

# Manifestation Determination Form

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Student's Disability \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Meeting  
Leader \_\_\_\_\_ Title \_\_\_\_\_

## Section One

### IEP Review

1. Date of Current IEP: \_\_\_\_\_  
Date of the most recent MDT (evaluation/assessment): \_\_\_\_\_

2. List the Goals found in the IEP.

3. Are the student's IEP Goals appropriate?  Yes  No  
If the IEP Goals are not appropriate to meet the student's educational needs, the IEP Goals should be modified AFTER THIS MANIFESTATION DETERMINATION is completed. Current and new IEP Goals should focus on the student's current educational needs.

4. Are behavioral goals in the student's IEP?  Yes  No
  - a. If yes, do they address the behavior(s) subject to disciplinary action?

5. Have services been provided consistent with the IEP?  Yes  No
  - a. If no, explain:

## Section Two: Ability of Student to Understand Impact and Consequences

1. Has the student received information regarding the school's code of conduct?

Yes  No Sources of Information \_\_\_\_\_

2. Has the student demonstrated the ability to follow school rules?

Yes  No Sources of Information \_\_\_\_\_

*Attach behavioral documentation*

3. Has the student expressed an understanding of the consequences of this and similar behavior?  Yes  No

## Section Three: Ability to Control Behavior

1. Describe the nature and severity of the student's disability.

2. Is the behavior a pattern or isolated?

3. Are the behaviors premeditated or impulsive?

## Section Four: Manifestation Statement

***In order to make a "No Manifestation" determination the Team must find 1) the program was appropriate; 2) the student had the capacity to understand the impact of the conduct; and 3) the student was able to conform to the code of conduct.***

1. The student's program was appropriate  Yes  No

2. The student had the capacity to understand the impact of the conduct  Yes  No

3. The student was able to conform to the code of conduct  Yes  No

Based upon the information considered it is the consensus of the team that the conduct \_\_\_\_ WAS \_\_\_\_ WAS NOT a manifestation of the student's disability.

*My signature indicates that I was present at the meeting, participated in the discussion, and understand what was discussed.*

Student \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

General Education Teacher \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

Special Education Teacher \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

School Psychologist \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

School Counselor \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_ Agree \_\_\_\_ \*Disagree \_\_\_\_

**\*\*Any person attending this meeting that does not agree to what was discussed or determined may submit a minority report to the case manager, ATTN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_