

MANIFESTATION DETERMINATION REVIEW

Ionia County Intermediate School District

Student Name: _____ Date of Review: _____

Birthdate: _____ Age: _____ School District: _____

CONTACT INFORMATION

School staff contacted parents to explain the purpose of this meeting and the role of the participants as well as to arrange a mutually agreeable time and place for this meeting:

Method: _____ By: _____ Date: _____

Method: _____ By: _____ Date: _____

PARTICIPANT SIGNATURES

Student: _____ Parent/Guardian: _____

General Ed Teacher: _____ Parent/Guardian: _____

Special Ed Provider: _____ School Dist Rep: _____

Eval Team Rep: _____ Other/Title: _____

PURPOSE

The purpose of this review is to determine whether the conduct subject to discipline is a manifestation of this student's disability.

Describe the conduct that is subject to disciplinary action: _____

Disability of this student: _____

RELEVANT INFORMATION

In relation to the described conduct, the IEP Team must consider relevant information from the following: (Review and check all.)

Evaluation and assessment results: _____

This student's current IEP and placement: _____

Teacher observation of this student: _____

Relevant information from parents: _____

MANIFESTATION DETERMINATION

Giving consideration to the relevant information, answer the following questions as they relate to the described conduct and the disability of this student:

- Was the conduct in question caused by or directly and substantially related to this student's disability? No Yes
- Was the conduct in question a direct result of the local school district's failure to implement this student's current IEP? No Yes

(If the answer to any of the above questions is "YES," the conduct must be considered a manifestation of this student's disability.)

The determination of the IEP Team is that the conduct subject to discipline (choose one):

- Is NOT a manifestation** of this student's disability and general education disciplinary procedures may be followed.
- Is a manifestation** of this student's disability.

NOTICE AND CONSENT

I, as parent/guardian, **1)** was notified by the district the decision to take disciplinary action on the day that such action occurred; **2)** have received a copy of all procedural safeguards and (choose one):

- Agree** with this manifestation determination review
- Do NOT agree** with this manifestation review but/and (choose one):
 - Will allow it to be used
 - Request mediation
 - Request expedited hearing

Parent/Guardian/Student Signature(s): _____ Date: _____

Parent/Guardian/Student Signature(s): _____ Date: _____