

**Section 504
Manifestation Determination**

Student's Name:

Date of Birth:

Today's Date:

Parent(s) Name:

District/School:

Staff Member Completing this Form:

1. Description of the student's disability: (review the relevant information in the student's file, including information from parents, any teacher observations, and the student's 504 plan)

2. Description of misconduct: (be as detailed as possible)

NOTE: if the misconduct described above involves the use of drugs and/or alcohol, the student may be disciplined in the same manner as a non-disabled student.

3. Based on this review, the 504 Team has determined that:

The conduct in question was caused by, or **had a direct and substantial relationship to**, the student's disability.*

Yes

No

The conduct in question was the direct result of the district's failure to implement the student's 504 Plan.*

Yes

No

*If the members of the 504 team determine that the answer is YES to either of the above questions, the conduct shall be determined to be a manifestation of the student's disability.

The conduct in question **WAS** a manifestation of the student's disability.

The school may not exclude the student from instruction, may not suspend the student for more than 10 days, and may not expel the student, unless the conduct involved the use of drugs or alcohol. The team should review whether the student's eligibility and educational services remain appropriate.

The conduct in question **WAS NOT** a manifestation of the student's disability.

The student may be disciplined in the same manner as a non-disabled student.

The following persons, as indicated by their signatures, have participated in the Manifestation Determination:

Position	Signature	Date	Do you agree with this determination?
Parent			
Parent			
Student			
Administrator/Designee			
Regular Ed. Teacher			
Regular Ed. Teacher			
Special Ed. Teacher			
School Psychologist			
Counselor			
Other: _____			
Other: _____			