

NEBO SCHOOL DISTRICT

SECTION 504 MANIFESTATION DETERMINATION

Student Name: _____ School: _____
Date of Birth: _____ Student No.: _____ Grade Level: _____

Does the student have a Section 504 Student Accommodation Plan? _____

Date of Current 504 Plan: _____

Date of Manifestation Determination: _____

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

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

What accommodations or services are indicated on the current Section 504 Plan?

Check the following statements that the 504 Team determines to be true:

- Yes No
[] [] The 504 Team has reviewed and considered all of the above information.
[] [] The 504 Plan is appropriate for the student.
[] [] All of the accommodations/services on the 504 Plan have been provided.
[] [] The student's disability does not impair his/her ability to control the misbehavior.
[] [] The student's disability does not impair his/her ability to understand the consequences of the misbehavior.

All boxes must be checked "Yes" in order for it to not be a manifestation. If any answer is checked "No," the student's behavior is a manifestation.

Check the following statement that the 504 Team determines to be true:

- ___ The current behavior under consideration is a manifestation of the student's disability.
___ The current behavior under consideration IS NOT a manifestation of the student's disability.

504 Team Signatures:

Four horizontal lines for signatures on the left and four horizontal lines for signatures on the right.