

## MANIFESTATION DETERMINATION

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

Date of MD Meeting : \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Date of Decision to Suspend  $\geq$  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 ( $\leq$  3 years)?:  YES  NO

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

2. Additional evaluation 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 proceed to Finding.)

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

**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-5): \_\_\_\_\_

**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: \_\_\_\_\_

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**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.**

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**Record of Participation**

LEA Rep. \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Special Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Regular Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_