
2. review and modify the existing BIP (if a BIP had been developed prior to the conduct); and
3. return the child to his/her previous placement location (unless an IAES is in place). Note: The school district and parent may **agree** to a change of placement location as part of the modification of the behavior plan and/or IEP.

Section V: Manifestation Determination and Signatures

- It has been determined that the behavior is a manifestation of the student's disability, therefore, the MD team must consider additional intervention plans and other resources designed to address the student's behavior. The student must be provided access to a Free Appropriate Public Education (FAPE) for any additional suspensions.
- It has been determined that the behavior is **NOT** a manifestation of the student's disability, therefore, the relevant disciplinary procedures applicable to students without disabilities may be applied, providing the student continues to receive FAPE.

LEA/SECTION 504 COORDINATOR

PARENT

OTHER

PSYCHOLOGIST

STUDENT

OTHER

CC: SCHOOL/OPERATIONS ALTERNATIVE ED IF THE COMPLETION OF THIS FORM IS THE RESULT OF AN EXPULSION RECOMMENDATION.