Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-Mail: spedpw@palaunet.com

Hospital #: A-_____

MANIFESTATION DETERMINATION REVIEW FORM – SE 14A

Child's Name:		Grade:	DOB:
Parent/Guardian Name:		Residence:	
Mailing Address:		Contact #:	
E-mail Address:		Date of Manifestation Review:	

Briefly describe the behavior/incident subject to disciplinary action.

Considerations for Review
In carrying out a manifestation review, the IEP Team (as determined by the parent and the school) shall review:

☐ All relevant information in the child's file.

☐ The child's IEP.

☐ Any teacher observations of the child.

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☐ Relevant information provided by the parent.

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 child's disability.

In relation to the behavior subject to discipline and the child's disability:

1. The conduct in question was caused by the child's disability or had a direct and substantial relationship to the child's disability. ☐ YES ☐ NO
2. The conduct in question was the direct result of the school's failure to implement the IEP. ☐ YES ☐ NO

The determination of the IEP 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.

Participants:
The following individuals participated in the Manifestation Determination Review Meeting.

Student (when appropriate)	Special Education Teacher
Parent	Parent

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Principal or designee	Individual who can interpret the instructional implications of evaluation results
General Education Teacher	Other
Other	Other

PARENT SIGNATURE

☐ I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change of placement was made.

☐ I agree with the determination above.

☐ I disagree with the determination above (see below).

Parent Signature: _____ Date: _____

If a parent disagrees with this determination, they have the right to request an expedited due process hearing by following the procedures outlined in the Procedural Safeguards.