



## OUHSD- Manifest Determination Findings

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ CSIS: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of 504 Review: \_\_\_\_\_ Date of last Eval: \_\_\_\_\_

Disability: \_\_\_\_\_ Education Setting: \_\_\_\_\_

Description of Behavior Resulting in Suspension: \_\_\_\_\_

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Disciplinary Action: \_\_\_\_\_ Date of Action: \_\_\_\_\_

In determining whether a student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following information in relation to the behavior subject to discipline:

\_\_\_ Evaluation and Diagnostic Results

\_\_\_ Observations of Student

\_\_\_ Student Records, services, placement

\_\_\_ Other \_\_\_\_\_

***The Manifestation Determination Team determined that, in relation to the behavior subject to disciplinary action:***

Yes  No The behavior was caused by or had a direct relationship to the disability of the student.

Yes  No The behavior was a direct result of the school's failure to implement the 504 Plan

**The Manifest Determination team decided that the student's behavior:**

**Was a manifestation of his/her disability** (requires a yes on any 1 of the above 2 questions). Further discipline proceedings may not occur at this time. Program recommendations must be attached.

Was Not a manifestation of his/her disability (requires a no on both of the above 2 questions). Proceed with disciplinary proceedings, all conditions have been met. (Behavior was not a manifestation of the student's disability, student understood the impact and consequences of behavior, student could control behavior, and services and supports were correct at the time of the incident).

Parent  Agrees  Disagrees with determination of the team.

Parent received a copy of Procedural Safeguards (Parent Rights)  Yes  No

Signature of Participants and Date:

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_____	_____
_____	_____
_____	_____