**School District/Public Agency Manifestation Determination**

34 C.F.R. §300.530

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| --- | --- | --- | --- | --- |
| **Name of Student** | **WISER ID** | **DOB** | **Grade** | **Date** |
|  |  |  |  |  |

**TEAM MEMBERS PRESENT**

|  |  |
| --- | --- |
| **Name and Title:** | **Name and Title:** |
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**A. DATE OF THE DISCIPLINARY ACTION**

**The manifestation determination must be conducted within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of conduct.**

**/ /**

Month Date Year

**B. DESCRIPTION OF VIOLATION**

**Description of the violation of the code of student conduct in question:**

**C. SUMMARY OF INFORMATION REVIEWED**

**1. All relevant information from the child’s school files:**

**2. Teacher observations of the child:**

**3. Review of the child’s individual education program (IEP) in place at the time of the incident:**

**4. Information provided by the child’s parents:**

|  |  |
| --- | --- |
| **Name of Student** | **Date** |
|  |  |

**D. DETERMINATION BASED UPON INFORMATION REVIEWED**

**1. Was the conduct in question caused by or does it have a direct and substantial relationship to the child’s disability? Yes No** (Provide the basis for your answer below.)

**2. Was the conduct in question the direct result of the school district’s or public agency’s failure to implement the child’s IEP? Yes No** (Provide the basis for your answer below.)

**E. CONCLUSION**

**Based on the information reviewed and determination above, was the conduct in question a manifestation of the child’s disability?** If either D(1) or D(2) above has been checked “Yes,” then the team must determine that the conduct was a manifestation of the child’s disability.

**Yes No**

**Determination that the behavior was a manifestation:** If the school district or public agency, the parent, and relevant members of the IEP team make the determination that the conduct **was** a manifestation of

the child’s disability, the IEP team **must**:

• Either conduct a functional behavioral assessment (FBA) unless the school district or public agency conducted an FBA previously, and implement a behavioral intervention plan (BIP) for the child; or

• If a BIP has already been developed, review the BIP and modify it as necessary to address the behavior.

• Return the child to the placement from which the child was removed, unless parent and LEA agree to the change or unless one of the three special circumstances exist involving drugs, weapons or serious bodily injury.

**F. TEAM RECOMMENDATIONS**

**Based on the information reviewed and determination above, what are the recommendations of the team regarding an FBA, BIP or placement?**