



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

Signature/Title: _____ Date: _____
 Telephone: _____