FORM I
SECTION 504 MANIFESTATION DETERMINATION REVIEW

Student Name: _____**DOB:** _____

School: _____**Grade:** _____

Parent/Guardian Name: _____

Date of Meeting: _____**504 Impairment:** _____**Current 504 Plan Date:** _____

Date of Misconduct:_____ **Number of Days of Suspension/Removal Imposed for Misconduct:**_____

Suspension Pending Expulsion:
If the total number of days of suspension imposed for this instance of misconduct is <u>more than ten (10)</u> *(e.g. Suspension pending expulsion), the student's 504 multidisciplinary team must conduct a manifestation determination. THE MULTIDISCIPLINARY 504 TEAM* ***SHOULD PROCEED DIRECTLY TO SECTION B, AND SKIP SECTION A.***

Suspension Ten Days or Less:
If the total number of days of days of suspension for this instance of misconduct is <u>ten (10) or less</u>*, but the student has accumulated more than 10 days of suspension total in a school year, the ADMINISTRATION must consider whether a pattern of exclusion has been created. THE ADMINISTRATION SHOULD PROCEED TO SECTION A.*

SECTION A: Administrative Determination of Pattern of Exclusion

Note: A pattern of exclusion is caused 1) when the series of short term suspensions (each 10 or less school days) totals more than 10 school days in the school year; 2) the student's behavior is substantially similar to the student's behavior in the prior instances of misconduct; AND 3) because of additional factors such as the length of each removal, the total amount of time the student has been removed, and the proximity of the removals to one another.

Pattern of Exclusion Analysis

Date of Misconduct	Description of Misconduct	Number of Days of Suspension

Administrative Determination: has a pattern of exclusion occurred? ☐ Yes ☐ No

If yes, the Multidisciplinary 504 team should proceed to Section B.

If no, student is not entitled to a manifestation determination. STOP HERE.

SECTION B: Consideration of Relevant Information

Describe how the student's Section 504 impairment substantially limits his/her major life activities:

Describe the specific conduct/behavior for which the student is being considered for disciplinary action and relevant circumstances: (Attach additional pages if necessary).

Does this student's current misconduct involve the use or possession of illegal drugs/alcohol?
☐ **Yes**   ☐ **No**

Is the student currently engaged in the illegal use of drugs or alcohol?   ☐ **Yes**   ☐ **No**

If <u>yes to both</u>, student is not entitled to a manifestation determination for the drug use and/or possession infraction. Complete Section B, <u>skip Section C as it pertains to the drug use and/or possession</u>, and proceed to Section D.

If <u>no to **either**</u> of the above questions regarding drug/alcohol use, complete Section B and proceed to Section C.

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following <u>in relation to the behavior subject to the disciplinary action</u>:

☐ Formal assessments: List_____

☐ Observations of the student: List _____

☐ Records review, including the student's current Section 504 plan: List_____

☐ Other related information: List _____

Section C: Manifestation Determination

Was the behavior caused by, or did it have a direct and substantial relationship to the disability?

☐   Yes   ☐   No

Was the behavior the direct result of a failure to implement the Section 504 plan?

☐   Yes   ☐   No

_____

Check one:

☐   **The Manifestation Determination team determined that the student's behavior IS a manifestation of his/her disability (requires a "yes" to either of the statements in Section C, above).**

Suspension or removal from the student's current educational placement **may not** occur at this time.

Does the team need to convene to consider a change of placement or revision of 504 plan accommodations?

☐ Yes   ☐ No

Does the team need to refer student for an IDEA evaluation?

☐ Yes   ☐ No

Does the team need to conduct a functional behavioral assessment or develop a behavior intervention plan?

☐ Yes   ☐ No

Does the team need to convene to discussion a possible a re-evaluation?

☐ Yes   ☐ No

OR

☐   **The Manifestation Determination team decided that the student's behavior IS NOT a manifestation of his/her disability (requires a "no" to both of statements in Section C, above).**

Suspension or removal from the student's current educational placement **may** occur; all conditions have been met. The student **need not** be provided with educational services during the suspension unless the District provides or offers such services to its nondisabled peers.

Section D (Initial as applicable):

☐ **Parent agrees with the findings of the Manifestation Determination team.**

☐ **Parent does not agree with the findings of the Manifestation Determination team.**

Comments:

☐ **Parent received copy of 504 Procedural Safeguards.**

Participants (Please Print):

_____
Parent

_____
Parent

_____
Team Member   **Title**

_____
Team Member   **Title**

_____
Team Member   **Title**

_____
Team Member   **Title**

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Team Member   **Title**

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Team Member   **Title**