

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



Fortune Ellison
Director of Special Education,
Chairperson Committee on Special
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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:
