

## MANIFESTATION DETERMINATION

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**Briefly describe the behavior/incident under consideration.**

**In making the determination, the IEP team determined if the conduct was caused by, or had a direct and substantial relationship to the student's disability. In reaching a conclusion the team considered the factors listed below:**

	Yes	No	Comments (attach relevant data)
1. Was the behavior(s) a reason for the student being initially referred for special education services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does psycho-educational testing and information (if any) received from the parent indicate this type of behavior?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is the student's current IEP and placement appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Has the student's program (IEP, Behavior Intervention plan) been consistently implemented?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does the student's IEP contain goals, objectives or interventions which address this type of behavior?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Has there been an observed pattern of this type of behavior in the past with the student?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Is there a record of behavior incidents subject to discipline?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Did the typical behavioral characteristics associated with the student's disability contribute to the initiation and /or continuation of the behavior?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Was the behavior affected by psychosocial events unrelated to the disability (e.g. death, illness, family conflict)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**The relevant IEP team members listed below are knowledgeable about the student and the student's disability and have made the determination regarding the relationship between the student's disability and the incident described below.**

### Determination

\_\_\_\_\_ The conduct leading to removal **WAS** caused by or had a direct and substantial relationship to the student's disability, or was a direct result of the LEA's failure to implement the IEP.

\_\_\_\_\_ The conduct leading to removal **WAS NOT** caused by or had a direct and substantial relationship to the student's disability, or was a direct result of the LEA's failure to implement the IEP.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

**Parent signature indicates receipt of a copy of the Procedural Safeguards**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position LEA Representative

**Parent has the right to appeal the Manifestation Determination.**