**Albemarle County Schools**
**Office of Special Education / Student Services**
401 McIntire Road
Charlottesville, Virginia 22902
(434) 296-5885

# MANIFESTATION DETERMINATION MEETING

Student Name: _____ Date: _____

## I. INCIDENT REVIEW:
**(Describe the "who, what, when, where, why and how of the incident)**

_____
_____
_____
_____

## II. COMPONENT REVIEW (Summarize component review):

The Section 504 Committee may determine that behavior is not manifestation of disability only if the team first considers all relevant information, including:

☐ evaluation / diagnostic results

☐ observation(s) of the child

☐ child's Section 504 Plan and placement

_____
_____
_____

## III. ESSENTIAL CONSIDERATIONS:

The team may determine that the behavior is a manifestation of the child's disability only after conducting a component review and determining that one of the following are true:

a. The conduct in question was caused by, or had a direct and substantial relationship to the child's disability; and

☐ True ☐ False

b. The conduct in question was the direct result of the school's failure to implement the 504 plan.

☐ True ☐ False

Form No. 90.09 - 08 / 06



◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈

Student Name: _____ Date: _____

## IV. COMMITTEE DETERMINATIONS:

**MANIFESTATION DETERMINATION**

**The Section 504 Committee Team determined the student's behavior… (Check one)**

☐ Is a manifestation of the student's disability. (At least one response is "TRUE")
An FBA/BIP is required to be scheduled and completed as soon as possible.

☐ Is **not** a manifestation of the student's disability (Both responses are "FALSE")

**FUNCTIONAL BEHAVIOR ASSESSMENT AND BEHAVIOR INTERVENTION PLAN**

**The team has determined that… (Check one)**

☐ A Functional Behavior Assessment and Behavior Intervention Plan will be developed.

☐ A Functional Behavior Assessment and Behavior Intervention Plan will not be developed.

## V. CONSENT:

**Parent / Guardian signature indicates whether they agree or disagree with committee's determination.**

☐ Agree ☐ ***Disagree**

_____
Parent/Guardian Signature Date

***IF PARENT IS IN DISAGREEMENT**
**(Contact your Division Level Section 504 Coordinator)**

**Signatures below indicate whether the participants agree/disagree with the committee's determination**.

☐ Agree ☐ Disagree

_____
**Signature/LEA / Designee Date**

☐ Agree ☐ Disagree

_____
Signature/Special Ed. Teacher Date

☐ Agree ☐ Disagree

_____
Signature/Regular Ed. Teacher Date

☐ Agree ☐ Disagree

_____
Signature/Relationship to Student Date

☐ Agree ☐ Disagree

_____
Signature/Relationship to Student Date

☐ Agree ☐ Disagree

_____
Signature/Relationship to Student Date

*Dissents are to be written and attached to this document.

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