

Manifestation Determination			
Davis School District			
Current Date:		Student ID:	
First Name:		Last Name:	
Grade:		Enrolled School:	
School Contact Person:		School Phone:	
Current Eligibility Category:			
Description of Safe Schools Violation:			
Knowledge of Policy and Consequences of Violating Safe Schools Policy			
	1. What is the evidence that the student has been informed of the Safe Schools Policy? (check all that apply) <input type="checkbox"/> disclosures <input type="checkbox"/> classroom/school based tests <input type="checkbox"/> policy review <input type="checkbox"/> direct instruction in a classroom setting <input type="checkbox"/> other: _____ <input type="checkbox"/> no evidence exists		
	2. What is the evidence that the student understands the consequences of violating the Safe Schools Policy? (check all that apply) <input type="checkbox"/> classroom/school based tests <input type="checkbox"/> policy review <input type="checkbox"/> role play opportunities <input type="checkbox"/> other: _____ <input type="checkbox"/> no evidence exists		
Summary Question	3. Based on the responses to questions 1-2, does the team feel that the student has knowledge of the school rules and consequences of violating the Safe Schools Policy? <input type="checkbox"/> yes <input type="checkbox"/> no		
History of Behavior and Suspension(s) or Expulsion(s)			
	4. This incident is: <input type="checkbox"/> an isolated behavior <input type="checkbox"/> a recurrent behavior What is the frequency of the behavior? <input type="checkbox"/> in the past month <input type="checkbox"/> in the past term/quarter <input type="checkbox"/> in the past semester <input type="checkbox"/> in the last academic school year <input type="checkbox"/> other _____		
	5. What other behavior(s) has the student been suspended for? _____		
Total days of suspension	6. Prior to this incident, how many days has the student been suspended during the current school year? Days of ISS without special education services _____ Days of ISS without access to non-disabled peers _____ Partial Days (partial days must be counted as a full day of suspension) _____ Full Days _____ Transportation (if indicated as a related service on the IEP) _____		

Relationship Between the Student's Conduct and IEP Implementation	
	<p>7. Is the student's special education eligibility current?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. Does the student's IEP contain goal(s) that address behavioral concerns related to the current incident?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>a. If no, and the IEP is adequate to meet the educational needs of the student (based on current and previous information) the behavior might not be a manifestation of the disability. If the IEP is not adequate, revision of the IEP is indicated.</p> <p>b. If yes, it is possible the behavior is a manifestation of the student's disability.</p> <p>9. Is the student making educational progress towards IEP goals?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>10. Have the services been provided consistent with the IEP?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
Summary Question	<p>11. Based on questions 7-10, does the team agree there is a direct relationship between the student's conduct/ behavior and the LEA's failure to implement the IEP?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
Relationship Between Conduct and Student's Disability	
	<p>12. Does the behavior appear to be premeditated?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>13. When does the student demonstrate successful behavioral skills (setting(s), time of day, etc.)?</p> <p>14. Would non-disabled students in a similar situation possibly react the same?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe</p> <p>15. What other factors did the team consider in determining the relationship between the conduct and the relationship to the student's disability?</p>
Summary Question	<p>16. Based on questions 12-15, does the team agree the conduct in question was caused by, or had a direct and substantial relationship to the student's disability?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
	<p>17. Does the student have a current Functional Behavioral Assessment (FBA) and a Behavior Intervention Plan (BIP)?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>After discussion of items above, the IEP team and/or Multi-Disciplinary Team has determined that the student's behavior: <i>(If questions 11 or 16 are marked YES, then the team must find that is a manifestation.)</i></p> <p><input type="checkbox"/> is a manifestation of his/her disability. <input type="checkbox"/> is not a manifestation of his/her disability.</p>	

If this incident is a manifestation of the student's disability

- If the answer to question 17 is no, begin immediately to conduct a functional behavior assessment (FBA) and develop a behavior intervention plan (BIP),
- AND/OR review the current FBA/BIP and Individualized Education Program (IEP), to determine what, if any revisions are necessary.

18. In light of this incident, what changes will be made in the student's IEP, class schedule, classroom modifications, etc.?

If there are differing opinions from the above answers, attach a written statement of disagreement.

Signatures (*required team members):

*LEA Designee	
*Special Education Teacher	
*Parent/Guardian	
General Education Teacher	
Other	
Other	

Make one copy of each page and the entire meeting summary and send copies to the special education coordinator (with the necessary attachments). Please keep the original in the student's folder.

Notes: