

**IBERVILLE PARISH SCHOOL BOARD
MANIFESTATION DETERMINATION REPORT
Date of Determination ____/____/____**

STUDENT: _____ EXCEPTIONALITY: _____

RESULTS OF THE MANIFESTATION DETERMINATION REVIEW

In terms of the behavior subject to the disciplinary action, the following questions must be answered:

A. Did the district's failure to implement the IEP cause the misconduct? (Was the time on the IEP the actual time the student was in special education services, was the student receiving accommodations/modifications on a daily basis, was a written behavior plan being implemented by all necessary teachers, including substitutes?)

YES **NO**

B. Did the child's disability cause, or have a direct and substantial relationship to the misconduct?

YES **NO**

NOTE: If the answer to either question is **YES**, the misconduct was a manifestation of the disability and the action contemplated **cannot** be carried out. If the team had not created a behavior intervention plan before the misconduct, it **must** do so now by first conducting a Functional Behavioral Assessment. If a BIP was already in place at the time of the misconduct, it must be reviewed and modified if needed. If the answer to **both** questions is no, the team may find that the misconduct is not a manifestation of the disability. The student can then be disciplined the same as the non disabled peer. However, if the action results in a change of placement for the student, the district is still responsible to provide the student **FAPE**.

On the basis of this review, is the child's/student's behavior a manifestation of the child's/student's disability? **YES** **NO**

Action to be taken:

- | | |
|--|--|
| <input type="checkbox"/> Develop Behavior Intervention Plan | <input type="checkbox"/> Modify current BIP |
| <input type="checkbox"/> Refer for Conference | <input type="checkbox"/> Refer for Hearing |
| <input type="checkbox"/> Reconvene IEP Committee | <input type="checkbox"/> Other _____ |

Name and Signatures of persons who participated in the manifestation determination:

_____ Name	/ _____ Position
_____ Name	/ _____ Position
_____ Name	/ _____ Position
_____ Name	/ _____ Position

COPIES MUST BE PROVIDED TO TEACHER(S), PARENT(S), AND THE OFFICE OF SPECIAL EDUCATION