

**SECTION 504 MANIFESTATION DETERMINATION CHECKLIST**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Grade \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F School \_\_\_\_\_  
 Parent Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Documents to Be Reviewed:

- |  |   |
|--|---|
| <input type="checkbox"/> Evaluation and Diagnostic results | <input type="checkbox"/> Observations of Student  |
| <input type="checkbox"/> 504 Accommodation Plan            | <input type="checkbox"/> Parent Information _____ |
| <input type="checkbox"/> Behavior Intervention Plan        | <input type="checkbox"/> Discipline Record        |
| <input type="checkbox"/> Functional Behavioral Assessment  | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Expulsion Packet                  |   |

Discipline History

Current Disciplinary Incident \_\_\_\_\_

Education Code \_\_ 48900 \_\_\_\_\_

Education Code \_\_ 48915 \_\_\_\_\_

Use or possession of illegal drugs or alcohol \_\_\_ Yes\* \_\_\_ No \* = *If yes, the student is not entitled to a manifestation determination, and may be disciplined in the same manner as a nondisabled student would be disciplined for the use or possession of illegal drugs or alcohol*

Disciplinary Actions During the Current School Year (Incidents, suspensions, etc.): \_\_\_\_\_

Adequate Notice:

Yes  No\* Has the parent received adequate prior notice of this meeting? \_\_\_\_\_

Yes  No\* Has the parent received a copy of the Section 504 rights and procedural safeguards? \*=*If no, the conference is discontinued*

Manifestation Determination Consideration Questions:

1. Was the student's conduct related to his/her disability? How?  
 \_\_\_\_\_
2. Was the student's placement appropriate?  
 \_\_\_\_\_
3. Was the Accommodation Plan appropriate?  
 \_\_\_\_\_
4. Were the Accommodation Plan services provided?  
 \_\_\_\_\_
5. Were positive behavior interventions provided consistent with the 504 plan?  
 \_\_\_\_\_

6. Did the disability impair the student's ability to understand the impact and consequences of the behavior?  
\_\_\_\_\_

7. Did the disability impair the student's ability to control the behavior?  
\_\_\_\_\_

**Manifestation Determination Question:** The Section 504 Team has determined that:

- The conduct is a manifestation of the disability  
 The conduct is not a manifestation of the disability

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Section 504 Team Meeting Participants:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**I have received, reviewed, and understand this checklist and the attached rights afforded by Section 504 of the Rehabilitation Act of 1973 (Attach Form C)**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*If parent not in attendance, the Manifestation Determination Checklist was sent on \_\_\_\_\_.*

Received by \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT TO THE DISTRICT AND SCHOOL SECTION 504 DESIGNEES**

**Form G—Manifestation Determination Checklist**