

MANIFESTATION FORMS
Department of Special Education
Lincoln Public Schools

Special Education Discipline Form 2

IEP CONFERENCE MINUTES
(For use with removals from school which may cause a change of placement)

DATE OF MEETING: _____, 200 ____ **PLACE:** _____

STUDENT: _____ **STUDENT ID:** _____

GRADE: _____ **CURRENT IEP DATE:** _____

PARENT/GUARDIAN, STUDENT IN ATTENDANCE:

_____	_____
_____	_____

STAFF IN ATTENDANCE:

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF RECOMMENDED DISCIPLINARY ACTION, REASONS AND CONDUCT: (Document recommending or imposing disciplinary action is incorporated herein by this reference)

SECTION I. MANIFESTATION DETERMINATION

The IEP team has reviewed and considered all relevant information in the student's file, including the student's IEP, any teacher observations, and any relevant information provided by the parents, and made the following determinations:

1. The conduct in question was caused by or had a direct and substantial relationship to the student's disability.

Yes ☐ No ☐ Comments: _____

2. The student's conduct was the direct result of the school district's failure to implement the student's IEP.

Yes ☐ No ☐ Comments: _____

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Not Manifestation: If the IEP team has answered “No” to both questions, the conduct is NOT a manifestation. The IEP team is to proceed to section II.

Is Manifestation: If the IEP team has answered “Yes” to one or both of the questions, the conduct IS a manifestation. The IEP team is to proceed to section III.

Is Manifestation, But Conduct Involves Weapon, Drugs, or Serious Bodily Injury Conduct: If the IEP team determined that the conduct is a manifestation, but the conduct involved a weapon, drugs, or serious bodily injury, the student may be removed from school and placed in an interim alternative setting for 45 school days. The IEP team determined that:

1. The conduct in question involved weapon, drugs, or serious bodily injury of a nature which allows for removal from school and placement in an interim alternative setting:.

Yes ☐ No ☐ Comments: _____

2. If “Yes”, the IEP team determined that the student should be placed in an interim alternative setting for _____ school days. The interim alternative setting determined is set forth in Section II.

SECTION II. SERVICES DURING EXPULSION OR SUSPENSION

The IEP team further determined that the services to be provided to the student during the expulsion or suspension are:

The IEP team determined that the above described services will enable the student to participate in the general education curriculum, although in another setting, and to receive those services and modifications described in the student’s current IEP that will enable the child to progress toward meeting the goals set out in the student’s IEP. The IEP team further determined that the services provide, as or to the extent appropriate, a functional behavior assessment and behavior intervention services and modifications that are designed to address the student’s conduct so that it does not recur.

SECTION III. BEHAVIORAL ASSESSMENT OR BEHAVIORAL PLAN AND CHANGE OF PLACEMENT

- ☐ (Check if applicable) A functional behavioral assessment was not conducted before the student’s conduct occurred. The process to develop the functional behavioral assessment plan and to develop and implement a behavioral intervention plan, is as follows (refer to attachment, if necessary): _____

OR

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- ☐ (Check if applicable) The student has a behavioral intervention plan and the IEP team has reviewed the plan and modified it as necessary to address the student's behavior. Such plan is: Continued _____ or Modified _____. If modified, the plan is changed as follows (refer to attachment, if necessary): _____

AND

The student will be returned to the placement from which the student is removed unless the parent and the school agree to a change of placement as part of the modification of the behavioral intervention plan. The parent and the school Agree ☐ or Do Not Agree ☐ to change the student's placement, and if it is agreed to change the placement, it is agreed that the placement is changed as follows (refer to attachment, if necessary):

The above statements are true and accurate concerning the IEP conference held on the date indicated.

SIGNATURES OF PARTICIPANTS

AGREE

DISAGREE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU DISAGREE, ATTACH A WRITTEN COMMENT EXPLAINING YOUR DISAGREEMENT.

NOTICE OF IEP CONFERENCE
(For use with removals from school which may cause a change of placement)

Student Name: _____ School: _____

Date of Notice: _____, 200 _____ IEP Manager: _____

The purpose of this meeting is to address special education issues arising from a recommendation or action to remove the student from school for disciplinary reasons. The IEP team will determine whether the student's behavior was a manifestation of the student's disability. If the conduct is determined to **NOT** be a manifestation of the student's disability or if the conduct involves an offense involving a weapon, drugs, or serious bodily injury, the IEP team will determine the services the student will be provided during the removal from school. If the conduct is determined to be a manifestation of the student's disability, the IEP team will determine: (1) procedures to conduct a functional behavioral assessment (FBA) if a behavioral intervention plan (BIP) had not been previously developed, and to then implement a BIP for the student; (2) if a (BIP) had been previously developed, modifications necessary to the BIP to address the student's behavior; and (3) returning the student to school, unless the parent and the school district agree to a change of placement as part of the modification of the BIP.

The following is a description of records, reports or previously administered tests or other information which may be used to answer the above questions: Documents recommending or imposing disciplinary action, evaluation and diagnostic results, including any information supplied by the parent, observations of the student; current IEP and placement; current MDT report and all other records and relevant information.

This meeting will take place on _____, 200 _____, at _____
(date) (time)

(location)

It is anticipated that the following persons (including yourself) will be in attendance at the meeting:

_____	_____
_____	_____
_____	_____
_____	_____

You may wish to have someone interested in your child come with you. Your child has a right to attend. Please let the school know if you need an interpreter.

If you are unable to attend this meeting, please contact the school as soon as possible in order that we may plan a time and place or alternative which is mutually convenient.

Your cooperation is appreciated. **A copy of the publication titled "Rights and Responsibilities Regarding Identification and Placement of Students in Special Education" is also provided along with this notice.**

Sincerely,

_____	_____
Name/Title	Telephone Number