

Step 6A: FCSD 504 Manifestation Determination Protocol

Definition: A manifestation determination meeting brings together the 504 team to determine whether the student's behavior is linked to their disability or a failure to implement their 504 plan.

If the student's behavior is a manifestation of their disability, the student should be allowed to return to their school placement. If the school determines the behavior is not a manifestation of the student's disability, the student will be subject to the same disciplinary actions (including suspensions or expulsion) that apply to students without disabilities.

1. Review student's 504 plan.
2. Discuss; provide evidence that the plan was executed. Each teacher reviews the accommodations and share. Honestly, identify any accommodations that were not implemented at all, or not fully implemented.
3. Collect the accommodation information and display collectively.
4. 504 Coordinator: Was student's 504 plan enacted as intended? To the fullest extent? Adequately? Inadequately? To the least degree possible?
5. Identify behaviors that brought us together today to discuss [student].
6. Were these behaviors, although accommodated, linked to student's disability?
7. Considering student's disability, is their placement correct?
8. Considering student's disability and the process followed today, is the discipline a manifestation of their disability?
9. Have we fully answered all questions as a team, in the best interest of the student?
10. Next Steps.

Step 6B: FCSD Manifestation Determination Review Form

Name: _____
School/Grade: _____
Meeting date: _____ Date of Incident: _____
Suspension date: _____

I. Behavior prompting suspension:

- A. Description of behavior prompting suspension:
 - B. Description of district policy concerning the behavior:
 - C. Is there a written incident report: yes no (please attach)
 - D. Are there written witness accounts: yes no (please attach)
 - E. Has the student had other manifestation determinations this year: Y/N
- If yes, list dates:

II. Appropriateness of Program:

- A. Current Disability:
 - B. Referral— behavior prompting suspension noted as area of concern at time of referral: Y/N
- If yes, date of referral: _____
Concern noted:

C. Evaluation—date of most recent evaluation: _____

Within the last 12 months: Y/N

a. Does the evaluation address current areas of behavioral concern: Y/N

b. Additional evaluation needed in the following areas:

- | | |
|----------------------|--------------------------------|
| Behavior Screening | Intellectual Functioning |
| Academic Achievement | Language Skills |
| School/Home Behavior | Personality Assessment |
| Adaptive Behavior | Functional Behavior Assessment |
| Other: | |

D. Date of most recent 504: _____ Is the 504 current: Y/N

a. Have services consistent with the 504 been provided: Y/N

b. If no, please explain:

c. Are behavioral goals included on the IEP: Y/N

d. If yes, do they address the behavior subject to disciplinary action: Y/N

e. If behavioral goals/services (i.e., supplemental aids and/or ancillary attendants) were included in the behavior plan/IEP, were they consistently implemented: yes no

E. Academic Performance—summary statement reflecting grades, attendance, etc:

F. Placement—current placement is appropriate to meet the student’s needs: Y/N

G. Summary Statement—after careful review of all relevant information, it is the finding of the team that:

a. The student was/was not properly evaluated.

b. The 504 and placement are/are not reasonably calculated to confer educational benefit.

III. Ability to Understand Impact and Consequences:

A. Has the student received information regarding the school’s code of conduct? Y/N

Source(s) of information:

B. Has the student demonstrated the ability to follow school rules? yes no

Source(s) of information:C. Has the student expressed that this or similar conduct is wrong? Y/N

D. Source(s) of information:

E. Has the student expressed an understanding of the consequences of this or similar behavior? Y/N

Source(s) of information:

F. Summary Statement—after careful review of all relevant information, it is the finding of the 504 team that at the time of the offense:

___the student was able to understand the impact (i.e., wrongfulness, criminality, consequences) of his or her conduct.

___was not able to understand the impact (i.e., wrongfulness, criminality, consequences) of his or her conduct.

IV. Ability to Control Behavior

A. Nature and severity of the student’s disability (eligibility criteria, behavioral characteristics):

B. Is this an isolated instance of this behavior or is it recurrent?

C. Was this behavior affected by psycho/social event(s) unrelated to the disability (i.e., illness, death, family conflict, substance abuse)?

D. In the opinion of the team, was the behavior premeditated OR impulsive?

E. Pertinent medical information (diagnosis, medications)

F. Summary Statement—after careful review of all relevant information, it is the finding of the 504 team that at the time of the offense, the student was able to conform to the school’s code of conduct.

was not able to conform to the school’s code of conduct.

V. Manifestation Determination

A. In relation to the behavior subject to disciplinary action and the student’s disability:

a. The conduct in question was caused by the student’s disability or had a direct and substantial relationship to the student’s disability: Y/N

b. The conduct in question was the direct result of the local school district's failure to implement the 504: Y/N

NOTE: If either condition is true, then the conduct subject to disciplinary action would be considered a manifestation of the student's disability.

B. The determination of the 504 team is that the behavior subject to discipline:

____ IS NOT a manifestation of the student's disability. The student may be disciplined in a manner consistent with his or her non-disabled peers; however, the student must continue to receive FAPE.

___ IS a manifestation of the student's disability. The school must address his or her behavior through a functional behavior assessment (FBA), unless one has been recently completed examining similar conduct. A behavior plan must be developed or modified to address the behavior in question. The student is returned to the placement from which he or she was removed unless the parent and school agree to a change of placement as part of the modifications of the behavior intervention plan and/or least restrictive environment (does not apply to the Special Circumstances clause).

VI. Parent Signature (check all that apply)

____ I agree with the determination above.

____ I disagree with the determination above, will request an expedited due process hearing, and have been presented with the Notice of Procedural Safeguards.

____ I agree with a change in placement to an interim alternative educational setting (if applicable).

____ I give permission for the identified assessment(s) to be administered, or acknowledge that they have been provided with my permission

____ I have received Prior Written Notice, and have been presented the Notice of Procedural Safeguards.

Parent signature:

_____ Date: _____

VII. Record of Participation

LEA

Representative: _____ Date: _____

General Ed. Teacher: _____ Date: _____

General Ed. Teacher: _____ Date: _____

School Psychologist: _____ Date: _____

School
Counselor: _____ Date: _____

Student (when appropriate): _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____