

MANIFESTATION DETERMINATION for Attendance

Legal Name of Student:

District ID:

School of Attendance:

Date of Meeting:

A review of relevant information in the student's file, including the student's IEP, teacher observations, and any relevant information must be completed to determine whether student's conduct was the direct result of the student's disability or a failure of the administrative unit or state operated program to implement the IEP.

RELEVANT INFORMATION

Was a functional behavior assessment conducted prior to the date of this incident? Yes\_\_\_ No\_\_\_

Date the FBA was completed:

Does student have an existing behavior intervention plan? Yes\_\_\_ No\_\_\_

Date BIP developed: Date BIP implemented:

Date of last modification of existing BIP:

Comments regarding BIP modifications:

1. Dates:

Date of first absence:	Date of last absence:
Date of Manifestation Determination:	Date of Special Education Referral (if applicable):

2. Documentation of absences:

Number of Unexcused class absences:
Number of Excused class absences:
Number of Tardies:

-Is the student now considered truant per district policy? Yes\_\_\_ No\_\_\_

-Is there a pattern of truancy in previous years for this student? Yes\_\_\_ No\_\_\_ Not Sure\_\_\_

Explain:

- Class period absences (please insert students schedule in the table below):

Period 1:	Period 5:
Period 2:	Period 6:
Period 3:	Period 7:
Period 4:	Period 8:

3. Description of absences:

Describe context of events preceding the student's behavior (antecedents):

Description of student's absences (e.g. with who, what, when, where):

Student explanation of absences:

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Relevant information provided by parent:

Relevant information provided by teacher:

Other Relevant Information Considered:

Team's conclusion(s) for non-attendance:

**4. Determination:**

<b>The behavior in question was caused by or had a direct and substantial relationship to the student's disability?</b> Yes___      No___
Explain:

<b>The behavior in question was the direct result of the District's failure to implement the IEP and/or BIP?</b> Yes___      No___
Explain:

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**5. Outcome and next steps:**

<b>Result: MANIFESTATION OF DISABILITY</b>
1. Conduct a functional behavior assessment and/or implement a behavior intervention plan: yes_ no_
2. Review and modify, as necessary, the existing BIP: Yes___ No___
3. Conduct a re-evaluation to change the focus/supports in IEP: Yes___ No___
4. Additional supports/options:
Describe:

<b>Result: BEHAVIOR DETERMINED NOT A MANIFESTATION OF THE STUDENT'S DISABILITY</b>
Are any additional supports/resources/changes in the day needed for this student? Yes__ No__
Describe:

**PRIOR WRITTEN NOTICE, PROCEDURAL SAFEGUARDS**

*Documentation is present at the time the decision was made to make a removal that constitutes a disciplinary change in placement:*

Date parent was provided Prior Written Notice:

Date parent was provided a copy of the Procedural Safeguards:

*Parents of a child with a disability have protection under the Procedural Safeguards. A Procedural Safeguards document which explains the educational rights of your child is enclosed with this form. Please read it carefully and if you have questions, please contact:*

Contact Name:

Phone Number:

**IDENTIFICATION OF TEAM MEMBERS AND SIGNATURES**

Name/Title or Role: Signature:

Name/Title or Role: Signature:

Name/Title or Role: Signature:

Name/Title or Role: Signature:

Name/Title or Role: Signature:

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Name/Title or Role:

Signature:

Name of Parent/Guardian:

Signature:

Name of Parent/Guardian:

Signature:

If a truancy proceeding is initiated in the future to compel attendance, I understand that the information provided in this manifestation document will be disclosed in the student's truancy file which is provided to the court.

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Parent/Guardian Signature

(Signature signifies participation in Manifestation Determination Meeting and does not reflect agreement.)