

PLATTSBURGH CITY SCHOOL  
DISTRICT  
Special Education Office  
49 Broad Street  
Plattsburgh, New York 12901



Fortune Ellison  
Director of Special Education,  
Chairperson Committee on Special  
Education & CPSE  
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## MANIFESTATION DETERMINATION CHECKLIST

Name of student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Disability: \_\_\_\_\_

Grade: \_\_\_\_\_ Building: \_\_\_\_\_

Describe Behavior subject to Disciplinary Action:

I. Consider, in terms of the behavior subject to the disciplinary action, all relevant information including:

- Evaluations and diagnostic results, including information provided by the parents;
- Observations of the student;
- The student's IEP and placement.

II. Taking into consideration the information above, answer the following questions:

1. Was the conduct in question a direct result of the school district's failure to implement the IEP?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Was the conduct in question caused by or substantially and directly related to the student's disability?

\_\_\_\_\_ YES \_\_\_\_\_ NO

### DECISION:

\_\_\_\_\_ NO MANIFESTATION: If the answer to question (1) AND (2) is NO, the student's behavior is not related to his/her disability.

\_\_\_\_\_ MANIFESTATION FOUND: If the answer to question (1) OR (2) is YES, the student's behavior is related to the student's disability.

Consensus: \_\_\_\_\_ Yes \_\_\_\_\_ No

Manifestation Team Members:

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