

FAYETTE COUNTY SCHOOLS
SECTION 504 MANIFESTATION DETERMINATION

Student Name: _____ Student #: _____

School: _____ Grade: _____

Date of Current 504 Plan: _____

Date of Manifestation Determination: _____

Describe the behavior or incident that is subject to disciplinary action:

What relevant evaluation and diagnostic information describes the student's disability?

What accommodations or services are indicated on the current 504 Plan?

Check the following statements that the 504 Team determines to be true:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The 504 Team has reviewed and considered all of the above information. |
| <input type="checkbox"/> | <input type="checkbox"/> | The 504 Plan is appropriate for the student. |
| <input type="checkbox"/> | <input type="checkbox"/> | All of the accommodations on the 504 Plan have been provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student's disability does not impair his/her ability to control the misbehavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student's disability does not impair his/her ability to understand the consequences of the misbehavior. |

All boxes must be checked "Yes" in order for it to not be a manifestation. If any answer is checked "No," the student's behavior is a manifestation.

Check the following statement that the 504 Team determines to be true:

- _____ The current behavior under consideration **IS** a manifestation of the student's disability.
_____ The current behavior under consideration **IS NOT** a manifestation of the student's disability.

504 Team Participants:

