

JEFFERSON COUNTY SCHOOL DISTRICT 509J
Section 504 Eligibility Determination Meeting

Manifestation Determination

Date _____

Student Name _____ Birth Date _____ Student ID # _____

Attending School _____ Case Manager _____

Team Members – The team must include a district representative, the parent and relevant members of the IEP team as determined by the district and parent.	
Parent/Guardian/Surrogate	District Representative
Title	Title
Student	Title

Manifestation Review

1. Behavior subject to disciplinary action:

2. Student's disability(ies): _____

3. Consideration of all relevant student information, including:

- | | |
|---|---|
| <input type="checkbox"/> Functional Behavior Assessment | <input type="checkbox"/> Interviews |
| <input type="checkbox"/> Assessment/evaluations | <input type="checkbox"/> Direct observation |
| <input type="checkbox"/> Diagnostic information | <input type="checkbox"/> Information from Parents |
| <input type="checkbox"/> 504 documents | <input type="checkbox"/> Other: _____ |

For each statement answer "Yes" or "No":	Check the appropriate box
1. The conduct in question was the direct result of the district's failure to implement the student's 504 Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The conduct in question was caused by or had a direct and substantial relationship to the student's disability(ies).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Manifestation Determination

<input type="checkbox"/> Yes	The conduct/behavior is a manifestation of the student's disability. <i>Check if at least one answer to the above questions is Yes.</i>
<input type="checkbox"/> No	The conduct/behavior is not a manifestation of the student's disability. <i>Check if both answers to the above questions are No.</i>

_____ District Staff Completing Form/Title _____ Telephone Number