

Manifestation Determination Review

Student Name	Date of Manifestation Determination
Description of Incident	Date of Decision to Suspend > 10 Days
	Date of Incident

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the conduct caused by, or did it have a direct and substantial relationship to, the child's disability? Before answering, review what is known about the disability and history of behavior, such as the following. <ul style="list-style-type: none"> – Behavior Goals (if applicable) – Behavior Impedes Learning Statement (if applicable) – Behavior Intervention Plan (if applicable) – Behavior in Present Levels – Information from Parent – Observations from Teachers – Other Pertinent Information Consider how this student's disability has been known to manifest behaviorally.
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the conduct the result of the district's failure to implement the IEP? Before answering, consider whether the student received all agreed-upon services. If not, consider whether the absence of those services contributed to the behavior occurring. If the answer to this question is yes, then the district must take immediate steps to ensure that all services set forth in the child's IEP are provided.
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the conduct a manifestation of the student's disability? <i>(If either #1 or #2 are yes, #3 must also be yes.)</i> If the answer is yes, the district must do the following. <ul style="list-style-type: none"> – Conduct an FBA and implement a BIP for the student. (If already completed, they must be reviewed and revised as appropriate). – Return the student to the placement from which they were removed, unless the parent and the district agree to a change of placement as part of the modification of the behavioral intervention plan. If the answer is no, the district must do the following. <ul style="list-style-type: none"> – Apply normal disciplinary procedures. – Provide services (in another setting) enabling the student to participate in the general education curriculum and to progress toward IEP goals. – If appropriate, conduct an FBA and BIP designed to address the behavioral violation so that it does not recur.
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was this a special circumstance? <i>(Special circumstances must be weapons, drugs, or serious bodily injury.)</i> If yes, the district may remove a student to an appropriate interim alternative setting for up to 45 school days, without regard to whether the behavior is determined to be a manifestation of the student's disability.
5	Team members, please indicate whether you agree. Those who disagree should submit separate written statements to be attached to this document.	
	<div style="display: flex; justify-content: space-between;"> <div> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	