

**MANIFESTATION DETERMINATION FINDINGS**

Student: \_\_\_\_\_, \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
( Last) (First)

District of Residence: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F CSIS: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone : ( H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the student limited in English proficiency?  Yes  No Primary Language: \_\_\_\_\_

Date of Current IEP: \_\_\_\_\_ Date of last assessment: \_\_\_\_\_

Disability: \_\_\_\_\_ Current educational setting(s); \_\_\_\_\_

Description of behavior/actions of student resulting in this analysis: \_\_\_\_\_  
\_\_\_\_\_

Disciplinary action taken/proposed: \_\_\_\_\_ Date of decision of disciplinary action: \_\_\_/\_\_\_/\_\_\_

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following **in relation to the behavior subject to discipline** (check applicable items):

- Evaluation and diagnostic results: List: \_\_\_\_\_
- Observations of the student. List: \_\_\_\_\_
- Student's IEP, services, and placement. Describe: \_\_\_\_\_
- Other relevant information. List: \_\_\_\_\_

**The Manifestation Determination team determined that, in relation to the behavior subject to disciplinary action:**

Yes  No **The behavior was caused by or had a direct and substantial relationship to the disability.**  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No **The behavior was the direct result of a failure to implement the IEP.**  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The Manifestation Determination team decided that the student's behavior:

**was a manifestation of his/her disability.** (requires a "yes" on any 1 of the above 2 items)

Discipline proceeding may not occur at this time.

Programming recommendations are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**was not a manifestation of his/her disability.** (requires a "no" on both of the 2 above items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Parent:  agrees  disagrees with the determination of the Manifestation Determination team.

**Comments:**

\_\_\_\_\_

Parent received copy of Procedural Safeguards (Parent Rights):  Yes  No Date: \_\_/\_\_/\_\_

Signatures:

_____		Date: __/__/__
Parent		Date: __/__/__
_____		Date: __/__/__
Parent		Date: __/__/__
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
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