

Manifestation Determination Review File Review EXAMPLE

1. Student Information

Student's name Sarah Smith		DOB 08/24/2007
School ABC High School	Grade 10 th	Current educational setting (LRE) Inclusion
Current eligibility Primary: OHI Secondary:		Date of last eligibility 08/20/22
Student currently in open evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Discipline History

Have any discipline incidents occurred during this academic school year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If answered yes, please fill out below:</i>	
Number of previous incidents (total) 2	
Number of in-school suspensions 5	Total # of actual days served 5
Number of out-of-school suspensions 0	Total # of actual days served 0
Description of previous offenses Skipping class without permission on multiple occasions and hiding from staff in bathrooms and left school without permission during second period	

2. Discipline History, continued

Has the student been previously placed at an alternative learning center this school year?

Yes No

If answered yes, please fill out below:

Number of days served

30

Description of incident(s) that caused the change of placement

Not following instructions, refusing to go to class, spending the day in the library or walking the halls.

3. Current Disciplinary Incident

Date of incident

03/29/23

Was a weapon involved?

Yes No

Were drugs involved?

Yes No

Did serious bodily injury occur?

Yes No

Summarize the incident

Student was caught leaving campus during first period. Student asked to use the restroom and walked across campus to an exit door and met with two peers in the parking lot and got into a car and left campus without returning.

4. Updated Student Information Potentially Impacting Behavior

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Health factors | n/a |
| <input checked="" type="checkbox"/> Family factors | Single mom who works two jobs |
| <input checked="" type="checkbox"/> Academic factors | Currently failing 6 of 7 classes, refusing to turn work in and is sleeping when in class |
| <input checked="" type="checkbox"/> Social factors | Change in peer group over the current school year, no longer involved in school activities |
| <input checked="" type="checkbox"/> Other agencies involved | School Social worker is involved and helping mom with outside supports for housing and food supports |
| <input type="checkbox"/> Other | |

5. Implementation of IEP

Describe current service levels:

4x week 15 minutes SEL, 3 inclusion classes- 55 minutes 5 days a week math, science, ELA, 55 minutes 5x a week direct study hall

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

SEL check in goal- 4 days a week during study hall, student checks in with file holder

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

Frequent breaks, preferential seating and time and a half for all exams

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

Difficulty concentrating, staying on task and has low levels of energy throughout the school day

6. Additional Considerations

Does the student currently have an FBA and BIP? <i>If yes, answer the following:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, why?</i>	
<i>If yes, answer the following:</i>	
When was the FBA created?	11/01/2015
When was the BIP last updated?	03/11/2022
Does the current BIP target the current behavior of concern?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did behavior patterns change over time (increase in frequency, duration, and/or intensity)? Current Behavior plan targets not following instructions, team reports an increase in the frequency of this behavior, across multiple settings and across multiple teachers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has this behavior or have similar behaviors associated with the disability been exhibited in the past?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current goal in the IEP addressing the behavior of concern?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No