



**ELKHART COMMUNITY SCHOOLS
SPECIAL EDUCATION
MANIFESTATION DETERMINATION**

STUDENT _____ BIRTHDATE _____ ID# _____ DATE _____

SCHOOL _____ CURRENT EDUCATION SETTING _____

ALLEGED CONDUCT _____

STUDENT SUSPENDED: _____ with a recommendation for expulsion
_____ resulting in ten days cumulative suspension this school year
_____ Number of days the student has been suspended this school year

INCIDENT: YES ___ NO ___ Was a weapon involved?
___ ___ Were drugs involved?
___ ___ Did serious bodily injury occur?

IEP REVIEW: Disability: _____ LRE: _____

Date of Current FBA _____ Date of Current PBIP _____

RELEVANT INFORMATION (SCHOOL PERSONNEL OR PARENT):

TEAM DETERMINATION:

THE CONDUCT IN QUESTION:

_____YES _____NO Was caused by, or had a direct and substantial relationship to, the student's disability; or

_____YES _____NO The direct result of the public agency's failure to implement the student's IEP.

PLACEMENT

SERVICES TO BE PROVIDED DURING FUTURE SUSPENSIONS

CONFERENCE NOTES (include who is responsible for completing next steps)
