

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
EXCEPTIONAL STUDENT EDUCATION
Manifestation Determination Review

Student's Name _____ DOB _____ Student ID _____

School _____ Grade _____ Date of Meeting _____

IEP Team/Participants

The following individuals participated in this Manifestation Determination Review meeting. Names of additional participants should be noted and attached to this form.

Student (when appropriate)

LEA Representative

Evaluation Interpreter

Regular Education Teacher

District Representative

ESE Teacher

Other

Other

Parent Signature

- I received notice of procedural safeguards.

Parent Signature

Date

Considerations for Review

Describe the behavior subject to disciplinary action:

In carrying out a Manifestation Determination Review, the IEP team must consider, in terms of the behavior subject to disciplinary action, all relevant information, including:

- Relevant information supplied by the parent _____

Teacher observations of the student _____

Relevant information from the student's IEP _____

Manifestation Questions/Statements

1. Was the behavior caused by, or directly and substantially related to the student's disability? Yes No

Discussion _____

2. Was the behavior a direct result of the school not implementing the student's IEP? Yes No

Discussion _____

Manifestation Determination

SUMMARY (Note: The answer to the following question is "no" only if 1 and 2 above are answered "no")

Is the behavior subject to disciplinary action a manifestation of the student's disability? Yes No

(Note: If yes, the IEP and placement must be reviewed and revised as appropriate, including development or review of a behavioral intervention plan. If no, disciplinary action may be taken, but the school must continue to make FAPE available to the student.)

Distribution: white-student file yellow-student/parent pink-ESE office goldenrod-discipline office (expulsions)

The School Board of Sarasota County complies with State Statutes on Veteran's preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, disability, marital status or sexual orientation

RET: Master, 5Y GW
Dupl., OSA

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