

RCSD MANIFESTATION DETERMINATION REVIEW

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|----------------------|-------|--------|-------|
| NAME OF STUDENT: | _____ | Grade: | _____ |
| SCHOOL: | _____ | DOB: | _____ |
| Disability Category: | _____ | Date: | _____ |

I. SUMMARY OF INFORMATION CONSIDERED

A. Description of behavior subject to disciplinary action:

B. In terms of the behavior described above, document consideration of the following:

1. Evaluation and diagnostic results, FBA, BIP:
2. Observations of the student including behavior logs and discipline file:
3. Review of student's IEP and placement:
4. Relevant information provided by the parent or student:

II. DETERMINATION

A. In terms of the behavior subject to disciplinary action, document the following:

1. Is the student's IEP appropriate? ☐ YES ☐ NO
Discussion:
2. Is the student's placement appropriate? ☐ YES ☐ NO
Discussion:
3. Were the special education services, supplementary aids and services, program modifications or supports for school personnel and behavior intervention strategies provided consistent with the student's IEP and placement? ☐ YES ☐ NO
Discussion:

B. Does the student's disability impair the ability of the student to understand the impact and consequences of the behavior subject to the disciplinary action? ☐ YES ☐ NO

Discussion:

(NOTE: If the answer to A1, A2 or A3 is "NO", it will be necessary to review and, as necessary, revise the IEP and placement.)

NAME OF STUDENT: _____

- C. Does the student's disability impair the ability of the student to control the behavior subject to disciplinary action? ☐ YES ☐ NO

Discussion: _____

NOTE: You may answer "NO" to the following question ONLY if A1& A2 & A3 are answered "YES" and B & C are answered "NO".

Is the behavior subject to disciplinary action a manifestation of the student's disability?

☐ **YES** The IEP and placement must be reviewed and revised as appropriate, including development or review of a behavioral intervention plan.

☐ **NO** Disciplinary action may be taken, but the school district must continue to make a FAPE available to the student.

III. PARENT SIGNATURE

☐ I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made.

☐ I agree with the determination above

☐ I disagree with the determination above and request a hearing.

Parent Signature: _____ Date: _____

IV. PARENT CONTACT

Method of contact: _____ By: _____ Date: _____ Result: _____

Method of contact: _____ By: _____ Date: _____ Result: _____

Method of contact: _____ By: _____ Date: _____ Result: _____

V. PARTICIPANTS_____
Student (When appropriate)_____
District Office Representative_____
Parent_____
Special Education Teacher_____
General Education Teacher_____
LSC_____
Other_____
Other