|  |  |  |  |  |  |  |  |  |  |
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| Student Name: |  | DOB: |  | Grade: |  | School Site: |  | District of Attendance: |  |

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| **MANIFESTATION DETERMINATION OF IEP TEAM BASED ON THE PRECEDING REVIEW OF RELATIONSHIP BETWEEN DISABILITY AND BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:** | | | | | | | | | | | | | | | | | | |
| a. | | Was the conduct in question **caused by** or **directly and substantially related** to the student’s disability? **[34 CFR § 300.530(e)(1)(i)]** | | | | | | | | | | **No** | **Yes** | Checking ***YES*** in *a* or *b* will result in a determination that the student’s behavior was a manifestation of his/her disability. | | | | |
| b. | | Was the conduct in question the direct result of the LEA’s failure to implement the IEP? **[34 CFR § 300.530 (e)(1)(ii)]** | | | | | | | | | | **No** | **Yes** |
| **THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM FINDS:** | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | |  |
|  | | The student’s behavior was not a manifestation of his/her disability. ***Forward for appropriate disciplinary action.*** | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  |
|  | | The student’s behavior was a manifestation of his/her disability. ***Terminate further disciplinary action and:*** | | | | | | | | | | | | | | | |  |
|  | |  | Conduct a functional behavioral assessment and implement a behavior intervention plan, OR  Review and modify an existing behavior intervention plan as necessary  Continue educational services as per current IEP  Schedule follow-up IEP to consider special education service alternatives | | | | | | | | | | | | | | | |
| **SIGNATURES INDICATE ATTENDANCE AT THIS MEETING BY THE PARENTS AND RELEVANT MEMBERS OF THE IEP TEAM AS DETERMINED BY THE PARENT AND THE LEA.** | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  |  |  | | | | | |  | |  |  |
|  | LEA Representative | | | | |  | Date |  | Other/Title | | | | | |  | | Date |  |
|  | | | | | | |  |  |  | | | | | | | |  | |
|  |  | | | | |  |  |  |  | | | | | |  | |  |  |
|  | Special Education Teacher | | | | |  | Date |  | Other/Title | | | | | |  | | Date |  |
|  | | | | | | |  |  |  | | | | | | | |  | |
|  |  | | | | |  |  |  |  | | | | | |  | |  |  |
|  | Psychologist | | | | |  | Date |  | Other/Title | | | | | |  | | Date |  |
|  | | | | | | |  |  |  | | | | | | | |  | |
|  |  | | | | |  |  |  |  | | | | | |  | |  |  |
|  | General Education Teacher | | | | |  | Date |  | Other/Title | | | | | |  | | Date |  |
|  | | | | | | | | | | | | | | | | | | |
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|  |  | | | I have been advised of and given a copy of Special Education Procedural Safeguards/Parents Rights this school year. | | | |  |  | The Individualized Education Program has been interpreted orally by (when appropriate): | | | | | | | |  |
| Initial | | |
|  |  | | |  | | | | | Initial |  |  | | | | |  |  |  |
|  | | | | | | | | | |  |  | | | | |  |  |
|  |  | | | I request a copy of this Individualized Education Program Addendum/Revision to be provided in my primary language. | | | |  | | | | | | | | | Date |  |
| Initial | | |
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|  | Parent | | | | |  | Date |  | Student | | | | | |  | | Date |  |
|  | | | | | | |  |  |  | | | | | | | |  | |
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|  | Parent | | | | |  | Date |  |  | | | | | | | |  | |
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| Comments: | | | | |  | | | | | | | | | | | | |  |
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