



MANIFESTATION DETERMINATION WORKSHEET
SECTION 504
1973 REHABILITATION ACT

Student Name:	DOB:
School:	Grade:
Area of Disability:	ID#:

A. Sources of Information (check all that apply):

- ☐ Assessments/evaluations (attach assessments and summaries)
- ☐ Medical information, including diagnosis and medication (attach)
- ☐ Interviews conducted (attach summaries)
- ☐ Direct observations (attach summaries)
- ☐ Discipline reports for the current school year (attach)
- ☐ Functional behavior assessment/behavior intervention plan (attach)

B. Does the student have a history of disciplinary actions?

1. Number of incidents: _____
 - a. Dates: _____
2. Number of administrative assignments of in-school suspension (ISS): _____
 - a. Total # of actual days: _____
3. Number of administrative assignments of out-of-school suspension (OSS): _____
 - a. Total # of actual days: _____
4. Longest number of consecutive days suspended: _____ days

C. What is the history of behavioral interventions?

Does the child have a behavior support plan based on a functional behavioral assessment?

☐ YES ☐ NO If no, explain:



Have the interventions and plans been revised when they are not effective?

☐ YES ☐ NO If no, explain:

Have the interventions tried in the past been effective?

☐ YES ☐ NO

Has there been a change in behavior patterns over time (i.e., an increase in frequency or intensity)?

☐ YES ☐ NO Explain:

D. Describe the current incident and/or misbehavior (include all relevant details plus antecedents):

E. Does the proposed disciplinary action constitute a change in placement (e.g., more than 10 consecutive days or a series of short-term suspensions, which constitutes a change of placement?)

- ☐ NO → Proceed with disciplinary action.
- ☐ YES → Consider the following factors in making a manifestation determination:



1. What is the student's disability, including its behavioral characteristics and specific severity?

2. To what extent does the student's disability prevent them from understanding the impact and consequences of their actions?

3. Does the disability impair the student's ability to control the behavior at issue, and to what extent?

☐ YES ☐ NO Explain:

4. Has the behavior or similar behaviors associated with the disability been exhibited in the past?

☐ YES ☐ NO If yes, explain:

If so, was there a pattern of behavior?

☐ YES ☐ NO If yes, explain:



5. What information from evaluations and additional diagnostic procedures, including those provided by the parents, is being considered?

6. What information is available from persons who observed the misbehavior when it occurred?

7. What is the context in which the behavior occurred, including antecedent behaviors and circumstances?

8. Is the student's 504 Plan appropriate? Including the use of supplementary aids, accommodations, strategies, interventions, and behavior management techniques?

☐ YES ☐ NO If no, explain:

9. Is the student's 504 Plan being implemented?

☐ YES ☐ NO Explain:



10. Was the student told about and explained the consequences of the school policy regarding the behavior in question?

☐ YES ☐ NO Explain:

OTHER INFORMATION THAT THE COMMITTEE CONSIDERED:

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Based on the above factors, is the behavior a manifestation of (or related to) the child's disability?

- ☐ NO → The student may be disciplined using procedures applicable to non-disabled students.
- ☐ YES → Re-evaluate the student's 504 Plan for appropriateness. The student may not be removed.

Parents' Rights Notice was given to parents on _____.

Committee Signatures	Position	Date