

Siuslaw SD 97J
Manifestation Determination Form for 504 Eligible Students

Student's Name: _____ ID# _____

District: _____ School: _____ Grade: _____

Meeting Participants:

	<i>Area of Knowledge Relative to this Meeting</i>		
Meeting participants (list or sign)	About student	About evaluation data	About accommodations/ placement options

Sources of information for completing Manifestation Determination (attach copies).

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Functional Behavior Assessment
<input type="checkbox"/> Assessment/evaluations
<input type="checkbox"/> Diagnostic information
<input type="checkbox"/> 504 documents | <input type="checkbox"/> Interviews
<input type="checkbox"/> Direct observation
<input type="checkbox"/> Information from Parents
<input type="checkbox"/> Other: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Behavior incident _____

Proposed disciplinary action: _____

Student's disability (504): _____

To determine whether the student's behavior was directly related to the student's disability, answer the following questions:

1. Was the conduct in question the direct result of the district not implementing the student's 504 plan? ___yes ___no
 Explain: _____

2. Was the conduct in question caused by or have a direct and substantial relationship to the student's disability? ___yes ___no
 Explain: _____

Determination:

<input type="checkbox"/> YES	The conduct/behavior is a manifestation of the student's disability. <i>Check "yes" if at least one answer to the above questions is "yes".</i>
<input type="checkbox"/> NO	The conduct/behavior is not a manifestation of the student's disability. <i>Check "no" if both answers to the above questions is "no".</i>

Signature/title: _____	Date _____
Phone: _____	