



**Northshore School District**  
**SECTION 504 MANIFESTATION REPORT**

This form should be used whenever long term suspension or expulsion is being considered as a consequence for serious misbehavior purportedly committed by a student with an identified Section 504 disability. The process is twofold: 1) to review the appropriateness of the Section 504 plan and if it was implemented and 2) to determine if the student's misbehavior was a manifestation of his or her Section 504 disability.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Student I.D. \_\_\_\_\_  
Meeting Date: \_\_\_\_\_ School: \_\_\_\_\_ Disability: \_\_\_\_\_

**Part I:**

**Describe the alleged incident/behavior that initiated this meeting:**

**Part II:**

Was the conduct in question the direct result of the district's failure to implement the student's Section 504 plan?

Yes    No

Was the conduct in question caused by, or did it have a direct and substantial relationship to the student's disability?

Yes    No

If the answer to either of the above questions is yes, then the behavior is a manifestation of the disability.

Signatures of participants:


Copy: Parent, Building 504 File and 504 Coordinator

