



504 Manifestation Determination Form (Use for "504 only" students)	Date: _____
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Student's Name: _____ Meeting Date: _____
 Date of Birth _____ Grade: _____ School: _____

Meeting Participants (list or sign)	<i>Area of Knowledge Relative to this Meeting</i>		
	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 (504):

3. Consideration of all relevant student information, including: *Check all relevant boxes*

<input type="checkbox"/> Evaluation and diagnostic results	<input type="checkbox"/> Relevant information provided by the parent
<input type="checkbox"/> Observations of the student	<input type="checkbox"/> Current 504 plan and placement
<input type="checkbox"/> All relevant information in the student's file	<input type="checkbox"/> Other:

Manifestation Determination

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

Signature/Title: _____ Date: _____
 Telephone: _____

Dugsiyadda Guud ee Portland Warqadda Muujinta Go'aanka 504(U adeegso ardayada "504 oo keliya")	Taariikhda:
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Magaca Ardayga : _____ Taariikhda Kulanka: _____

Taariikhda Dhalashada: _____ Fasalka: _____ Dugsiga: _____

Meeting Participants (list or sign)	<i>Dhanka Aqoonta ee la Xidhiidha Kulankan</i>		
	Arday	Macluumaadka a Qiimaynta	Ikhtiyaaraadka badiilka ah/Meelaynta Balanqaadyadda
	<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"/>

Muujinta eegida

1. Mowduuca dabciga iyo talaabada edbinta.
2. Itaaldaradda Ardayga (504):
3. Tixgelinta macluumaadka kale ee ardayga, marka lagu daro: calaamee halka ku haboon
<input type="checkbox"/> Jawaabta Qiimaynta iyo Baadhidda <input type="checkbox"/> Macluumaadka laga helay waalidka <input type="checkbox"/> Illaalaynta Ardayga <input type="checkbox"/> Qorshaha imika ee 504 iyo Meelaynta <input type="checkbox"/> Macluumaadka ku jira galka ardayga <input type="checkbox"/> Kuwa kale:

Go'aankii Muujinta

<i>Qayb walba waxaa oga jawaabta Haa ama Maya oo faahfaahi</i>		<i>Calaamee halka ku haboon</i>
1. Tani waxa ay tilmaamaysaa in su'aashu ay ahayd maxsuul toos ah oo ka yimi degmadda oo ku guuldaraysatay in ay hirgeliso qorshaha ardayga ee. <i>Sharax:</i>		<input type="checkbox"/> Haa <input type="checkbox"/> Maya
2. Tani waxay ay tilmaamaysaa in su'aashu ay ku timi ama ay si toos ah ola xidhiidho taagdaradda ardayga. <i>Sharax:</i>		<input type="checkbox"/> Haa <input type="checkbox"/> Maya
<input type="checkbox"/> Haa	Dabcigu waa tan ka muuqatay Itaaldaradda ardayga. <i>Calaamee "haa" hadii ugu yaraan mid un ka mid ah jawaabaha xagga sare ku qoran haa.</i>	
<input type="checkbox"/> Maya	Dabcigu ma ahan tan ka muuqatay Itaaldaradda ardayga. <i>Calaamee "maya" hadii labadda su'aalood ee sare ku qoran ay yihiin maya</i>	

Saxiixa/Darajadda: _____ Taariikhda:

Telephone-ka: _____