

504 MANIFESTATION DETERMINATION REVIEW
Johnson County

Name of student _____

I. SUMMARY OF INFORMATION CONSIDERED

A. Description of behavior subject to disciplinary action:

B. In terms of the behavior described above, document consideration of all relevant information in the student's file, including the student's 504 plan, any teacher observations, and any relevant information provided by the parents:

II. DETERMINATION

In terms of the behavior subject to the disciplinary action document the following:

A. *Was the behavior caused by the student's disability?*

Yes No

Discussion:

B. *Was the behavior directly and substantially related to the student's disability?*

Yes No

Discussion:

C. Was the behavior the direct result of the school district not implementing the child's 504 plan?

_ Yes _ No

Discussion:

SUMMARY (Note: You may answer "no" to the following question only if A & B & C above are answered "no")

Is the behavior subject to disciplinary action a manifestation of the student's disability?

_ Yes _ No

Signature

Position

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

** Please forward a copy of the manifestation determination to 504 supervisor at Johnson County Central Office.*

