

MANIFESTATION DETERMINATION REVIEW FORM

DATE: _____

STUDENT _____ BIRTH DATE _____ GRADE LEVEL _____

BUILDING _____ TEACHER _____ SCHOOL DISTRICT _____

The following individuals participated in this Manifestation Determination Review Meeting: (Additional participants should be noted and attached to this form) [34 CFR §300.444].

Parent/s: _____ Student: _____
(when appropriate)

District Representative: _____ Evaluation Representative: _____
(an individual who can interpret the instructional implications of evaluation results)

General Ed. Teacher: _____ Special Ed. Teacher: _____

Describe the behavior subject to disciplinary action: _____

In carrying out a Manifestation Determine Review, the IEP Team (as determined by the parent and the local educational agency) shall review: (written comments are optional) [check off each box when the IEP reviews each item]

All relevant information in the student's file: _____

The student's IEP: _____

Any teacher observations of the student: _____

Relevant information provided by the parent: _____

MANIFESTATION DETERMINATION: In relation to the behavior subject to disciplinary action and the student's disability:

YES **NO** The conduct in question was caused by the student's disability or had a direct and substantial relationship to the student's disability.

YES **NO** The conduct in question was the direct result of the local school district's failure to implement the IEP.

If the IEP Team checks "YES" for any of the 2 items listed above, then the behavior subject to disciplinary action must be considered a manifestation of the student's disability.

The determination of the IEP Team is that the behavior subject to discipline is:

NOT a manifestation of the disability (records are transferred to general education for disciplinary procedures)

A manifestation of the disability

Parent Signature:

I received notice of parental procedural safeguards on the day on which the decision to take disciplinary action involving a change of placement was made [34 CFR §523 (a) (i)].

I **agree** with the determination above.

I **disagree** with this determination and request mediation, or an expedited hearing.

Parent Signature: _____ **Date:** _____

Note: *If a parent or public agency disagrees with this determination, either party has the right to request a due process hearing by following the procedures outlined in the Procedural Safeguards.*