



ORLEANS PARISH SCHOOL BOARD

MANIFESTION DETERMINATION REVIEW (MDR) 504 STUDENTS

This form is to be used whenever a significant change in placement (e.g., MORE THAN TEN (10) SCHOOL DAYS of OSS) is being considered as a consequence for serious misbehavior allegedly committed by a student with an identified disability covered under Section 504 or a student in the process of being evaluated for a determination of a possible disability under Section 504. The MDR should be held within 10 school days of the incident. The MDR process is two-fold: 1) to review the appropriateness and implementation of the IAP and 2) to determine if the misbehavior was a manifestation of the student's Section 504 disability. In accordance with Section 504 of the Rehabilitation Act of 1973, this report is to inform the parent(s)/guardian(s) of a child with a disability about a change of placement recommendation for disciplinary reasons made by school personnel.

Student: _____ DOB: _____ Sex: _____ Date: _____

School: _____ Disability: _____

Current Evaluation Date: _____ Current IAP Date: _____

Date of Infraction: _____ Infraction Code & Description: _____

Current Disciplinary Action taken in response to above infraction:

- Out of School Suspension: ___ days for above infraction, which makes ___ total days this school year. This is the student's 1st, 2nd, 3rd, or subsequent: ___ suspension.
- In School Suspension: _____ days for above infraction, which makes _____ total days this school year.
- Other: _____
- Recommended: Expulsion

Up to date discipline referral data (consistent with above information) is available in JPAMS and attached.

Parent(s)/Guardian(s) notified of infraction and disciplinary action on (date/s): ___ by Phone Certified Mail

Date of MDR meeting: _____ Parent(s)/Guardian(s) Notice of review date sent by Phone Certified Mail

Network Team Member notified on (date): _____

School Site 504 Coordinator notified to schedule Manifestation Determination Review with IAP Team and other qualified personnel.

Date Network Team Member notified: _____ Date of Review: _____

Report submitted to the Student Hearing Office within twenty-four (24) hours

Scheduled Hearing Date (if known): _____. Notification of hearing date will be provided via phone and letter. For confirmation of date and time call the Student Hearing Office at (504) 373-6200 ext 20041.

504 MANIFESTATION DETERMINATION REVIEW

The manifestation determination must be conducted by the local education agency, the child's parent(s)/guardian(s), and relevant members of the IAP team. The individuals conducting the Manifestation Determination Review must review all relevant information in the child's file, including the evaluation, IAP, any teacher observations, and any relevant information provided by the child's parent(s)/guardian(s). The following current documents must be attached:

Evaluation IAP FBA BIP Progress Monitoring Data Service Logs

After reviewing required data, please consider the following questions as the team/committee discusses the specific conduct in relationship to the student's Section 504 disability.

In terms of the behavior subject to the disciplinary action, the following questions **must** be answered:

1. Have all relevant data (e.g., evaluation and diagnostic results, including Functional Behavior Assessment, parent information, observations, current IAP, FBA, BIP, progress monitoring data, discipline referral history, etc.) been considered? (Review data prior to determination of 2 and 3)

Yes No

2. Was the conduct in question caused by, or directly and substantially related to the child's disability, **OR**

Yes No

Explain: _____

3. Was the conduct in question the direct result of the LEA's failure to implement the IAP/BIP?

Yes No

Explain: _____

If the answer to 2 **OR** 3 is yes, the conduct must be determined to be **related** to the student's disability.

If the answer to 2 **AND** 3 is no, the conduct must be determined **unrelated** to the student's disability.

MANIFESTATION QUESTION: Based on the answers to the questions above, is _____'s conduct a manifestation of his/her disability?
____ conduct **IS** a manifestation of the disability
____ conduct **IS NOT** a manifestation of the disability

If the team has determined that the student's conduct **IS** a manifestation of the student's disability, the recommendation to expel, suspend, or to impose any other disciplinary change of placement shall be withdrawn. The IAP Team should then review/revise the student's 504 Plan and BIP so that it is appropriate.

If the team has determined that the student's conduct **IS NOT** a manifestation of the student's disability, the student may be disciplined in the same manner as a student without a disability.

School Site 504 Coordinator

Professional School Counselor

Parent/Guardian

School Social Work Specialist

Teacher

Other

SIGNATURE OF NETWORK TEAM MEMBER MUST BE OBTAINED PRIOR TO DISCIPLINARY ACTION:

*** DOCUMENT WHEN PARENT/GUARDIAN PARTICIPATES, BUT REFUSES TO SIGN; IF PARENT/GUARDIAN DOES NOT PARTICIPATE, SUBMIT EXPLANATION ON THE MDR PARENT PARTICIPATION DOCUMENTATION OF EFFORT FORM.**

MANIFESTATION DETERMINATION REVIEW

PARENT PARTICIPATION DOCUMENTATION OF EFFORT FORM

504 STUDENTS

STUDENT: _____ SCHOOL: _____

School Staff Member: _____

Please document at least three attempts to include the parent in the Manifestation Determination decision. If phone contact attempts are not successful, send a certified letter and attach the receipt to this form. In the Result column, if known, note whether contact was made and if the parent(s)/guardian(s) indicated that they will attend. If the parent/guardian does not attend the MDR, send home a copy of the MDR decision form via certified mail and attach the receipt to the MDR packet.

	<u>DATE</u>	<u>TIME</u>	<u>METHOD OF CONTACT</u>	<u>CONTACT PERSON & RELATIONSHIP*</u>	<u>RESULT</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

If parent/guardian does not participate, please explain: _____

* For Contact Person, list the name of the person you spoke with and relationship to student. At least three (3) attempts must be documented before the determination decision may be made without the parent participating.