

Education Agency Logo and Information Here

### Manifestation Determination

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Student ID # \_\_\_\_\_

Attending School \_\_\_\_\_ Case Manager \_\_\_\_\_

Team Members – The team must include a district representative, the parent and relevant members of the IEP team as determined by the district and parent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Manifestation Review

1. Behavior subject to disciplinary action:

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

2. Current disability(ies) based on eligibility statements (or identified educational needs): \_\_\_\_\_

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

3. Consideration of all relevant student information, including:

- Evaluation and diagnostic results
- Observations of the student
- All relevant information in the student's file
- Relevant information provided by the parent
- Current IEP and placement
- Other \_\_\_\_\_

For each statement answer "Yes" or "No":	Check the appropriate box
1. The conduct in question was the direct result of the district's failure to implement the student's IEP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The conduct in question was caused by or had a direct and substantial relationship to the student's disability(ies).	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Manifestation Determination

<input type="checkbox"/> Yes	The conduct/behavior is a manifestation of the student's disability. <i>Check if at least one answer to the above questions is Yes.</i>
<input type="checkbox"/> No	The conduct/behavior is not a manifestation of the student's disability. <i>Check if both answers to the above questions are No.</i>

\_\_\_\_\_  
District Staff Completing Form/Title

\_\_\_\_\_  
Telephone Number

# Manifestation Determination

## This form is used to:

- Document the consideration and conclusion of the district representative, parent, and relevant members of the IEP team regarding whether the student's behavior was a manifestation of the student's disability.
- Citations: 20 USC § 1415(k)(1)(E); 34 CFR 300.530(e); OAR 581-015-2420

## This form is used to:

Document the consideration and conclusion of the district representative, parent,

## Directions:

1. Enter the date the form was completed by the team.
2. Enter the student's name, birth date, student ID number, attending school, and case manager.
3. Complete Manifestation Review:
  - (1) Behavior subject to disciplinary action: Describe student's behavior in objective terms. Include the date the behavior occurred. Include the intensity and duration of the behavior, etc. If the behavior involved other students, refer to those students by initials or other method that protects their confidentiality.
  - (2) Current disability(ies) based on eligibility statements: List the student's current eligibility for special education services. For students who may have more than one disability but only one eligibility statement, as permitted by OAR 581-015-0053(4), list other educational needs identified on the IEP.
  - (3) Consideration of all relevant student information: Check all sources of information considered by the team.
4. Based on all the information, answer the two questions by checking "yes" or "no".
  - (1) *The conduct in question was a direct result of the district's failure to implement the student's IEP.*
  - (2) *The conduct in question was caused by or had a direct and substantial relationship to the student's disability(ies).* Note: the relationship must be a direct result and not an "attenuated association, such as low self-esteem".
5. Manifestation determination:
  - If the answer to either question is a "yes", check the "yes" box that indicates the student's behavior is a manifestation of the student's disability.
  - If the answer to both questions is "no", check the "no" box indicating that the student's behavior is not a manifestation of the student's disability.
6. Team members: List all team members participating in the manifestation determination meeting.
7. Write the name of the staff person completing the form, that person's title, and telephone number.