MANIFESTATION DETERMINATION REVIEW FORM

Office of Special Education and
Early Intervention Services

July 28, 2005

MANIFESTATION DETERMINATION REVIEW FORM

Student Information
Student's Name: _____ Date of Birth: _____
Date of MDR: _____

Participants
The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form [34 CFR §300.344].

_____
Student (when appropriate)

_____
Parent

_____
Parent

_____
An individual who can interpret the instructional implications of evaluation results

_____
Public Agency Representative/Designee

_____
General Education Teacher

_____
Special Education Teacher/Provider

_____
Other

_____
Other

Considerations for Review
Describe the behavior subject to disciplinary action:
_____
_____
_____

In carrying out a Manifestation Determination Review, the IEP Team (as determined by the parent and the local educational agency) shall review:

☐ All relevant information in the student's file.
*Describe: _____
_____
_____

☐ The student's IEP.
*Describe: _____
_____

☐ Any teacher observations of the student.
*Describe: _____
_____
_____

☐ Relevant information provided by the parent.
*Describe: _____
_____
_____

*The written descriptions are optional.

Manifestation Determination
If the determination of the IEP Team is "Yes" to either of the statements below, then the behavior must be considered a manifestation of the student's disability.

In relation to the behavior subject to discipline and the student's disability:

1. The conduct in question was caused by the student's disability or had a direct and substantial relationship to the student's disability. ☐ Yes ☐ No

2. The conduct in question was the direct result of the local school district's failure to implement the IEP. ☐ Yes ☐ No

The determination of the IEP Team is that behavior subject to discipline is:

☐ not a manifestation of the disability; records are transferred to general education for disciplinary procedures.

☐ a manifestation of the disability.

Parent signature

☐ I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made [34 CFR §523(a)(i)].

☐ I agree with the determination above.

☒ I disagree with the determination above (see below).

Parent Signature: _____ Date _____

☒ *If a parent disagrees with this determination, they have the right to request an expedited due process hearing by following the procedures outlined in the Procedural Safeguards.*