

Livonia Public Schools

SECTION 504 – MANIFESTATION DETERMINATION REVIEW FORM O

Date of Review: _____ Date of Current Section 504 Plan: _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

School Building Attending: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

PARENT CONTACT

Method of Contact: _____

Contacted By: _____

Date Contacted: _____

MEETING PARTICIPANTS

Parent/Guardian

Administrator/Designee

Parent/Guardian

Teacher/Service Provider

Student (when appropriate)

Additional School Staff

Other

Other

Other

Other

CURRENT DRUG OR ALCOHOL USE

1. Does the student currently engage in the illegal use of drugs or alcohol? Yes _____ No _____

2. Is the student being disciplined for the possession or use of illegal drugs or alcohol?
Yes _____ No _____

If the answer to both questions is yes, the student is not entitled to a manifestation determination review and the student may be disciplined to the same extent that such disciplinary action is taken against students without disabilities.

Livonia Public Schools

FORM O

CONSIDERATIONS FOR REVIEW - In carrying out a manifestation determination review, the 504 Team shall:

- 1. Describe the behavior or incident that is subject to discipline.

- 2. Review and summarize relevant information in student's file.

- 3. Review and summarize relevant information in student's Section 504 plan.

- 4. Review and summarize relevant teacher observations of the student.

- 5. Review and summarize relevant information provided by the parent.

MANIFESTATION DETERMINATION

In relation to the behavior subject to discipline (see previous page):

- 1. Was the conduct in question caused by or did it have a direct and substantial relationship to the student's disability? Yes ____ No ____
- 2. Was the conduct a direct result of the School District's failure to implement the Section 504 plan? Yes ____ No ____

If the Section 504 team answers "Yes" to either of the questions above, then the behavior must be considered a manifestation of the student's disability.

Livonia Public Schools

FORM O

The Section 504 team's determination is that the behavior subject to discipline: (Check one)

- Is not a manifestation of the student's disability (school personnel may apply relevant disciplinary procedures applicable to all students)
- Is a manifestation of the student's disability

Date: _____

Signature of Section 504 Coordinator/Designee

PARENT/GUARDIAN SIGNATURE

- I have received the Notice of Procedural Safeguards under Section 504.
- I agree with the determination above.
- I disagree with the determination above and understand that I have the right to request an impartial due process hearing by filing a written request for a hearing with the Section 504 Coordinator.

Date: _____

Signature of Parent/Guardian