

504 Manifestation Determination



| | | |
|---------------|--------|---------|
| Student Name: | | SIS: |
| DOB: | Grade: | School: |

Is the student limited in English proficiency? YES NO Primary Language: _____

Date of current 504: _____

| | | | | | | | |
|---|--|--------------------------|----------|--------------------------|-----------|--------------------------|--------|
| Procedural Checklist: All boxes must be checked before the 504 evaluation for manifestation determination can occur | | | | | | | |
| Verify how the parent was informed of the date, time, and place for this determination. | | | | | | | |
| <input type="checkbox"/> | In writing | <input type="checkbox"/> | By phone | <input type="checkbox"/> | In person | <input type="checkbox"/> | Other? |
| <input type="checkbox"/> | Parent received procedural safeguards | | | | | | |
| <input type="checkbox"/> | Verify that the 504 committee is a group, including persons with knowledge in each of the required areas including knowledge of the child, meaning of evaluation data, and placements. | | | | | | |

| | | | |
|--|--------------------------|--|--------------------------|
| Evaluation Data considered from a variety of sources The committee reviewed and carefully considered the following data gathered from a variety of sources including the Referral Document. (Please check each type of data reviewed by the Committee or attach copies of the data) | | | |
| Parent Input | <input type="checkbox"/> | Student Work Samples | <input type="checkbox"/> |
| Teacher/Administrator Input and Recommendations | <input type="checkbox"/> | Aptitude, Cognitive or Achievement tests | <input type="checkbox"/> |
| Social or Cultural Background | <input type="checkbox"/> | Disciplinary Records/Referrals | <input type="checkbox"/> |
| Grades, Academic Testing Information | <input type="checkbox"/> | Health Information | <input type="checkbox"/> |
| Behavior Intervention Plan | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

| |
|---|
| Behavior subject to disciplinary action: (The 504 committee does not address whether or not the alleged behavior occurred): |
| List each of the student's physical or mental impairments: |

504 Manifestation Determination



| | | | | |
|--|--------------------------|-----|--------------------------|----|
| The Section 504 committee reviewed and discussed the data listed above. Based on this review, the committee has made the following determinations: | | | | |
| Was the conduct in question the direct result of the school's failure to create an appropriate 504 accommodation plan? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Was the conduct in question the direct result of the school's failure to implement the 504 plan with fidelity? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Was the conduct in question caused by, or directly and substantially related to the student's disabilities? a. Does the disability impair the student's ability to control his or her behavior? b. Does the disability impair the student's ability to understand the consequences of his or her behavior? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

The manifestation determination team decided that the student's behavior was:

| |
|--|
| <input type="checkbox"/> A manifestation of his/her disability. (Requires a "yes" on any of the above items) a. Discipline proceedings may not occur at this time. b. Program recommendations are: |
| <input type="checkbox"/> Not a manifestation of his/her disability. (Requires a "no" on all the above items) a. Proceed with disciplinary proceedings, all conditions have been met. |
| NOTE: regardless of the manifestation determination, the parents and school can agree on a disciplinary placement. |
| Parent: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree with the determination of the team. |
| Comments: |

| Signature | Printed Name | Position/Title | Date |
|-----------|--------------|-----------------------|------|
| | | Parent/Legal Guardian | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |