

# Woodridge Local School District

## MANIFESTATION DETERMINATION REVIEW 504 PLANS

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the Intervention Assistance Team (IAT) (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nature of the student's disability: \_\_\_\_\_

Nature of the behavior subject to disciplinary action: \_\_\_\_\_

The Notice of Section 504/ADA Procedural Information and Rights was presented with an explanation by \_\_\_\_\_.

Name/Title \_\_\_\_\_

1. Is new or additional evaluation/data needed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, refer the student for evaluation.
2. Does student have or require a Section 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is the Section 504 Plan appropriate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, revise the Plan and attach a copy of the modified Plan.
3. Was the student capable of understanding that the behaviors exhibited were in violation of school rules and/or were unacceptable? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Previous suspensions/expulsion: \_\_\_\_\_ Yes \_\_\_\_\_ No (attach record)
5. Aggregate number of suspension days: \_\_\_\_\_
6. In relationship to the behavior subject to disciplinary action
  - a. Did the IAT review relevant information in the student's file and the student's 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. Did the IAT review relevant information presented by the parents and teacher observations? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Did the IAT determine that the conduct in question was caused by or had a direct and substantial relationship to the child's disability?

\_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

d. Was the child's conduct a direct result of the District's failure to implement the 504 Plan?

\_\_\_ Yes \_\_\_ No

Note: The behavior is a manifestation of the student's disability if the IAT indicated yes on item C or D under #6.

Conclusion:

Based upon the information considered, the IAT determined that the behavior \_\_\_ was \_\_\_ was not a manifestation of the student's disability.

Date of Manifestation Determination Review: \_\_\_\_\_

Please note: If the behavior was a manifestation of the disability, the team should consider action such as whether the 504 Plan needs to be changed, a behavior plan needs developed or amended, additional assessment is necessary, etc.

If the behavior is not a manifestation of the student's disability, the District may apply the regular disciplinary procedures as those applied to non-disabled students.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Copies to: \_\_\_ Parent/Guardian \_\_\_ 504 Case Manager \_\_\_ Office of Pupil Services  
\_\_\_ Cumulative File

1/16/07  
10/19/10