

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 _____

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Other

03/2010