



Manifestation Determination Form for 504 Eligible Students

Student's Name: _____ Date: _____

District: _____ School: _____ Grade: _____

Meeting participants (list or sign)	Area of Knowledge Relative to this Meeting		
	Student	Evaluation data	Accommodations/ placement options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manifestation Review

1. Behavior subject to disciplinary action:	
2. Student's disability:	
3. Consideration of all relevant student information, including:	
<i>(Check appropriate boxes)</i> <input type="checkbox"/> Evaluation and diagnostic results <input type="checkbox"/> Observations of the student <input type="checkbox"/> All relevant information in the student's file	<input type="checkbox"/> Relevant information provided by the parent <input type="checkbox"/> Current 504 plan and/or placement <input type="checkbox"/> Other:

Manifestation Determination

For each statement answer "Yes" or "No" and explain.	Check the appropriate box
1. The conduct in question was the direct result of the district's failure to implement the student's 504 plan. Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The conduct in question was caused by or had a direct and substantial relation to the student's disability(ies). Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Yes	The conduct/behavior is a manifestation of the student's disability. <i>Check "yes" if at least one answer to the above questions is "yes".</i>
<input type="checkbox"/> No	The conduct/behavior is not a manifestation of the student's disability. <i>Check "no" if both answers to the above questions is "no".</i>

Signature/title: _____ Date: _____
 Telephone: _____ Email: _____