

MARIN COUNTY SELPA  
MANIFESTATION DETERMINATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_ IEP Date \_\_\_/\_\_\_/\_\_\_\_  
Manifestation Date \_\_\_/\_\_\_/\_\_\_\_

District of Residence \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_ SSID \_\_\_\_\_ Gender  M  F

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ Cell Phone \_\_\_\_\_  
State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Is the Student an English Learner?  Yes  No Primary Language \_\_\_\_\_  
Date of Current IEP \_\_\_/\_\_\_/\_\_\_\_ Date of Last Assessment \_\_\_/\_\_\_/\_\_\_\_

Disability \_\_\_\_\_

Current Educational Setting(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of behavior/actions of student resulting in this analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary Action taken / proposed \_\_\_\_\_ Date of decision of disciplinary action \_\_\_/\_\_\_/\_\_\_\_

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following in relation to the behavior subject to discipline (check applicable items)

- Teacher observations of the student List: \_\_\_\_\_
- The Student's IEP Describe: \_\_\_\_\_
- Other relevant information supplied by the parents of the student List: \_\_\_\_\_
- Other List: \_\_\_\_\_

**The Manifestation Determination team determined that, in relation to the behavior subject to the disciplinary actions**

The conduct in question was caused by or had a direct and substantial relationship to the disability.  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or...  
The conduct in question was the direct result of a failure to implement the IEP.  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The Manifestation Determination team decided that the student's behavior**

was a manifestation of his/her disability. (Requires a **yes** or any 1 of the above 2 items)

Discipline proceeding(s) may not occur at this time.

- Functional behavior assessment to be conducted (unless already conducted) and behavior plan to be implemented, or
- If a behavioral intervention plan has been developed, plan will be reviewed and modified as necessary

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

was not a manifestation of his/her disability. (Requires a **no** on both of the above 2 items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent  agrees  disagrees with the determination of the Manifestation Determination team.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent received copy of Procedural Safeguards (Parent Rights)  Yes  No

Date \_\_\_/\_\_\_/\_\_\_\_\_

**SIGNATURES**

Parent  Guardian  Surrogate  Adult Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Parent Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Signature**

**Title**

**Date**

_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____