Manifestation Determination (ECSE)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name \_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child ID # (SSID): \_\_\_\_\_\_\_\_\_\_

Attending Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Members – The team must include an EI/ECSE representative, the parent and relevant members of the IFSP team as determined by the district and parent.

Parent/Guardian/Surrogate Program Representative

Case Manager Program Supervisor

Team Member Other

# Manifestation Review

1. Behavior subject to disciplinary action (List current year incidents/date):

2. Current disability(ies) based on eligibility statements (or identified developmental needs):

3. Consideration of all relevant child information, including:

| 🞏 Evaluation and diagnostic results | 🞏 Relevant information provided by the parent | |
| --- | --- | --- |
| 🞏 Observations of the child | 🞏 Current IFSP and placement | |
| 🞏 All relevant information in the child’s file  🞏 Current Behavior Support Plan/Functional Behavior Analysis reviewed | 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **For each statement answer “Yes” or “No”:** | | *Check the appropriate box* |
| 1. The conduct in question was the direct result of the program’s failure to implement the student’s IFSP. | | 🞏 Yes 🞏 No |
| 2. The conduct in question was caused by or had a direct and substantial relationship to the child’s disability(ies). | | 🞏 Yes 🞏 No |
| 3. The conduct in question has occurred multiple times this year or is in sequence of time or proximity that is considered a pattern. | | 🞏 Yes 🞏 No |

**Manifestation Determination**

| 🞏 Yes | The conduct/behavior is a manifestation of the child’s disability.  *Check if at least one answer to the above questions is Yes.* |
| --- | --- |
| 🞏 No | The conduct/behavior is not a manifestation of the child’s disability.  *Check if both answers to the above questions are No.* |

🞏 Copy of procedural Safeguards given to parent 🞏 Home visits/tutoring arranged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

EI/ECSE Program Staff Completing Form/Title Telephone Number

**Manifestation Determination (ECSE)**

**This form is used to:**

* Document the consideration and conclusion of the EI/ECSE representative, parent, and relevant members of the IFSP team regarding whether the child’s behavior was a manifestation of the child’s disability.
* Citations: 20 USC § 1415(k)(1)(E); 34 CFR 300.530(e); OAR 581-015-2420

**Directions:**

1. Enter the date the form was completed by the team.
2. Enter the child’s name, birth date, ID number, attending program, and service coordinator.
3. Complete Manifestation Review:
   * 1. Behavior subject to disciplinary action: Describe child’s behavior in objective terms. Include the date the behavior occurred. Include the intensity and duration of the behavior, etc. If the behavior involved other children, refer to those children by initials or other method that protects their confidentiality.
     2. Consideration of all relevant child information: Check all sources of information considered by the team.
4. Based on all the information, answer the three questions by checking “yes” or “no”.
   * 1. *The conduct in question was a direct result of the program’s failure to implement the child’s IEP*.
     2. *The conduct in question was caused by or had a direct and substantial relationship to the child’s disability(ies).* Note: the relationship must be a direct result and not an “attenuated association, such as low self-esteem”.
5. Manifestation determination:
   * If the answer to either question is a “yes”, check the “yes” box that indicates the child’s behavior is a manifestation of the child’s disability.
   * If the answer to both questions is “no”, check the “no” box indicating that the child’s behavior is not a manifestation of the child’s disability.
6. Team members: List all team members participating in the manifestation determination meeting.
7. Write the name of the staff person completing the form, that person’s title, and telephone number.