

**MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT  
MANIFESTATION DETERMINATION REVIEW**

<b>STUDENT INFORMATION</b>		
Date of Meeting	Date of MET	Operating District
Student's Name		Date of Birth

**PARENT CONTACT**

The Parent(s)/Guardian(s)/Surrogate(s) were provided prior written notice of this meeting (including the purpose of this meeting and the roles of the participant(s) to ensure they have the opportunity to attend and participate in this manifestation determination review. Due Process rights mailed/provided with written notice?  Yes Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Not later than the date on which the decision to take disciplinary action was made)

By: \_\_\_\_\_ Method of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

By: \_\_\_\_\_ Method of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_  
(Not later than the date on which the decision to take disciplinary action was made)

**MANIFESTATION DETERMINATION REVIEW PARTICIPANTS**

The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form.

Student (when appropriate)	District Representative/Designee
Parent	General Education Teacher
Parent	Special Education Teacher/Provider
An individual who can interpret the instructional implications of evaluation results (MET Representative/Potential MET Member)	Other
	Other

**STUDENT ELIGIBILITY**

The student has been identified as a "child/individual with a disability."  Yes  No If yes, check as appropriate:

Student is eligible under Michigan special education law as \_\_\_\_\_ Rule 340.17 \_\_\_\_

Student is eligible only under 504/ADA based on \_\_\_\_\_ that substantially limits  
\_\_\_\_\_ (impairment)  
(major life activity)

**DESCRIPTION OF MISCONDUCT**

Describe the behavior subject to disciplinary action:

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Student name: \_\_\_\_\_ Manifestation Determination Review date \_\_\_\_\_

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**CONSIDERATIONS for REVIEW**

In carrying out a manifestation Determination Review, the IEP Team (as determined by the parent and the local educational agency) shall review the following. **The written descriptions are optional.**

All relevant information in the students file. Describe:

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The student's IEP. Describe:

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Any teacher observations of the student. Describe:

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Relevant information provided by the parent. Describe:

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Student name: \_\_\_\_\_ Manifestation Determination Review date \_\_\_\_\_

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**CONSIDERATIONS FOR REVIEW**

- The IEP Team reviewed all relevant information in the student’s file.  Yes  No
- The IEP Team reviewed the student’s IEP /504 Plan.  Yes  No
- The IEP Team reviewed any teacher observations of the student.  Yes  No
- The IEP Team reviewed relevant information provided by the parent  Yes  No

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**MANIFESTATION DETERMINATION**

If the determination of the IEP team is “Yes” to either of the statements below, then the behavior must be considered a manifestation of the student’s disability.

**In relation to the behavior subject to discipline and student’s disability:**

- 1. The conduct in question was caused by the student’s disability or had a direct and substantial relationship to the student’s disability.  Yes  No
- 2. The conduct in question was the direct result of the local district’s failure to implement the IEP.  Yes  No

The determination of the IEP team is that the behavior subject to discipline is:

- not a manifestation of the disability; records are transferred to general education for disciplinary procedures.
- a manifestation of the disability.

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**Parent signature**

- I was notified of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made.
- I agree with the determination above.
- I disagree with the determination above and request an expedited hearing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student name: \_\_\_\_\_ Manifestation Determination Review date \_\_\_\_\_

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**I understand that if I have requested a due process hearing, I must provide the district with the following information. Otherwise, should I later hire an attorney and be a prevailing party, any reimbursement for attorney's fees for which I might be eligible by law could be denied or reduced.**

**NOTICE TO DISTRICT**

The nature of the problem(s) of my child relating to the above manifestation review determination (or in other words, why do you disagree with what the IEP determined). Please list each reason separately including the facts relating to the problem or point of disagreement. *(Use extra sheets if necessary.)*

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For each problem (or point of disagreement) noted above, please state your proposed resolution of the problem (or point of disagreement). Be as specific as you can given the information made known to you and available at this time. If you need any further information, please ask for it now from district staff. (If they are not available now, please state the information you need.) *(Use extra sheet if necessary.)*

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_