SECTION 504 MANIFESTATION DETERMINATION

Name:
School:
Date of Plan:

Date of Birth: Age: Grade:



Describe the behavior or incident that is subject to disciplinary action:

What relevant evaluation and diagnostic information describes the student's disability?

What accommodations or services are indicated on the current 504 Plan?

Check the following statements that the 504 Team determines to be true:			
Yes	No	The 504 Team has reviewed and considered all of the above information.	
		Was the behavior subject to discipline caused by, or did it have a direct and substantial relationship to the student's disability?	
		Was the behavior subject to discipline the direct result of the school district's failure to implement the 504 Plan?	

The boxes on the last two questions must be checked "No" in order for the behavior to <u>not</u> be a manifestation of the student's disability. If either answer is checked "Yes," the student's behavior is a manifestation.

Check the following statement that the 504 Team determines to be true:

The current behavior under consideration IS a manifestation of the student's disability.

The current behavior under consideration **IS NOT** a manifestation of the student's disability.

504 Team Participants: