



Student Support Services
Manifestation Determination Form – Section 504

Student Name: _____ Grade: _____ School: _____		
DOB: _____	Student ID: _____	Gender: _____ Race: _____
Parent/Guardian Name: _____		Phone: _____
Address (city, state, zip): _____		
Student Address (city, state, zip): _____		
Meeting Date: _____ Date of Current 504:IAP Begin Date: _____		
Describe the current behavior or incident that is subject to disciplinary action?		
What relevant evaluation and diagnostic information describes the student's disability?		
What accommodations are indicated on the current Section 504 Accommodation Plan?		
Check the following statements that the Section 504 committee determines to be true:		
The Section 504 committee has reviewed and considered all of the above information.	<input type="checkbox"/>	<input type="checkbox"/>
All the accommodations on the Section 504 Accommodation Plan have been provided.	<input type="checkbox"/>	<input type="checkbox"/>
The current Section 504 Plan and placement are appropriate for the student.	<input type="checkbox"/>	<input type="checkbox"/>
The student's disability does not impair his/her ability to control this behavior.	<input type="checkbox"/>	<input type="checkbox"/>
The current behavior under consideration is <input type="checkbox"/> is not <input type="checkbox"/> a manifestation of the student's disability.		

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Signature Page

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Section 504 Committee Signatures: *Please see printed form for signatures*

Parents of public-school students may be accompanied by another adult of their choice at any meeting with school district personnel.

Has any school district personnel prohibited, discouraged or attempted to discourage the parents from inviting a person of their choice to this meeting? (Section 1002.20 (21)(a), FS., effective July 1, 2013)

Yes ☐ No ☐

Please contact the 504 Coordinator/Supervisor of Counseling at the school district with any concerns at (352) 955-7676. ext. 1604.

I have received Parent Rights for 504.

Yes ☐ No ☐

If parent is not in attendance, parent rights and copy of forms sent home on: _____

Parent/Guardian: _____

Student: _____

Parent/Guardian: _____

Administrator: _____

Classroom Teacher: _____

School Counselor: _____

Classroom Teacher: _____

School Nurse: _____

Classroom Teacher: _____

School Psychologist: _____

Classroom Teacher: _____

Other/Title: _____

Classroom Teacher: _____

Other/Title: _____