



## MANIFESTATION DETERMINATION REQUEST

\*\*\*Required for scheduling an MDM\*\*\*

Please complete ALL requested information on this form. For any section in which you do not have information, indicate "N/A".  
Incomplete request forms may result in scheduling delays, as the request will be returned for completion.

<b>School Contact to Schedule MDM:</b>		<b>Ext:</b>		<b>Referring Admin.:</b>	
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**I. Demographics**

<b>Student Name:</b>		<b>Student ID:</b>		<b>DOB:</b>		<b>Grade:</b>	
<b>Incident Date:</b>		<b>School:</b>					
<b>ESE Exceptionalities (list all):</b>		<b>Current ESE Placement:</b>					
<b>OSS Days for Current Incident:</b>		<b>Total OSS Days for School Year:</b>					

**II. Problem Identification**

Summary of Similar Discipline Infractions (Please add additional lines as needed)		
Incident Date	Behavior Code and Definition	Consequence

\*\*\*Please complete this section or attach Discipline Referral\*\*\*  
\*\*\*Resolution Specialists will attempt to prioritize the scheduling of Level 3 or SESIR\*\*\*

<b>District Discipline Appeal Requested (&gt;6 days OSS):</b>			
<b>Description of Referral Leading to MDM:</b>			
<b>Behavior Code:</b>		<b>Behavior Definition:</b>	
Example -	Behavior Code: 2R	Behavior Definition: Defying, disobeying, or disrespecting school personnel	
<b>SESIR Code:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe:</b>	
<b>Law Enforcement Involvement:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, case number and/or information:</b>	
<b>Does the referral involve drugs, weapons, or serious bodily injury?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe:</b>	
<b>Has TOOLS, Diversion, or a Threat Assessment been completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe (Attach copy of Threat Assessment)</b>	



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### III. Problem Analysis

#### Academic Performance

<b>Credits Earned:</b>		<b>Credits Attempted:</b>		<b>GPA:</b>	
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#### Functional Behavior Assessment and Behavior Intervention Plan

<b>Was an FBA completed prior to the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list date</b>	
<b>Was a BIP completed prior to the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list date and revision(s)</b>	

\*\*\*Please complete this section or attach current FBA/BIP\*\*\*

#### Context of the Behavior(s)

<b>Did the student's disability impair the ability of the student to understand the impact and consequences of the behavior subject to disciplinary action?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Did the student's disability impair the ability of the student to control the behavior subject to disciplinary action?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Additional Notes:**

### IV. Intervention Implementation

\*\*\*If the IEP will expire within 2 months of the scheduled MDM, please have a draft IEP prepared for the meeting\*\*\*  
 \*\*\*If a reevaluation is being considered, please invite necessary student service personnel to the MDM\*\*\*

#### Individual Education Plan

<b>Date of Current IEP:</b>	<b>Re-evaluation Date:</b>
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#### Interventions

<b>Have any interventions been put in place that are not part of the student's current IEP?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please describe:</b>	<input type="checkbox"/>	<b>Tier two interventions</b>	Duration	<input type="checkbox"/>	<b>Tier three interventions</b>	Duration
	<input type="checkbox"/>	Social skills group		<input type="checkbox"/>	FBA / BIP	
	<input type="checkbox"/>	Check-in / Check-out		<input type="checkbox"/>	Individual counseling	
	<input type="checkbox"/>	Small group counseling		<input type="checkbox"/>	Behavior agreement	
	<input type="checkbox"/>	Second Step		<input type="checkbox"/>	SSAP:	
	<input type="checkbox"/>	Too Good for Violence		<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Character Education		<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:		<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:		<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:		<input type="checkbox"/>	Other:	



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	Other interventions	Duration		Consequences	Duration
<input type="checkbox"/>	After-school program		<input type="checkbox"/>	Parent meeting	
<input type="checkbox"/>	IEP Amendment		<input type="checkbox"/>	Saturday school	
<input type="checkbox"/>	Additional adult supervision		<input type="checkbox"/>	Modified day	
<input type="checkbox"/>	Restrict passing / unstructured time		<input type="checkbox"/>	ISS	
<input type="checkbox"/>	Behavior Specialist		<input type="checkbox"/>	Detention	
<input type="checkbox"/>	Restorative Justice		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Bus Plan		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:		<input type="checkbox"/>	No interventions have been attempted at this time.	

**How has the student responded to the above interventions?**

Link to Alternatives to Suspension

[http://www.pasco.k12.fl.us/wiki/index.php/SSPS:Manifestation\\_Determination](http://www.pasco.k12.fl.us/wiki/index.php/SSPS:Manifestation_Determination)

**Do the consequences follow the District's Discipline Matrix?**

Yes  No

Link to Student Code of Conduct

<http://www.pasco.k12.fl.us/ssps/conduct/>

**Are there any medical or mental health concerns/diagnoses that may impact the student's educational performance**

Yes  No

If yes, describe:

**Does the student have any involvement with outside agencies?**

Yes  No

If yes, describe:

\*\*\*Please complete this section or attach the last reevaluation\*\*\*

### Previous Evaluations

**Dates of previous evaluations:**

**Summary of significant findings:**

#### V. Off-Campus Instruction (OCI) and Change of Placement

**Are you requesting OCI prior to the MDM because the student's behavior poses a significant and eminent safety risk?**

Yes  No

\*If yes, OCI may not begin until approval is received. Please follow the Wiki guidelines.

**Is a Change of Placement being requested, as a possible result of the MDM?**

Yes  No

**If YES, specify CoP**

**For District Office Use Only**

Date of MDM:

Time:

Facilitator:

Review Requested: Select Date:      Facilitator:



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Checked Facilitator's Schedule: <input type="checkbox"/>	E-Mailed Facilitator: <input type="checkbox"/>	Alt. School Notified: <input type="checkbox"/>	Entered on Database: <input type="checkbox"/>	Notes:
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