

**SANTA CLARA COUNTY
MANIFESTATION DETERMINATION FINDINGS**

Student: _____, _____ Birth date: ___/___/___ Date: ___/___/___
Last First

District of Residence: _____ School: _____

Teacher: _____ Grade: _____ Gender: M F SSID: _____

Parent/Guardian: _____ Phone :(H) _____ (W) _____ (C) _____

Address: _____ City: _____ Zip: _____

Is the student limited in English proficiency? Yes No Primary Language: _____

Date of Current IEP: _____ Date of last assessment: _____

Disability: _____ Current educational setting(s): _____

Description of behavior/actions of student resulting in this analysis: _____

Disciplinary action taken/proposed: _____ Date of decision of disciplinary action: ___/___/___

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following **in relation to the behavior subject to discipline** (check applicable items):

Evaluation and diagnostic results: List: _____

Observations of the student. List: _____

Student's IEP, services, and placement. Describe: _____

Other relevant information. List: _____

The Manifestation Determination team determined that, in relation to the behavior subject to disciplinary action:

Yes No The behavior was caused by and had a direct and substantial relationship to the disability.

Comments: _____

Yes No The behavior was the direct result of a failure to implement the IEP.

Comments: _____

**SANTA CLARA COUNTY
MANIFESTATION DETERMINATION FINDINGS**

The Manifestation Determination team decided that the student's behavior:

was a manifestation of his/her disability. (requires a "yes" on any 1 of the above 2 items)

Discipline proceeding may not occur at this time.

Programming recommendations are: _____

was not a manifestation of his/her disability. (requires a "no" on both of the 2 above items)
Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Parent: agrees disagrees with the determination of the Manifestation Determination team.

Comments:

Parent received copy of Procedural Safeguards (Parent Rights): Yes No Date: ___/___/___

Signatures:

_____		___/___/___
Parent		Date
_____		___/___/___
Parent		Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date