



BUREAU OF INDIAN EDUCATION

Doing What's Best for Students!



Section 504 Manifestation Determination

Student's name:		
School:	Grade:	
Parent's Name:		
Address:		
Home Phone:	Work Phone:	
Behavior:	Date of Behavior:	Date of Meeting:

Consideration of all relevant student information, including: Check all relevant boxes:			
<input type="checkbox"/>	Evaluation and diagnostic results	<input type="checkbox"/>	Relevant information provided by the parent
<input type="checkbox"/>	Observation of the student	<input type="checkbox"/>	Current 504 Plan and placement
<input type="checkbox"/>	All relevant information in the students file	<input type="checkbox"/>	School Health Information
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Date of:	--/--/----	Manifestation Review:
Behavior:		1. Behavior subject to disciplinary action:
504 Accommodation Plan or referral		2. Student's disability (504):

MANIFESTATION DETERMINATION:

For each statement answer either "YES" or "NO" and provide an explanation.	
___ YES ___ NO	1. The conduct in question was the direct result of the district's failure to implement the student's 504 plan. Explain:
___ YES ___ NO	2. The conduct in question was caused by or had a direct and substantial relationship to the student's disability(ies). Explain:

FINAL DETERMINATION:

___ YES	The conduct/behavior is a manifestation of the student's disability. <i>Check "YES" if at least one answer to the above questions is Yes.</i> Signature/Title _____ Date: _____ Email/Phone/Contact: _____
___ NO	The conduct/behavior is NOT a manifestation of the student's disability. <i>Check "NO" if both answers to the above questions are No</i> Signature/Title _____ Date: _____ Email/Phone/Contact: _____



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Signatures and Printed Names	Position	Date	
	Parent		
	504 Coordinator		
	Teacher		
	School Administrator or Designee		
	Person Knowledgeable About Evaluation Data		
	Other:		