

DESOTO PARISH SCHOOL SYSTEM
Manifestation Determination

Student Name: _____ Date: _____

Birth Date: _____ School: _____ Grade: _____

Student Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name(s): _____

Description of Behavior:

Complete the following: (Must review Items 1-3)

1. Review student’s Section 504 Plan
2. Review student’s education record
3. Implementation of Section 504 Plan:

The Section 504 team must address the following two questions:

1. Was the behavior in question caused by, or have a direct and substantial relationship to the student’s disability? YES NO
2. Was the behavior in question the direct result of the school’s/school system’s failure to implement the Section 504 plan? YES NO

Based on the review, it is the team’s determination that the specific problem behavior exhibited **is related** to his/her disability.

_____ is a manifestation of his/her disability (If either of the above questions above is answered “YES”)

_____ is not a manifestation of his/her disability (If both questions above are answered “NO”)

504 Members:

Parent Signature

Principal/Designee

504 Chairperson

504 District Coordinator

Person Knowledgeable of Disability

Committee Member