



# MANIFESTATION DETERMINATION

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of MD Meeting: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date of Decision to Suspend ≥ 10 Days: \_\_\_\_\_

Behavior prompting suspension: \_\_\_\_\_

## I. APPROPRIATENESS OF PROGRAM:

**A. Current Classification:** \_\_\_\_\_

Source(s) of information: \_\_\_\_\_

**B. Pre-referral** (Behavior noted as area of concern?)  YES  NO  NA

If yes, date of Pre-referral: \_\_\_\_\_ Concerns noted: \_\_\_\_\_

Source(s) of information: \_\_\_\_\_

**C. Referral:** (Behavior prompting suspension noted as concern at referral?)  YES  NO

If yes, date of Referral: \_\_\_\_\_ Concerns noted: \_\_\_\_\_

Source(s) of information: \_\_\_\_\_

**D. Evaluation:** Date of last evaluation: \_\_\_\_\_ Evaluation ( ≤ 3 years)?:  YES  NO

1. Does existing evaluation address current areas of educational concern?  YES  NO

IF NO, Additional evaluation is needed in the following area(s):  Complete Evaluation

Intellectual Development  Academic Achievement  Communication

Adaptive/Social/Behavioral  Other: \_\_\_\_\_

Date of completion: \_\_\_\_\_ Person Responsible: \_\_\_\_\_

Source(s) of information: \_\_\_\_\_

**E. IEP:** Date of last IEP: \_\_\_\_\_ Is IEP current?  YES  NO  N/A

a. Is IEP in compliance?  YES  NO  N/A

b. Have services consistent with the IEP been provided?  YES  NO  N/A

If no, explain: \_\_\_\_\_

c. Are behavioral goals included on the IEP?  YES  NO

If yes, do they address the behavior subject to disciplinary action?  YES  NO  N/A

Source(s) of information: \_\_\_\_\_

**F. Placement:** Current permission to place in evidence?  YES  NO  N/A

Current placement appropriate to meet student needs?  YES  NO  N/A

Source(s) of information: \_\_\_\_\_

**G. Summary:** (a., b., & c. must be marked "YES" to determine that the behavior WAS NOT a direct result of a failure to implement the IEP.)

a. The student was properly evaluated.  YES  NO

b. Parent(s) were included in IEP process.  YES  NO

c. The IEP has been implemented  YES  NO

**d. Finding:** Based on consideration of A-G above, it is the consensus of this IEP Team that the behavior in question WAS  WAS NOT  a direct result of a failure to implement the IEP.

**II. CONDUCT DIRECTLY/SUBSTANTIALLY RELATED TO OR CAUSED BY DISABILITY:**

**A. Anecdotal Records:** Is there a record of behavior subject to discipline?  YES  NO  N/A

If YES, note time period and setting where behavior occurred: \_\_\_\_\_

**B. Was the behavior in question noted:**

1. When the student was referred for evaluation?  YES  NO

2. In the evaluation summary?  YES  NO

3. Addressed in the IEP?  YES  NO

**C. Has the behavior been exhibited across settings and times?**  YES  NO

Sources of information: \_\_\_\_\_

**D. Is the conduct a recognized diagnostic feature or associated feature of the student's disability?**  YES  NO

Source(s) of information (i.e., DSM-V-TR): \_\_\_\_\_

**E. Finding:** Based on consideration of A-D above, it is the consensus of the IEP Team that the behavior in question WAS  WAS NOT  directly/substantially related to or caused by the student's disability.

Rationale: \_\_\_\_\_

---

**III. MANIFESTATION STATEMENT:**

In order to make a "No Manifestation" determination the team must find:

1. The behavior in question WAS NOT a direct result of a failure to implement the student's IEP; and
2. The behavior in question WAS NOT directly/substantially related to or caused by the student's disability.

**It is the consensus of the IEP Team that the conduct  
WAS  WAS NOT   
a manifestation of the student's disability.**

---

If it was determined that the conduct WAS a manifestation of the student's disability, proceed to the ACTIONS section of this form.

If it was determined that the conduct WAS NOT a manifestation of the student's disability, proceed to the Prior Written Notice and Signature section of this form.

**IV. ACTIONS**

- NOT Needed per the determination above       Needed per the determination above

If the answer to section 1 above is "WAS" a direct result of a failure to implement the IEP, describe the immediate steps that are being taken, or will be taken, to remedy the LEA's failure to implement the IEP, including the BIP, when applicable:

If the answer in section 1 and/or section 2 above is "WAS", the IEP team must take one of the following Actions:

- Action 1: If the LEA **had not** conducted a functional behavior assessment (FBA) before the conduct in question occurred, the LEA must conduct an FBA and implement a BIP for the student.
- Action 2: If the LEA **had** conducted an FBA and developed a BIP before the conduct in question occurred, the IEP team must review the BIP that was already developed, and modify it, as necessary, to address the behavior.

In addition to taking one of the actions above, unless the misconduct falls under the definition of special circumstances in USBE Rules V.E.5., return the student to the placement from which the student was removed, unless the parent or adult student and the LEA agree to a change of placement as part of the modification of the BIP.

In cases of special circumstances, review USBE Rules V.E.5., and determine how the LEA will continue to provide a free appropriate public education (FAPE) to the student.

**The IEP team proposes to act on this decision.**

The following action(s) was(were) proposed:

Actions were proposed for the following reasons (include data used as a basis for the action):

The following action(s) was(were) refused:

Actions were refused for the following reasons (include data used as a basis for the action):

Other options the team considered:

Options were rejected for the reasons (include data used as a basis for the action):

## Prior Written Notice

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (USBE Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal or special education teacher.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the manifestation determination meeting?

- No, translator/interpreter not needed.
  - Yes (translator/interpreter should sign below as a participant)
  - Your native language or other mode of communication is not a written language, therefore:
    - The notice was translated orally or by other means in your native language or other mode of communication on [date]: \_\_\_\_\_ by [person]: \_\_\_\_\_
- AND**
- You verified with the translator/interpreter that you understand the content of this notice.

**SIGNATURES BELOW DENOTE PARTICIPATION AND ACKNOWLEDGE RECEIPT OF  
PROCEDURAL SAFEGUARDS AND COPY OF THIS DOCUMENT**

Parent/Student who is an Adult:	_____	Date: _____
LEA Representative:	_____	Date: _____
Special Education Teacher:	_____	Date: _____
General Education Teacher:	_____	Date: _____
School Psychologist:	_____	Date: _____
Signature/Title:	_____	Date: _____
Signature/Title:	_____	Date: _____
Signature/Title:	_____	Date: _____