

PITTSBURG UNIFIED SCHOOL DISTRICT

2000 Railroad Avenue · Pittsburg, California 94565

SECTION 504 MANIFESTATION DETERMINATION FORM

Student Name: _____ Date of Birth _____
Grade: _____ School: _____
Teacher/Counselor: _____ Disability: _____

A. Sources of Information

- | | | |
|---|--|--|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Scholastic record (required) | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Physician's report | <input type="checkbox"/> State test results (if available) | <input type="checkbox"/> Behavior Problem |
| <input type="checkbox"/> Report Card (Required) | <input type="checkbox"/> Parent Information | <input type="checkbox"/> Other Information |

B. Does the student have a history of problem behavior?

1. Number of incidents: _____ Date of last infraction: _____
2. Number of out-of-school suspensions: _____ Total days suspended: _____
3. Number of in-school suspensions: _____ Total days suspended: _____
4. Longest single suspension: _____ Number of days: _____

C. Describe the student's history of behavioral interventions:

Yes No Does the student have a behavior support plan based on a functional behavioral assessment? If no, explain:

Yes No Were interventions effective? If no, explain revisions made to plan:

Yes No Has there been a change in behavior patterns over time (e.g. increase in frequency)?

D. Describe the violation of the school code of conduct (include an explanation of what lead up to the violation)

E. Does the proposed suspension constitute a change in placement? (i.e. more than 10 days, possible expulsion)

No Proceed with the suspension

Yes If yes, answer the following:

F. Describe the characteristics and severity of the student's disability:

To what degree does the student's disability prevent an understanding of the impact and consequence of the code of conduct violation?

G. To what extent does the disability restrict the student's ability to control the behavior at issue?

Yes No Has this behavior (or similar behaviors) associated with the disability been exhibited in the past?

If yes, explain:

Yes No Has there been a pattern of behaviors? If yes, please explain:

Yes No Is there a report from staff members who observed the code of conduct? Attach the report.

Yes No The conduct in question was caused by or had a direct and substantial relationship to the disability.

Comments: _____

Yes No The conduct in question was the direct result of a failure to implement the 504 plan.

Comments: _____

H. Is the student's Section 504 plan appropriate?

Yes No Is the student's Section 504 plan being implemented as written? If no, explain:

Yes No Were the consequences of the school code of conduct explained to the student. If no, explain:

G. Was the particular behavior in this incident a manifestation of the student's 504 plan disability or direct result of non-implementation of the 504 plan?

Yes No (If No, student is eligible for extension of suspension, expulsion and/or change of placement)