

MANIFESTATION DETERMINATION REVIEW
(Conducted by IEP Team under the IDEA)

Child's Name: _____ **Date:** _____

Public Agency: _____ **Building:** _____

Birthdate: _____ **Age:** _____ **Current grade/placement:** _____

Eligible for IDEA services? YES NO

If YES, state qualifying disability: _____

List of relevant IEP Team members (by name and title):

_____	_____
_____	_____
_____	_____
_____	_____

Sources of relevant information under review (Place a check by all data reviewed.):

- Formal assessments/evaluations, including those provided by the child's parent(s)
- Additional diagnostic information, including that provided by the child's parent(s)
- Interviews conducted
- Observations conducted, including any teacher observations
- Current IEP (special education and related services; supplementary aids and services; behavior intervention strategies)
- Current educational placement performance information
- History of previous disciplinary action(s)
- Other (specify) _____

Description of act of misconduct (include all relevant details)

Description of proposed disciplinary action

