

**Berrien Regional Education Service Agency  
MANIFESTATION DETERMINATION REVIEW**

**Participants**

The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form.

Student: _____	Relevant IEP Team Member: _____
Parent: _____	Relevant IEP Team Member: _____
Parent: _____	MET Representative: _____
District Representative: _____	Other: _____
Other: _____	Other: _____
Other: _____	Other: _____

**Description of Misconduct**

Describe in detail the behavior subject to disciplinary action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Considerations for Review**

In carrying out a manifestation determination review, the IEP team must consider, in terms of the behavior subject to disciplinary action, all relevant information, including:

<b>The following information must be reviewed, described, and documented:</b>		
<b>Information to Review</b>	<b>Data Source/Date</b>	<b>Summary of Information</b>
All relevant information in the student's file		
The student's IEP		
Teacher observation of student		
Relevant information provided by parent		

**Manifestation Determination**

If the determination of the IEPT is "Yes" to any of the statements below, then the behavior must be considered a manifestation of the student's disability, and the student returns to the previous placement (except in Special Circumstances).

<b>On the basis of the above review and the relationship of the behavior subject to discipline and the student's disability, respond to both of the following statements, and give the rationale for the response:</b>		
1. The conduct in question was caused by or had a direct and substantial relationship to the student's disability.	<input type="checkbox"/> Yes	Describe the relationship between the disability and behavior:
	<input type="checkbox"/> No	Describe why there is no relationship between the disability and the behavior:
2. The conduct in question was the direct result of the school district's failure to implement the current IEP.	<input type="checkbox"/> Yes	List the areas of non-implementation and the impact on behavior:
	<input type="checkbox"/> No	List the areas of non-implementation. State why no impact:
	<input type="checkbox"/> No	IEP was fully implemented.

**The determination of the IEP Team is that the behavior subject to discipline is:**

- Not a manifestation of the disability; records are transferred to general education for disciplinary procedures.
- A manifestation of the disability.
  1. If yes, the disability caused or had a substantial relationship to disciplinary action: (Check all that apply)
    - Review and modify, if necessary, current Behavior Intervention Plan. (Attached copy along with modifications)
    - Schedule meeting to change placement as part of modified Behavior Intervention Plan.
    - Complete Functional Behavior Assessment and Behavior Intervention Plan.

To be completed by: \_\_\_ / \_\_\_ / \_\_\_\_.

2. If yes, conduct was a result of the school district's failure to implement the IEP. List steps to be taken to remedy areas of non-implementation:

---

---

---

---

---

---

---

---

**Parent Notice and Agreement**

- I received notice of procedural safeguards on the day of which the decision to take disciplinary action involving a change in placement was made [34 CFR §523(a)(i)].
- I agree with the determination above.
- I disagree with the determination above and intend to file a Due Process Complaint Request with the State by following the procedures outlined in the Procedural Safeguards.

Parent Signature

Date