

## Section 504 – Manifestation Report

Student: Enter Name  
Date of Birth: Enter DOB  
Grade: Choose Grade

Meeting Date: Enter Date  
Disability: Enter Disability  
School: Choose School

*This form should be used whenever long term suspension or expulsion is being considered as a consequence for serious misbehavior purportedly committed by a student with an identified Section 504 disability. This process is twofold: (1) to review the appropriateness of the Section 504 Plan and if it was implemented and (2) to determine if the student's misbehavior was a manifestation of his or her Section 504 disability.*

### Part 1: Describe the alleged incident/behavior that initiated this meeting

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### Part 2: Was the conduct in question a manifestation of the student's Section 504 disability

Was the conduct in question the direct result of the district's failure to implement the student's Section 504 Plan? Yes/No

Was the conduct in question caused by, or did it have a direct and substantial relationship to, the student's disability as defined in the Section 504 evaluation? Yes/No

*\* If the answer to either of the above questions is yes, then the behavior is a manifestation of the disability, and to continue with the disciplinary action may constitute discrimination under Section 504.*

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Parent or Guardian Signature/Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Role

\_\_\_\_\_  
Date

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Name/Role

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Date

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Name/Role

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Name/Role

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Date