



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT  
SPECIAL SERVICES  
MANIFESTATION DETERMINATION MEETING AGENDA/CHECKLIST**

**Greeting and Introductions**

<input type="checkbox"/> Yes <input type="checkbox"/> No	The parent was given a copy of the special education procedural safeguards.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of ARD was stated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of behavior subject to disciplinary action is discussed and documented in deliberations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The parent provided information regarding the student and/or the behavior.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The school staff provided information regarding the student and/or the behavior.

**In relation to the behavior subject to disciplinary action, the ARD Committee determined the following:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	The discipline and/or infractions were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The assessment was reviewed and determined to be both current and effective.
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is <b>no need</b> for additional assessment. (If additional assessment is needed, it is stated in the deliberations.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's current functioning levels were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The current IEP goals and objectives were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's daily schedule of services was reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's instructional arrangement and placement were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The supplementary aids and related services were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The supplementary aids and related services were provided consistent with the IEP.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's classroom modifications/accommodations were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's classroom modifications/accommodations were delivered consistent with the IEP.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The special education instructional services were reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The special education instructional services were implemented as stipulated in the IEP.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Functional Behavioral Assessment was reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Behavior Intervention Plan was reviewed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Behavior Intervention Plan was implemented consistent with the IEP.
<input type="checkbox"/> Yes <input type="checkbox"/> No	When viewed in relation to the behavior the IEP was determined to meet the unique needs of the student and appropriately confer educational benefit.

**Based on the above statements the ARD Committee determined that:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>The conduct in question was not the direct result of the local education agency's failure to implement the IEP.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>The conduct in question was not caused by, or did not have a direct and substantial relationship to the child's disability.</b>

If the answer to both of the above statements is YES, the behavior is not thought to be a direct result of the disability, inappropriate placement, or IEP.

NOTE: If THE STUDENT COMMITS A DRUG, WEAPON, OR SERIOUS BODILY INJURY OFFENSE, A 45 SCHOOL DAY PLACEMENT, REGARDLESS OF THE MDR OUTCOME, WILL BE MADE BY THE ARD COMMITTEE.

Student's Name:	Date of ARD :
Parent Signature:	Date: