

Tucson Unified School District

SECTION 504 MANIFESTATION DETERMINATION REVIEW

Student Name: _____

Student #: _____

School: _____

Grade: _____

Date of Current Section 504 Student Accommodation Plan: _____

Date of Manifestation Determination: _____

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

B. Document the relevant evaluation and diagnostic information describes the Student's disability:

C. Confirm that the Team reviewed the Student's current Section 504 Student Accommodation Plan as part of the manifestation determination review. [] Yes.

D. Analysis. Document consideration of all relevant information the Team has reviewed, including relevant information provided by Team members, and Team's analysis supporting its conclusions.

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SECTION 504 MANIFESTATION DETERMINATION REVIEW CONTINUED...

Student Name: _____

Student #: _____

A. Check the following statements that the Team determines to be true:

Yes **No**

- The conduct in question was the direct result of the District's failure to implement the Student's Section 504 Student Accommodation Plan.
- The conduct in question was caused by or had a direct and substantial relationship to the Student's disability.

If either box is checked "Yes," the Team must conclude that the Student's conduct was a manifestation of his/her disability. If both boxes are checked "No," the Team may conclude that Student's conduct was not a manifestation of his/her disability.

B. Conclusion: Check the following statement that the Team determines to be true:

- The conduct under consideration **IS** a manifestation of the Student's disability.
- The conduct under consideration **IS NOT** a manifestation of the Student's disability.

504 Team Participants:

_____	_____
_____	_____
_____	_____
_____	_____