

**IBERVILLE PARISH SCHOOL BOARD
MANIFESTATION DETERMINATION REPORT
Date of Determination ____/____/____**

STUDENT: _____ EXCEPTIONALITY: _____

RESULTS OF THE MANIFESTATION DETERMINATION REVIEW

In terms of the behavior subject to the disciplinary action, the following questions must be answered:

A. Did the district's failure to implement the IEP cause the misconduct?

YES **NO**

B. Did the child's disability cause, or have a direct and substantial relationship to the misconduct?

YES **NO**

NOTE: If the answer to either question is **YES**, the misconduct was a manifestation of the disability and the action contemplated **cannot** be carried out. If the team had not created a behavior intervention plan before the misconduct, it **must** do so now by first conducting a Functional Behavioral Assessment. If a BIP was already in place at the time of the misconduct, it must be reviewed and modified if needed. If the answer to **both** questions is no, the team may find that the misconduct is not a manifestation of the disability. The student can then be disciplined the same as the non disabled peer. However, if the action results in a change of placement for the student, the district is still responsible to provide the student **FAPE**.

On the basis of this review, is the child's/student's behavior a manifestation of the child's/student's disability? **YES** **NO**

Action to be taken:

- | | |
|--|--|
| <input type="checkbox"/> Develop Behavior Intervention Plan | <input type="checkbox"/> Modify current BIP |
| <input type="checkbox"/> Refer for Conference | <input type="checkbox"/> Refer for Hearing |
| <input type="checkbox"/> Reconvene IEP Committee | <input type="checkbox"/> Other _____ |

Name and Signatures of persons who participated in the manifestation determination:

Name	/	Position
Name	/	Position
Name	/	Position
Name	/	Position
Name	/	Position
Name	/	Position

COPIES MUST BE PROVIDED TO TEACHER(S), PARENT(S), AND THE OFFICE OF SPECIAL EDUCATION

