

MANIFESTATION DETERMINATION REVIEW

Student's Name: _____ Date: _____
School: _____ Grade: _____

1. Summary of the information considered:

A. Student's behavior

B. Student's IEP

C. Teacher observation of the student

D. Relevant information provided by the parent

E. Any other relevant information.

2. Was the conduct in question caused by or have a direct and substantial relationship to the child's disability?

YES or NO

3. Was the conduct in question a direct result of the school's failure to implement the IEP?

YES or NO

4. Determination:

The team (which included the student's parent(s) or legal decision maker, a representative of the school district and relevant members of the IEP team) looked at all relevant information, and determined that the behavior

☐ **IS** a manifestation of the disability **AND:**

- ☐ the student will be returned to the placement specified in his/her IEP, unless: (a) the school and parent(s) agree to a change of placement through the IEP process; or (b) the student is assigned to an alternative educational setting for possession of a weapon or illegal drugs or for infliction of serious bodily injury on another person; and
- ☐ the team will conduct a functional behavioral assessment (unless a functional behavioral assessment has already been conducted), and will implement a behavior intervention plan for the student; or
- ☐ the team will review the existing behavior intervention plan and modify it, as necessary, to address the behavior that resulted in the disciplinary removal.

OR

☐ **IS NOT** a manifestation of the disability **AND:**

- ☐ disciplinary removal may occur, but the school district must continue to make a free appropriate public education (FAPE) available to the student in a manner which enables 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
- ☐ If appropriate, the school will conduct a functional behavioral assessment and develop a behavior intervention plan designed to address the behavior violation so that it does not recur.

TEAM MEMBERS PRESENT			
NAME	TITLE	NAME	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISSENTING OPINION TEAM MEMBERS:

Attachments: YES or NO