**Enter LEA Name Here**

**Manifestation Determination**

*(Under Section 504, a Manifestation Determination Meeting must be held to consider disability-related factors when assessing a student’s disciplinary removal if the removal is for more than 10 consecutive school days or when the student is subjected to a pattern of short-term removals that cumulate to more than 10 school days in a year.)*

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Student:** | Enter first and last name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

**Brief description of student’s disability, based on evaluation data:**

| Enter text |
| --- |

**Description of the incident that resulted in disciplinary action:**

| Enter text |
| --- |

**Description of relevant information and data considered** *(For example, the student’s Section 504 Plan, behavioral/disciplinary history, teacher observations, and any relevant information provided by the parent(s)***:**

| Enter text |
| --- |

**Part I**

| **Determination** *(based on the information and data described above)* | | |
| --- | --- | --- |
| Was the conduct in question the direct result of the district’s failure to implement the student’s 504 plan? | Yes  No | Enter text |
| The conduct in question was caused by, or had a direct and substantial relationship to, the student’s disability. | Yes  No | Enter text |

***If the answer to one or both of the above questions is “Yes”, the behavior is a manifestation of the student’s disability.***

**Part II**

Check one:

The behavioral violation in question **WAS** a manifestation of the student’s disability:

*If the conduct is a manifestation of the student’s disability, the team needs to review the student’s placement and deter­mine if any behavioral supports such as a BIP are appropriate to put in place.*

**Next Steps:**

| Enter text |
| --- |

The behavioral violation in question **WAS** **NOT** a manifestation of the student’s disability:

*The school may administer discipline consistent with the school district’s discipline policy and procedure.*

**Next Steps:**

| Enter text |
| --- |

**Meeting Attendees**

*The Section 504 Team include must: (1) someone who knows the student—for example, a parent, teacher, physician, nurse, or counselor; (2) someone who can analyze and interpret the evaluation data; and (3) someone who is knowledgeable about placement options at the school. Note that a staff person can fill more than one of these.)*

| **Meeting Attendee Information** |
| --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | | |
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