

Name: _____ School: _____

Date of MD Meeting : _____ Date of Incident: _____ Date of Decision to Suspend \geq 10 Days: _____

Behavior prompting suspension: _____

I. APPROPRIATENESS OF PROGRAM:

- **Current Classification:** _____
Source(s) of information: _____

- **Pre-referral** (Behavior noted as area of concern?) YES NO NA
If yes, date of Pre-referral: _____ Concerns noted: _____
Source(s) of information: _____

- **Referral:** (Behavior prompting suspension noted as concern at referral?) YES NO
If yes, date of Referral: _____ Concerns noted: _____
Source(s) of information: _____

- **Evaluation:** Date of last evaluation: _____ Evaluation (\leq 3 years?): YES NO
1. Does existing evaluation address current areas of educational concern? YES NO
2. Additional evaluation needed in the following area(s): Complete Evaluation
Intellectual Development Academic Achievement Communication
Adaptive/Social/Behaviorial Other: _____
Date of completion: _____ Person Responsible: _____

Source(s) of information: _____

- **IEP:** Date of last IEP: _____ **Is IEP current?** YES NO N/A
a. **Is IEP in compliance?** YES NO N/A
b. Have services consistent with the IEP been provided? YES NO N/A

If no, explain: _____

- **Are behavioral goals included on the IEP?** YES NO

If yes, do they address the behavior subject to disciplinary action? YES NO N/A

Source(s) of information: _____

- **Placement:** Current permission to place in evidence? YES NO N/A
Current placement appropriate to meet student needs? YES NO N/A

Source(s) of information: _____

- **Summary:** (a., b., & c. must be marked "YES" to proceed to Finding.)

a. The student was properly evaluated. YES NO
b. Parent(s) were included in IEP process. YES NO
c. The IEP has been implemented YES NO

Finding: Based on consideration of A-G above, it is the consensus of this IEP Team that the behavior in question WAS WAS NOT a direct result of a failure to implement the IEP.

II. CONDUCT DIRECTLY/SUBSTANTIALLY RELATED TO OR CAUSED BY DISABILITY:

- **Anecdotal Records:** Is there a record of behavior subject to discipline? YES NO N/A

If YES, note time period and setting where behavior occurred: _____

- **Was the behavior in question noted:**

1. When the student was referred for evaluation? YES NO
2. In the evaluation summary? YES NO
3. Addressed in the IEP? YES NO

- **Has the behavior been exhibited across settings and times?** YES NO

Sources of information: _____

- **Is the conduct a recognized diagnostic feature or associated feature of the student's disability?** YES NO

Source(s) of information (i.e., DSM-V-TR): _____

- **Finding:** Based on consideration of A-D above, it is the consensus of the IEP Team that the behavior in question **WAS WAS NOT** directly/substantially related to or caused by the student's disability.

Rationale: _____

III. MANIFESTATION STATEMENT:

In order to make a "No Manifestation" determination the team must find:

1. The behavior in question WAS NOT a direct result of a failure to implement the student's IEP; and
2. The behavior in question WAS NOT directly/substantially related to or caused by the student's disability.

**It is the consensus of the IEP Team that the conduct
WAS WAS NOT
a manifestation of the student's disability.**

Record of Participation

LEA Rep: _____ Date: _____

Parent: _____ Date: _____

Special Education Teacher: _____ Date: _____

Regular Education Teacher: _____ Date: _____

Guidance Specialist: _____ Date: _____

Other: _____ Date: _____