MANIFESTATION DETERMINATION – SECTION 504

Name	of Student:		Birthdate:	Grade:			
Date o	of Meeting:	District:	Bui	lding Site:			
I.	Incident Date of incident: Was a weapon involved Were illegal drugs invol Was the sale or solicited Is the student currently to Did serious bodily injury Summarize offense resu	? ved? I sale of a controlled su sing illegal drugs? y occur?	obstance involved?	 □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No 			
I.	Evaluation and Diagnostic Results Describe the nature and severity of the student's physical or mental impairment, the major life activity it substantially limits and how the impairment substantially limits that activity:						
	Date of determination of Does the most recent ev Is further evaluation nec If Yes, list component(s	aluation address current essary to complete this	nt educational concern s form? \(\square\) Yes \(\square\) N				
III.	Observations Is this an isolated behav Was the behavior planne	ior or is it recurrent? [ed or spontaneous?	☐ Isolated ☐ Recur Planned ☐ Spontar (e.g., death of close re	rent neous lationship, illness, substa	nce abuse)?		
	List pertinent medical in	formation (if any):					
	Does the student have as Did the student receive a Has the student demonst Yes No Has the student expressed Other Information:	a student handbook that trated the ability to follow ed an understanding of	at describes the school low school rules as ou the consequences of t	's code of conduct? capacitation the student hand this or other misconduct?	Yes No No lbook?		
	Other information.						
IV.	Section 504 Services Date of current Section	504 Plan:	Num	per of days absent this ye	ear:		
	Have services, consister Is the student receiving Is a BIP included in the If a BIP is part of the Se	appropriate services ur Section 504 Plan? 🗖	nder the Plan? Yes Yes No		tion? □Yes □N		

	Was the BIP implemented as written? ☐ Yes ☐ No Does the BIP need to change as a result of this incident? ☐ Yes ☐ No Does any other part of the Section 504 Plan need to change as a result of this incident? ☐ Yes ☐ No									
V.	Determination After careful review of all relevant information we find that:									
	1.A.	1.A. The conduct in question □ WAS □ WAS NOT caused by the student's disability.								
	1.B. The conduct in question □ DID □ DID NOT have a direct and substantial relationship to the student's disability.									
	2.	2. The conduct in question □ WAS □ WAS NOT the direct result of the local educational agency's failure to implement the 504 Plan.								
Record	Based on the information considered, it is our consensus that the behavior									
Title			Signature	Agree	Disagree	Date				