Manifestation Determination Review – 504

Student: _______________________ School: _______________________  
Date: _______________________ Grade: _______________________  

Nature of the Student’s Disability: _______________________  

Nature of the Behavior Subject to Disciplinary Action: _______________________  

In making the determination, the 504-team determined whether the conduct was caused by, or had a direct and substantial relationship to the student’s disability. In reaching a conclusion, the 504 team considered the factors listed below:  

In relationship to the behavior subject to disciplinary action:  

1. Was the behavior(s) a reason for the student being initially referred for 504 services? □ Yes □ No  
2. Does psychoeducational testing and/or information received from the parent indicate this type of behavior? □ Yes □ No  
3. Is the student’s current 504 and placement appropriate? □ Yes □ No  
4. Has the student’s 504 plan been consistently implemented? □ Yes □ No  
5. Does the student’s 504 plan contain interventions or accommodations, which address this type of behavior? □ Yes □ No  
6. Has the student demonstrated an observed pattern of this type of behavior in the past? □ Yes □ No  
7. Is there record of behavior incidents subject to discipline? □ Yes □ No  
8. Did the typical behavioral characteristics associated with the student’s disability contribute to the initiation and/or continuation of the behavior? □ Yes □ No  
9. Was the behavior affected by psychosocial events unrelated to the disability (e.g., death, illness, family conflict)? □ Yes □ No  

Determination:  
Based upon the information considered, the 504 team determined that the behavior □ was □ was not a manifestation of the student’s disability.  

Signature: _______________________ Position: _______________________ Date: ____________  
Signature: _______________________ Position: _______________________ Date: ____________  
Signature: _______________________ Position: _______________________ Date: ____________  
Signature: _______________________ LEA: _______________________ Date: ____________