

Student Name:

Date:

D.O.B.:

**MANIFESTATION DETERMINATION (AS APPROPRIATE)**

**Complete when determining whether a student's behavior was a manifestation of her/his disability.**

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INCIDENT(S) THAT RESULTED IN DISCIPLINARY ACTION

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THE STUDENT'S IEP AND PLACEMENT (include a review of all relevant information in the child's file, including the child's IEP)

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OBSERVATIONS OF THE STUDENT (include a review of staff observations regarding the student's behavior)

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INFORMATION PROVIDED BY THE PARENTS (include a review of any relevant information provided by the parent(s))

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**Based upon the above information, the team has determined that: [ ] Yes [ ] No The conduct was caused by or had a direct and substantial relationship to the student's disability.**

**[ ] Yes [ ] No The conduct was the direct result of the school district's failure to implement the IEP.**

**Check the appropriate box:**

[ ] The student's behavior **WAS NOT** a manifestation of her/his disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner in which they are applied to students without disabilities. *If the district initiates disciplinary procedures applicable to all students, the district shall ensure that the special education and disciplinary records of the student with a disability are transmitted for consideration by the person or persons making the final determination regarding the disciplinary action.*

[ ] The student's behavior **WAS** a manifestation of her/his disability. The team must review and revise the student's IEP as appropriate and the district must take appropriate action. A functional behavior analysis will or has been completed. The behavior intervention plan shall be completed or modified/reviewed as required to address behavior.