

Section 504 Manifestation Determination Findings

(Insert your districts name)

Student Name: _____ Birth Date: _____ Date: _____

District of Residence: _____ School: _____

Teacher: _____ Grade: _____ Gender: ☐ M ☐ F SSID: _____

Parent/Guardian: _____ Telephone: (H) _____ (W) _____ (C) _____

Address: _____

Is the student limited in English proficiency? ☐ Yes ☐ No Primary Language: _____

Date of Current IEP: _____ Date of Last Assessment: _____

Disability: _____ Current Education 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 504 Plan, 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 or substantial relationship to the disability.
Comments: _____

☐ Yes ☐ No The behavior was the direct result of a failure to implement the 504 Plan.
Comments: _____

(Insert your districts name)

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.

Program 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 fo the Manifestation Determination team.

Comments: _____

Parent received copy of Procedural Safeguards (Parent Rights): ☐ Yes ☐ No Date: _____

Signatures:

_____		Date: _____
Parent		
_____		Date: _____
Parent		
_____	_____	Date: _____
	Title	
_____	_____	Date: _____
	Title	
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