**Cheboygan-Otsego-Presque Isle Educational Service District**

**MANIFESTATION DETERMINATION REVIEW FORM**

### Participants
The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form [34 CFR §300.344].

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student (when appropriate)</td>
<td></td>
</tr>
<tr>
<td>Public Agency Representative/Designee</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
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<tr>
<td>General Education Teacher</td>
<td></td>
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<tr>
<td>Parent</td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher/Provider</td>
<td></td>
</tr>
<tr>
<td>An individual who can interpret the instructional implications of evaluation results</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Considerations for Review
Describe the behavior subject to disciplinary action:

- ________________________________________________________________________
- ________________________________________________________________________
- ________________________________________________________________________

In carrying out a Manifestation Determination Review, the IEP Team (as determined by the parent and the local educational agency) shall review:

- All relevant information in the student’s file.
  - Describe: ________________________________________________________________________
    - ________________________________________________________________________
    - ________________________________________________________________________

- The student’s IEP.
  - Describe: ________________________________________________________________________
    - ________________________________________________________________________
    - ________________________________________________________________________

- Any teacher observations of the student.
  - Describe: ________________________________________________________________________
    - ________________________________________________________________________
    - ________________________________________________________________________

- Relevant information provided by the parent.
  - Describe: ________________________________________________________________________
    - ________________________________________________________________________
    - ________________________________________________________________________
**Manifestation Determination**

If the determination of the IEP Team is “Yes” to either of the statements below, then the behavior must be considered a manifestation of the student’s disability.

In relation to the behavior subject to discipline and the student’s disability:

1. The conduct in question was caused by the student’s disability or had a direct and substantial relationship to the student’s disability.  
   - **Yes**  
   - **No**

2. The conduct in question was the direct result of the local school district’s failure to implement the IEP.  
   - **Yes**  
   - **No**

The determination of the IEP Team is that behavior subject to discipline is:

- **not a manifestation of the disability; records are transferred to general education for disciplinary procedures.**
- **a manifestation of the disability.**

**Parent signature**

- **I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made [34 CFR §523(a)(i)].**
- **I agree with the determination above.**
- **I disagree with the determination above and request an expedited hearing [H.R. 1350 §615(k)(3)].**

**Parent Signature:** __________________________________________ Date ____________________

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Complete this section for students considered for a 45-day interim alternative educational setting. Include “Change of Placement” IEP for the interim placement.

The interim alternative educational setting is __________________________________________

**Effective date** ______________________________

**Person responsible** __________________________________________

**Parent Signature**

- [ ] I agree with the placement decision.
- [ ] I disagree with the placement decision and request an expedited hearing [H.R. 1350 §615(k)(3) and 615(k)(4)].

**Parent Signature** __________________________________________ Date ____________________

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Forward this document and the IEP (held after interim placement has ended) to COP ESD to be placed in student’s special education file.

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SpE-55  
Revised 02/10