

# Section 504 Manifestation Determination Worksheet

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

District: \_\_\_\_\_ Resident School: \_\_\_\_\_ Grade: \_\_\_\_\_

Qualifying 504/ADA Impairment: \_\_\_\_\_

Sources of information for completing Manifestation Determination (attach copies).

\_\_\_\_\_ Functional Behavior Assessment  
\_\_\_\_\_ Assessment/evaluations  
\_\_\_\_\_ Diagnostic information  
\_\_\_\_\_ 504 documents

\_\_\_\_\_ Interviews conducted  
\_\_\_\_\_ Direct observation  
\_\_\_\_\_ Information from Parents  
\_\_\_\_\_ Other: \_\_\_\_\_

Behavior incident: \_\_\_\_\_  
\_\_\_\_\_

General building policy or district policy which relates to the behavior in questions: \_\_\_\_\_  
\_\_\_\_\_

Proposed disciplinary action: \_\_\_\_\_  
\_\_\_\_\_

## A: 504 Plan of Accommodation

1. Were the child's Section 504 plan and placement appropriate in relationship to the behavior subject to the disciplinary action?  Yes  No
  
2. Were special education services, supplementary aids and services, and behavior intervention strategies provided consistent with the child's Section 504 plan and placements?  Yes  No
  
3. Did the child's disability impair the ability of the child to understand the impact and consequences of the behavior subject to disciplinary action?  Yes  No
  
4. Did the child's disability impair the ability of the child to control the behavior subject to disciplinary action?  Yes  No

If the answer to Question 1 or 2 is *no*; or the answer to Question 2 or 3 is *yes*, you must conclude the behavior is a manifestation of the disability.

## B: Nature of the Disability

1. Describe the child's 504 impairment? *(Include any behavioral characteristics and severity).* \_\_\_\_\_  
\_\_\_\_\_
  
2. What major life functions are impacted by the child's disability? *(Include a description that impedes academic and/or other social performance.)* \_\_\_\_\_  
\_\_\_\_\_
  
3. To what extent, are those major life areas impacted by the child's disability? *(Include a description of the child's strengths, deficits, and coping/compensating strategies.)* \_\_\_\_\_  
\_\_\_\_\_

If the child's disability impaired his/her ability to understand the impact or consequence of his/her behavior or to control his/her behavior, the behavior must be considered a manifestation of his/her disability.

**C. Review of Disciplinary Records**  
 (Attach additional pages as necessary)

1. Has the behavioral incident or similar behavior occurred in the past? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is the additional behavioral history of the student? *(Including severity, setting, and frequency)?*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What is the history of behavioral intervention? *(Include a description of how long the behavior has been occurring and prior to interventions, settings where interventions have been applied, and the results of the behavioral techniques employed to date.)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Did the child exhibit similar behavior in the past that was related to the disability? *(If so, provide the approximate date(s), specific behavior, and resulting discipline.)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Determination**

Based on the above factors, is the student's behavior in this specific instance a manifestation of the student's disability?     Yes     No

<b><u>POSITION</u></b>	<b><u>SIGNATURE</u></b>	<b><u>AGREE</u></b>	<b><u>DISAGREE</u></b>
504 Plan Coordinator	_____	_____	_____
Person Knowledgeable about Evaluation	_____	_____	_____
District Representative	_____	_____	_____
Parent or Guardian	_____	_____	_____
Teacher	_____	_____	_____
Other	_____	_____	_____