

**The School Board of Saint Lucie County
Manifestation Determination
for Students Eligible for Accommodations under Section 504**

Today's Date _____

DEMOGRAPHIC INFORMATION	
Student Name: _____	DOB: _____
Gender: _____ Race: _____ Language: _____	Student ID#: _____
Current School: _____	Grade: _____
Section 504 Condition (list all impairments or conditions): _____	
Number of Cumulative Suspension days to date for this school year: _____	
Description of the infraction or misconduct: _____	
Proposed Disciplinary action which constitutes a change of placement: _____	
Is this consistent with the disciplinary action proposed for students without disabilities? (circle one) Yes No	
THE FOLLOWING SOURCES OF INFORMATION HAVE BEEN REVIEWED	
<input type="checkbox"/> Infraction for which suspension has been recommended	<input type="checkbox"/> Parental Information
<input type="checkbox"/> Account of incident	<input type="checkbox"/> Cumulative Folder
<input type="checkbox"/> Discipline History	<input type="checkbox"/> Observation
<input type="checkbox"/> Behavioral Intervention Plan (BIP)	<input type="checkbox"/> Evaluation and Diagnostic results
<input type="checkbox"/> 504 Accommodation Plan	
<input type="checkbox"/> Other relevant information: _____	
<i>Under Section 504, a student is not entitled to procedural protections if the student's misconduct involves the use of illegal drugs or alcohol. In such instances, the student may be disciplined in the same manner as a nondisabled student would be disciplined for the use of illegal drugs or alcohol.</i>	
THE FOLLOWING HAVE BEEN CONSIDERED:	
In relationship to the behavior subject to disciplinary action, was the conduct in question, caused by, or did it have a direct and substantial relationship to, the student's disability? Consensus of the Section 504 Team <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the conduct in question the direct result of the school district's failure to implement the Section 504 Accommodation Plan? Consensus of the Section 504 Team <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> If the answer to both 1 and 2 is "No," then the behavior is <u>NOT</u> considered a manifestation of the disability and further disciplinary sanctions/consequences are appropriate. <input type="checkbox"/> If the answer to either 1 or 2 is "Yes," then the behavior <u>IS</u> considered a manifestation of the student's disability and further disciplinary sanctions are not appropriate.	
NOTE: IF the accommodation plan is NOT being implemented, further suspension is not appropriate and the 504 Committee MUST develop a plan to implement. Stop manifestation meeting, sign form, and develop plan to ensure implementation of the accommodation plan.	
FOLLOW UP ACTIVITIES RECOMMENDED BY THE TEAM:	
<input type="checkbox"/> Readdress the Section 504 Accommodation Plan	<input type="checkbox"/> Obtain consent and complete an FBA
<input type="checkbox"/> Refer to the PST	
<input type="checkbox"/> Other _____	
MANIFESTATION DETERMINATION TEAM MEMBERS	
LEA/Designee: _____	Guidance Counselor: _____
Principal/Designee: _____	Gen. Ed Teacher: _____
Parent/Guardian: _____	Dean: _____
Student: _____	Other: _____
Other: _____	Other: _____
I have received a copy and explanation of the Parent/Student Rights in identification, evaluation, and placement under Section 504 of the Rehabilitation Act of 1973. Parent/Guardian Initials _____ Date ____/____/____	

Place Original in Cumulative folder Copy to Parent Copy to Student Services

STS 0091 Rev. 3/29/10