



Exceptional Student Education
Manifestation Determination

The IEP team is required to meet within ten days to consider the following questions when:

- an ESE student is suspended for more than 10 days cumulative in a school year or
- when an ESE student commits a Level I violation of the Code of Student Conduct that could result in disciplinary removal *from* the current placement

Student Name: _____ School: _____

Date of Current IEP: _____ Date of this IEP Amendment: _____ Date of Incident: _____

Describe the current behavior or incident subject to disciplinary action:

1. Appropriateness of Program

List the disabilities that are identified on the IEP:

List any other disabilities or medical conditions documented elsewhere in the records (medical, case study, agency reports, etc.):

Date of Last Evaluation: _____ Current within three years? Yes NO

Check the areas of impairment indicated in current and previous evaluations and present levels of functioning:

- | | | |
|--|--|---|
| Cognitive <input type="checkbox"/> | Achievement <input type="checkbox"/> | Social-Emotional <input type="checkbox"/> |
| Adaptive Behavior <input type="checkbox"/> | Communication <input type="checkbox"/> | Sensory/Motor <input type="checkbox"/> |

Other: _____

How does(do) the disability(ies) affect learning and behavior?

- | | | |
|---|------------------------------|-----------------------------|
| Does the student have a record of behaviors subject to discipline? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are behavioral goals included in the IEP | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| . . . If yes, do they address the behavior in this current incident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the student have more than 10 days of prior cumulative suspension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has a functional behavioral assessment been conducted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the student have a written individual behavior plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date written: _____ Date last revised: _____

What have been the results of the plan?

List the services, aids, modifications and accommodations that are included in the current IEP:

- | | | |
|--|------------------------------|-----------------------------|
| Have all of the services listed in the IEP been provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are the current services appropriate to the student's needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. Ability to Understand Impact and Consequences

- | | | |
|--|------------------------------|-----------------------------|
| Has the student received information regarding the code of Student Conduct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student demonstrated the ability to follow school rules? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student acknowledged that this or similar conduct is wrong? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student expressed an understanding of the consequences of this behavior? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Describe the nature and severity of the disability as it relates to understanding of consequences:

3. Ability to Control Behavior

Is this an isolated or recurrent instance of this behavior?

Describe the patterns of this behavior:

Was this behavior premeditated or impulsive? _____

Was behavior affected by events unrelated to disability (e.g. illness, meds, trauma, etc.) Yes No

Describe other factors: _____

Source of information: _____

Nature and severity of the disability as it relates to behavioral control:

The IEP team finds that the data suggests that at the time of the offense the student was able to control this behavior. Yes No

Manifestation Statement

Check the boxes for the conclusions that the IEP team has determined above to be true:

- All of the services, aids, and accommodations indicated on the current IEP have been provided and the current IEP and placement are appropriate for this child. Yes No
- The student is able to understand the impact and consequences of this behavior. Yes No
- The student is able to control this behavior. Yes No

(In order for the IEP team to be able to make a determination that the behavior WAS NOT a manifestation of the disability, all three boxes immediately above must be checked Yes.)

Based on the information considered, the IEP team concludes that the behavior was was not a manifestation of the disability.

Required Follow Up

If the behavior WAS NOT a manifestation of the student’s disability, then the student may be disciplined as a non-disabled students, provided any further removals do not deny progress in the general curriculum or deny the services and accommodations that enable the child to meet the goals in the IEP. Plan to develop an FBA/BIP.

If the behavior WAS a manifestation of the child’s disability, the removals cannot continue and the child is served in the setting indicated on the IEP. The IEP team responds to the incident, reviews the IEP for possible changes, and implements interventions to prevent the behavior from recurring. Plan to develop an FBA/BIP.

- The IEP team has developed a plan for completing a Functional Behavioral Assessment at the meeting on (date) _____ or will be developed at the next meeting within 10 days of the 11th cumulative day of suspension (date) _____.
- Informed Notice and Consent for Reevaluation with a Functional Behavioral Assessment (FBA) has been signed by the parent (date _____ or was/will be sent twice (dates) _____ / _____.
- A Behavioral Intervention Plan (BIP) was developed (date) _____ based on a Functional Behavioral Assessment and the plan has been reviewed or revised at this meeting (date) _____ or will be developed at the next meeting (date) _____.

IEP Team Participants (please sign also in the IEP conference notes or IEP Update) Date: _____

LEA Rep.: _____ ESE Teacher: _____

Parent: _____ Regular Educator: _____

Student: _____ Evaluation Specialist: _____

Other/Title: _____ Other/Title: _____