

Manifestation Determination Form – Section 504

Student Name: _____ Today's Date: _____
Student #: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____
Parent/Guardian Name: _____
Parent/Guardian Address: _____
Parent/Guardian Home Phone: _____ Work Phone: _____
Date of Current Section 504 Plan: _____

Describe the current behavior or incident that is subject to disciplinary action?:

What relevant evaluation and diagnostic information describes the student's disability?:

What accommodations are indicated on the current Section 504 Accommodation Plan?:

Check the following statements that the Section 504 committee determines to be true:	Yes	No
The Section 504 committee has reviewed and considered all of the above information.	<input type="checkbox"/>	<input type="checkbox"/>
All the accommodations on the Section 504 Accommodation Plan have been provided.	<input type="checkbox"/>	<input type="checkbox"/>
The current Section 504 Plan and placement are appropriate for the student.	<input type="checkbox"/>	<input type="checkbox"/>
The student's disability does not impair his/her ability to control this behavior.	<input type="checkbox"/>	<input type="checkbox"/>

The current behavior under consideration is is not a manifestation of the student's disability.

Section 504 Committee participant's signature and title:

_____	_____
_____	_____
_____	_____
_____	_____