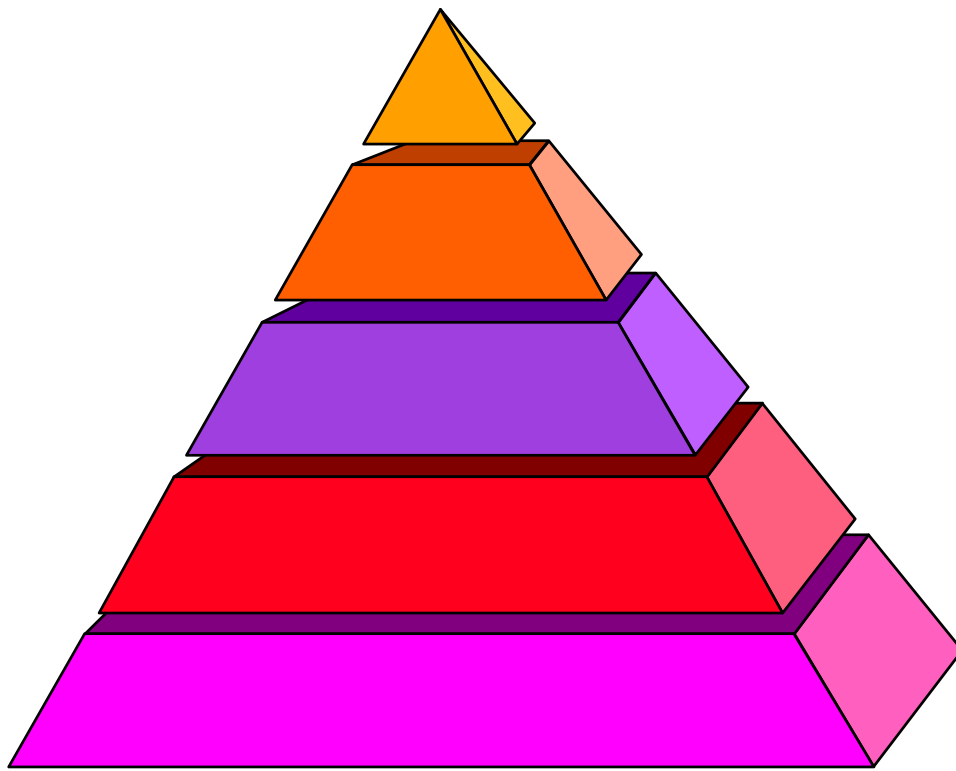


# MANIFESTATION DETERMINATION WORKSHEET



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Vicki L. Phillips, Secretary

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**Information on accommodations within the Department of Education for persons with disabilities:**

Pennsylvania Department of Education, Americans with Disabilities Act Coordinator, Bureau of Management Services, 15<sup>th</sup> Floor, 333 Market Street, Harrisburg, PA 17126-0333; Voice Telephone: (717) 783-9791; Fax: (717) 772-2317; Text Telephone TTY: (717) 783-8445

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Pennsylvania Department of Education, School Services Unit, Director, 5<sup>th</sup> Floor, 333 Market Street, Harrisburg PA 17126-0333; Voice Telephone: (717) 783-3750; Fax: (717) 783-6802; Text Telephone TTY: (717) 783-8445

**PaTTAN – Harrisburg Office:** 6340 Flank Drive, Suite 600, Harrisburg, PA 17112-2764; (800) 360-7282 (PA only), (717) 541-4960; Fax: (717) 541-4968

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Website: [www.pattan.k12.pa.us](http://www.pattan.k12.pa.us)

# MANIFESTATION DETERMINATION WORKSHEET

A manifestation determination is required by IDEA when considering the exclusion of a student with a disability from school that constitutes a change of placement.

A change of placement consists of (check one):

- more than 10 school days consecutively;
- more than 15 school days cumulatively in one school year;
- when days 11-15 constitute a pattern;
- an exclusion of even one school day for a student with mental retardation.

The manifestation determination shall take place as soon as possible but not later than 10 school days after the date on which the decision to take the disciplinary action was made. The IEP team and other qualified personnel must determine if the behavior was a manifestation of the child's disability.

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• *Include behavioral characteristics and specific severity and how the disability affects academic and/or social performance. Include a brief description of the student's strengths and needs.*

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Description of behavior subject to disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• *Include setting events, antecedents, details of the behavioral incident and immediate consequences. List witnesses and include all relevant details.*

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Description of proposed disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• *Include current disciplinary action as well as cumulative record of disciplinary actions for the present school year. Reference district policy.*

## GUIDING QUESTIONS FOR IEP TEAM DECISION-MAKING

1. Determine if the student was deriving reasonable educational benefit from his/her program. Determine if the student's needs were being addressed through the IEP (i.e., communication, instructional strategies and levels, behavioral, etc.). Determine if a Behavior Intervention Plan is present and is appropriate. Review progress monitoring data (academic and behavioral); evaluations and diagnostic information; classroom/student observations, and teacher/staff/parent/student interview information.

✓ **The current IEP and placement are appropriate for the student.**  T  F

Justification for team findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was the IEP (including the Behavior Intervention Plan) implemented as designed? Review academic and behavioral progress monitoring data. Assess by reviewing IEP sections of specially designed instruction, related services, and supports for school personnel. Were the necessary resources available as part of the student's program?

✓ **The specially designed instruction, related services and supplementary aids and services were delivered consistent with the IEP.**  T  F

Justification for team findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the student, prior to this behavioral incident, demonstrated an understanding of the consequences of his/her behavior to him/herself and others? Does the student demonstrate an understanding that the behavioral incident under review was inappropriate?

✓ **The student's disability did not impair his/her ability to understand the impact and consequences of his/her behavior.**  T  F

Justification for team findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the student demonstrated adequate self-control in the past? Has the student demonstrated (review prior behavior) socially acceptable behavioral choices when faced with similar circumstances?

✓ **The student's disability did not impair his/her ability to control his/her behavior.**  T  F

Justification for team findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TEAM CONCLUSIONS

If all answers above are "T" (True), the IEP team has determined that the behavioral incident *is not a manifestation* of the student's disability. Therefore, relevant disciplinary procedures applicable to children without disabilities may be applied except for the provision that the LEA must continue to provide a Free Appropriate Public Education.

If any answer (one or more) above is "F" (False), the IEP team has determined that the behavioral incident *is a manifestation* of the student's disability. Punishment for a manifestation of a student's disability is an aversive technique that may not be implemented; thus voiding the proposed disciplinary procedure. Therefore, the team must immediately take steps to remedy any and all deficiencies found in the student's IEP or its implementation.

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## MANIFESTATION DETERMINATION SIGNATURES

**Directions to Team Members:** Check if you agree or disagree with the team decision, print your name, sign your name, and indicate your role for your participation in this Manifestation Determination.

Agree	Disagree	Name	Signature	Role
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Note: If agreement cannot be reached, an expedited due process hearing may be requested by parents or the school district.