

MANIFESTATION DETERMINATION

Summary of Individualized Education Program (IEP) Team Meeting

Student's Name: _____ Date of Meeting: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
SASID: _____ Date of Birth: _____
Local Student ID: _____ Disability: _____

PURPOSE OF THE MEETING:

The purpose of this meeting is to determine whether the conduct, which resulted in a disciplinary action, was or was not a manifestation of the student's disability.

PROCEDURAL SAFEGUARDS:

The parent/guardian of the student was provided with the Procedural Rights Parental Safeguards document on: _____ (date).

I: DISCIPLINE INFORMATION/DATA CONSIDERED BY THE IEP TEAM

Description of incident leading to the current suspension:

Date of incident: _____ Date of removal: _____
Proposed date of return: _____
Description of incident:

Review of discipline and attendance records: (Reports Attached)

Total *out of school* suspension days for current school year: _____ (number) days
Number of days services provided: _____ days Number of days services not provided: _____ days

Total *in-school* suspension days for current school year: _____ (number) days
Number of days services provided: _____ days Number of days services not provided: _____ days

Other disciplinary actions taken:

Student has been placed in an Interim Alternative Educational Setting (IAES) for up to 45 days due to incident involving weapons, drugs, or serious bodily harm.

Yes No

Additional Information:

II: CHANGE IN PLACEMENT DETERMINATION: INFORMATION CONSIDERED BY THE IEP TEAM TO DETERMINE WHETHER THE PATTERN OF REMOVALS RESULTS IN A CHANGE IN PLACEMENT

Information specific to current removal:

The student has been removed, or is proposed for removal from the current placement for more than **10 consecutive** school days resulting in a change in placement.

The student has had a series of removals that could accumulate to more than 10 school days in a year and the IEP team considered:

Proximity of removals to one another

Length of each removal

Total amount of time the student has been removed for suspensions

Similarity of student's behavior in previous incidents that resulted in removals (pattern of behavior)

Other

Summary of information/data considered:

Does the pattern of cumulative removals constitute a change in placement?

Yes No

Document basis for determination:

School system policy considers greater than 10 day cumulative removals as a change in placement

III: SERVICES PROVIDED AFTER THE 10TH DAY OF REMOVAL

Information specific to current removal:

Services determined by school personnel prior to the IEP Team Meeting to determine program and placement. (only appropriate if removal does not constitute a change in placement)

Services determined by the IEP team to address FAPE during removal.

Service Nature	Frequency	Duration	Location

Discussion to support decision:

IV: RELEVANT INFORMATION CONSIDERED BY THE IEP TEAM TO DETERMINE WHETHER THE BEHAVIOR IS A MANIFESTATION OF THE STUDENT'S DISABILITY

Review student's IEP (including goals to address behavior and/ or behavior intervention plans):

Does the IEP address current/relevant behavioral concerns?

Yes No

Has a Functional Behavioral Assessment(FBA) been conducted?

Yes Date: _____ No

Is a Behavioral Intervention Plan(BIP) in place?

Yes Date: _____ No

Does the BIP address all relevant/critical behaviors?

Yes No

Are these additional behaviors/needs that require additional assessment or planning?

Yes No

Discussion to support decision:

Review of assessment data:

Assessment results and evaluations	Date of Administration
Psychological	

Are updated assessments needed? Yes No

If yes, specify: _____

Discussion to support decision:

Teacher input/observation:

Parent input:

Student input:

Other data/discussion to address the relationship between the student's disability and the behavior that resulted in removal:

V: MANIFESTATION DETERMINATION:

1. The behavior was caused by, or had a direct and substantial relationship to, the child's disability (Consider characteristics of the disability and whether the behavior occurs across time and settings.)

Yes No

Document basis for decision:

2. The behavior was a direct result of the school's failure to implement the IEP.

Yes No

Document basis for decision:

(If the team answers "Yes" to either of the above questions, the behavior must be considered a manifestation of the student's disability.)

Is the behavior a manifestation of the student's disability? Yes No

VI: SUMMARY OF ACTIONS PROPOSED BY THE IEP TEAM BASED ON INFORMATION CONSIDERED:

	Action	Staff Responsible	Notes	Date for Completion of Action (as appropriate)
<input type="checkbox"/>	Behavior is a manifestation of the student's disability. The student must return to the placement from which he or she was removed.			
<input type="checkbox"/>	Behavior is a manifestation of the student's disability. The public agency and the parent agree to a change of placement as part of modifying the student's Behavioral Intervention Plan.			
<input type="checkbox"/>	Behavior is NOT a manifestation of the student's disability. The public agency may apply relevant disciplinary procedures in the same manner as applied to children without disabilities, and continues to provide FAPE.			
<input type="checkbox"/>	Conduct an FBA.			
<input type="checkbox"/>	Develop and implement a BIP to address the current behavior. The BIP will be provided to the student's teachers by the case manager.			
<input type="checkbox"/>	Continue to implement the BIP currently in place. The IEP team reviewed the BIP and determined it addresses the behavioral needs of the student.			
<input type="checkbox"/>	Review and modify as necessary BIP that is currently in place to address behavior.			
<input type="checkbox"/>	Review and revise IEP, as appropriate.			
<input type="checkbox"/>	Provide transportation, as required.			
<input type="checkbox"/>	Other action(s): Alternative placement recommended, see notes			
<input type="checkbox"/>	Other action(s):			

Document Basis for Decision(s):

VII: IEP Team Participants:

Title	Title
_____	_____
_____	_____
_____	_____
_____	_____

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the brochure entitled "Parents Rights – Maryland Procedural Safeguard Notice." Your rights include the right to request mediation or file a due process complaint if you disagree with proposed and/or refused decision(s).

If you have any questions about the information provided, please call _____ at _____ . If you need additional information concerning your rights, you may contact the local Partners for Success Center at _____, Parent's Place of Maryland, Inc. at (410-768-9100), or the Maryland State Department of Education, Division of Special Education/Early Intervention Services at 410-767-0264.

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