|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | DOB: |  | Grade: |  | School Site: |  | District of Attendance: |  |

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| --- |
| **MANIFESTATION DETERMINATION OF IEP TEAM BASED ON THE PRECEDING REVIEW OF RELATIONSHIP BETWEEN DISABILITY AND BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:**  |
| a. | Was the conduct in question **caused by** or **directly and substantially related** to the student’s disability? **[34 CFR § 300.530(e)(1)(i)]** | **No** **[ ]**  | **Yes** **[ ]**  | Checking ***YES*** in *a* or *b* will result in a determination that the student’s behavior was a manifestation of his/her disability. |
| b. | Was the conduct in question the direct result of the LEA’s failure to implement the IEP? **[34 CFR § 300.530 (e)(1)(ii)]** | **No** **[ ]**  | **Yes** **[ ]**  |
| **THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM FINDS:** |  |
|  |  |  |
| **[ ]**  | The student’s behavior was not a manifestation of his/her disability. ***Forward for appropriate disciplinary action.***  |  |
|  |  |
| **[ ]**  | The student’s behavior was a manifestation of his/her disability. ***Terminate further disciplinary action and:***  |  |
|  | [ ] [ ] [ ] [ ]  | Conduct a functional behavioral assessment and implement a behavior intervention plan, ORReview and modify an existing behavior intervention plan as necessaryContinue educational services as per current IEPSchedule follow-up IEP to consider special education service alternatives |
| **SIGNATURES INDICATE ATTENDANCE AT THIS MEETING BY THE PARENTS AND RELEVANT MEMBERS OF THE IEP TEAM AS DETERMINED BY THE PARENT AND THE LEA.**  |
|  |  |  |  |  |  |  |  |  |
|  | LEA Representative |  | Date |  | Other/Title |  | Date |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Special Education Teacher |  | Date |  | Other/Title |  | Date |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Psychologist |  | Date |  | Other/Title |  | Date |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | General Education Teacher |  | Date |  | Other/Title |  | Date |  |
|  |
|  |
|  |  | I have been advised of and given a copy of Special Education Procedural Safeguards/Parents Rights this school year. |  |  | The Individualized Education Program has been interpreted orally by (when appropriate): |  |
| Initial |
|  |  |  | Initial |  |  |  |  |  |
|  |  |  |  |  |
|  |  | I request a copy of this Individualized Education Program Addendum/Revision to be provided in my primary language. |  | Date |  |
| Initial |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Parent |  | Date |  | Student |  | Date |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Parent |  | Date |  |  |  |
|  |
| Comments: |  |  |
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