

# Manifestation Determination Review File Review

## 1. Student Information

Today's date: \_\_\_\_\_

Student's name		DOB
School	Grade	Current educational setting (LRE)
Current eligibility Primary: Secondary:		Date of last eligibility
Student currently in open evaluation?                      Yes      No		

## 2. Discipline History

Have any discipline incidents occurred during this academic school year? <i>If answered yes, please fill out below:</i>		Yes	No
Number of previous incidents (total)			
Number of in-school suspensions		Total # of actual days served	
Number of out-of-school suspensions		Total # of actual days served	
Description of previous offenses			

## 2. Discipline History, continued

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Has the student been previously placed at an alternative learning center this school year? <i>If answered yes, please fill out below:</i>	Yes	No
Number of days served		
Description of incident(s) that caused the change of placement		

## 3. Current Disciplinary Incident

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Date of incident	Was a weapon involved?	Yes	No
	Were drugs involved?	Yes	No
	Did serious bodily injury occur?	Yes	No
Summarize the incident			

#### 4. Updated Student Information Potentially Impacting Behavior

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*Check all that apply:*

Health factors

Family factors

Academic factors

Social factors

Other agencies involved

Other

#### 5. Implementation of IEP

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Describe current service levels:

Describe how the academic and behavioral goals on the student's IEP are being implemented currently:

Describe how the accommodations or modifications included in the student's IEP are being implemented:

Identify the characteristics of the student's disability(ies), and/or the characteristics that have been exhibited by the student in the past:

## 6. Additional Considerations

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Does the student currently have an FBA and BIP?	Yes	No
<i>If no, why?</i>		
<i>If yes, answer the following:</i>		
When was the FBA created?		
When was the BIP last updated?		
Does the current BIP target the current behavior of concern?	Yes	No
Did behavior patterns change over time (increase in frequency, duration, and/or intensity)?	Yes	No
Has this behavior or have similar behaviors associated with the disability been exhibited in the past?	Yes	No
Is there a current goal in the IEP addressing the behavior of concern?	Yes	No