Canyons School District

Manifestation Determination

This document must be included with the Suspension to a District Level Hearing Form

Student Name: ___________________________ Date of Incident: ________

School: ___________________________ Grade: ________ Disability Classification: ________

Step 1: Notice to Parents
Send Parent(s) Written Prior Notice and Notice of Meeting (including Procedural Safeguards) informing them that the following action(s) may be considered.

- New IEP or 504 Plan
- New Evaluation and/or
- Change of Placement

Step 2: Manifestation Determination Guiding Questions
The school team, including the parent must decide if the behavior is a "manifestation of the student's disability." The questions below guide this decision.

1. Behavior prompting the suspension ___________________________

2. Was student referred for special education services or 504 accommodations for similar behavior? Yes ☐ No ☐

3. Does the program described on the IEP or 504 Plan address this type of behavior? Yes ☐ No ☐

4. Does the most recent evaluation suggest a "direct and substantial relationship" between the disability and the behavior? Yes ☐ No ☐

A. In consideration of the disability and questions 1 - 4, is the conduct in question caused by or have a direct and substantial relationship to the student's disability? Yes ☐ No ☐

5. Is the student's evaluation current and in compliance with IDEA or 504 requirements? Yes ☐ No ☐

6. Is the student's IEP or 504 Plan current and in compliance? Yes ☐ No ☐

7. Have services/accommodations consistent with the IEP or 504 Plan been provided? Yes ☐ No ☐

B. In consideration of questions 5 - 7, is the conduct in question the direct result of the local educational agency's failure to implement the IEP or 504 Plan? Yes ☐ No ☐

Summary Statement: In consideration of questions A and B above, is the behavior a "manifestation of the student's disability?" Yes ☐ No ☐

Step 3: Discussion
In light of the outcome of the manifestation determination, what changes, if any should be made to the student's program, class schedule, or classroom accommodations?

Prior to this Manifestation Determination meeting, how many days has the student been suspended during the current school year? ________ (Total of full or partial days)

Signatures indicate participation in the discussion of the questions above
Opinions differing from the answers checked should be noted in an attached written statement.

Signature ___________________________ Date __________ Title __________

_________________________ ___________________________ __________
Parent Student

_________________________ ___________________________ __________
LEA (Administrator) School Psychologist

_________________________ ___________________________ __________
Special Education Provider Other

_________________________ ___________________________ __________
Other Other