

Student Name _____

Manifestation Determination

Date of Meeting _____

Student Information

Student Name _____ Student ID _____

Date of Birth _____ Age _____ Grade _____ Adult student __ yes __ no

Eligibility category _____

Primary language of student _____

Date of most recent evaluation _____

IEP case manager _____

Parent/Guardian Contact Information

Name _____ Relationship: __ parent __ guardian __ surrogate

Address _____

Home phone _____ Work phone parent #1 _____ Work phone parent #2 _____

E-mail _____

Behavior Incident

1. Provide a brief summary of the behavior/behavioral incident leading to the disciplinary action.

2. Provide a brief description of the proposed/taken disciplinary action for the student. **Attach a copy of the Notice of Disciplinary Action to this form.**

3. Provide a brief description of the disciplinary action that would be the sanction normally imposed by the school.

4. Would the sanction normally imposed by the school for this infraction **exceed 10 consecutive school days** of removal from school? __ yes __ no If no, explain the typical number of days of removal for this infraction.

Evaluation and Diagnostic Information

Provide recent information concerning the student's performance in school. Include information provided by the parents and service providers. Include information gathered through assessments and observations. Address academic as well as behavioral/social domains.

Student Name _____

Review of Current Special Education Program**IEP Goals/Objectives and Services**

- In which areas is the student currently receiving specially designed instruction? Check all that apply.
 reading written expression mathematics behavior social skills
 study skills adaptive/daily living skills vocational communication motor development
 other: _____
- Do the student's IEP goals and objectives appear to be appropriate and address the student's needs for specially designed instruction? yes no
 If no, specify why not. _____
- Are all areas in which the student is eligible for and in need of receiving specially designed instruction documented in the IEP service matrix? yes no
 If no, identify what areas are not addressed. _____
- Are other appropriate services (e.g., supplementary aids and services) listed in the IEP? yes no
 If no, identify what areas are not addressed, are not appropriate, or are not complete. _____
- Are the services listed in the IEP being provided? yes no
 If no, specify what is not occurring and why. _____
- Are new, or additional services now needed that were not indicated as needed at the time of the IEP? yes no
 If yes, specify what may be needed and what actions may need to be taken, including evaluation. _____
- Summary evaluation of IEP Goals/Objectives and Services: complete/appropriate not complete/appropriate

Functional Behavior Assessment (FBA)

- Does the student have a FBA? yes no **If no, proceed to Item 4 of this section..**
- Was the FBA conducted within the last year? yes no
 If no, when was it completed? _____
- Is the FBA complete and reflective of the student's current behavior? yes no
 If no, explain. _____
- Is there a need to conduct a FBA for this student? yes no Why? _____
- Summary evaluation of FBA: complete/appropriate not complete/appropriate

Behavior Intervention Plan (BIP)

- Does the student have a BIP? yes no **If no, proceed to Item 4 of this section.**
- Does the BIP address the student's behavior and development of appropriate replacement behaviors? yes no
 If no, explain _____
- Does the BIP address the current behavioral infraction? yes no
If yes:
 - Are the interventions and instructional approaches appropriate for responding to this behavior? yes no
If no:
 - Does the BIP need to be adjusted to reflect current behavioral concerns? yes no
 If no, why not? _____
 If yes, what adjustments are needed? _____
- Is there a need to conduct a BIP for this student? yes no Why? _____
- Summary evaluation of BIP: complete/appropriate not complete/appropriate

Manifestation 1/20032 Parent Teacher File Therapist File Compliance File

Student Name _____

Actions to Be Taken

A. IEP DOES NOT Appear to be Complete/Appropriate

- If the team has any questions or concerns about the content of the IEP, including the FBA and BIP, and has determined that the overall program currently provided for the student is not appropriate in meeting the student’s needs, the manifestation review meeting **STOPS, and an IEP meeting is begun.**
- Members of the IEP team sign to indicate their participation in the manifestation review meeting.
- The IEP team works together to develop an appropriate IEP, including development/revision of the FBA and/or BIP, as appropriate.
- The IEP team determines appropriate consequences for the behavior.

B. IEP Appears to be APPROPRIATE

- If the team does not have any concerns about the content of the IEP, including the FBA and BIP, the manifestation review meeting **continues** to the next section.

Manifestation Determination

1. Does the IEP team believe that the student’s disability impaired the student’s ability to understand the impact and consequences of the behavior subject to disciplinary action? yes no

If answered yes, the team concludes that the student does not understand the impact and consequences of the behavior due to the disabling condition.

If answered no, the team concludes that the student is able to understand the impact and consequences of the behavior, despite the disabling condition.

Comments: _____

2. Does the IEP team believe that the disability impaired the student’s ability to control the behavior subject to disciplinary action? yes no

If answered yes, the IEP team concludes that the student is unable to control his/her behavior because of the disabling condition.

If answered no, the IEP team concludes that the student is able to control his/her behavior, despite the disabling condition.

Comments: _____

3. Is the behavior in question a manifestation of the student’s disability?

YES, Behavior IS a Manifestation of the Student’s Disability

- If the IEP team answered **YES** to one or both questions, the behavior **IS** a manifestation of the student’s disability.
- In this situation, the team must determine appropriate consequences for the behavior and amend the IEP, FBA, and/or BIP, as appropriate.
- Team members sign the manifestation review to indicate participation in the manifestation review meeting, and if appropriate, amend the IEP document, including the FBA and/or BIP.

NO, Behavior is NOT a Manifestation of the Student’s Disability

- If the IEP team answered **NO** to **both** questions, the behavior is **NOT** a manifestation of the student’s disability.
- In this situation, the student is disciplined in accordance with the school’s disciplinary policy. Plans for providing FAPE are developed.
- Team members sign the manifestation review to indicate participation in the manifestation review meeting.
- **A Prior Written Notice is completed to indicate the proposed action of suspension or expulsion.**

Comments: _____

4. **Disciplinary action to be taken:** _____

Student Name _____

Signature Page

Signature of Participating Committee Members

Signature is utilized only to document individuals participating in the manifestation review meeting.
Parental signature does not constitute agreement or disagreement.

Printed Name	Signature	Printed Name	Signature
_____ __ Parent __ Guardian __ Surrogate	_____	_____ __ Student __ Adult Student	_____
_____ __ Parent __ Guardian __ Surrogate	_____	_____ Administrator or Designee	_____
_____ Special Education Teacher	_____	_____ School Psychologist/Test Interpreter (required for initial IEP)	_____
_____ General Education Teacher	_____	_____ Related Service Provider: _____	_____
_____ Other:	_____	_____ Other: _____	_____