Livingston County Special Services Unit

STUDENT NAME: _____

DATE OF MEETING: _____

MANIFESTATION DETERMINATION (AS APPROPRIATE)

Complete when determining whether a student's behavior was a manifestation of her/his disability.

Disability:

Incident(s) that Resulted in Disciplinary Action

The Student's IEP and Placement (include a review of all relevant information in the child's file, including the child's IEP)

Observations of the Student (include a review of staff observations regarding the students behavior)

Information provided by the Parents (include a review of any relevant information provided by the parent(s)

Based upon the above Information, the team has determined that:

☐ Yes ☐ No   The conduct was caused by or had a direct and substantial relationship to the students disability.

☐ Yes ☐ No   The conduct was the direct result of the school district's failure to implement the IER

If "Yes" to either of the above, the behavior must be considered a manifestation of the student's disability.

Check the appropriate box:

☐ The student's behavior **WAS NOT** a manifestation of her/his disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner in which they are applied to students without disabilities. *If the district initiates disciplinary procedures applicable to all students, the district shall ensure that the special education and disciplinary records of the student with a disability are transmitted for consideration by the person or persons making the final determination regarding the disciplinary action.*

☐ The student's behavior **WAS** a manifestation of her/his disability. The team must review and revise the student' s IEP as appropriate and the district must take appropriate action. A functional behavior analysis will or has been completed. The behavior intervention plan shall be completed or modified/reviewed as required to address behavior.