



**SEATTLE SCHOOL DISTRICT  
SECTION 504 MANIFESTATION REPORT  
(FORM 504-11)**

This form should be used whenever a significant change in placement is being considered as a consequence for serious misbehavior purportedly committed by a student with an identified 504 disability or a student who is under evaluation for a determination of a possible disability. The process is twofold: 1) to review the appropriateness of the 504 plan and 2) to determine if the student's misbehavior was a manifestation of his or her 504 disability. Parents and advocates will collectively have one vote in the manifestation determination process. Determination will be made by consensus.

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ I.D. \_\_\_\_\_

Meeting Date: \_\_\_\_\_ School: \_\_\_\_\_ Disability: \_\_\_\_\_

**Part I**

Describe the alleged incident/behavior that initiated this meeting:

Has the student been suspended before? (If "yes", include a brief description of the incident(s), frequency and duration.)

Have disciplinary concerns been increasing \_\_\_\_ decreasing \_\_\_\_ other \_\_\_\_?

Is the student currently on a behavior plan?

Is the student's Section 504 Plan addressing the student's disability related needs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Indicators:

Were the services, modifications and/or accommodations defined in the student's Section 504 Plan being fully implemented at the time of the infraction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the consensus opinion is that the student's 504 plan was inappropriate or significantly not complied with as it relates to the misconduct, then the expulsion/suspension process ceases and a review of the current 504 plan should immediately occur. Please indicate such a consensus opinion by signing below.

Signatures of participants:

\_\_\_\_\_  
\_\_\_\_\_

**Part II**

If the 504 plan is deemed appropriate, this committee should proceed to the next step of addressing the manifestation issue(s) that follow.

Did the student's 504 disability impair his/her understanding of the impact and consequences of the misbehavior?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Indicators:

Did the student's 504 disability impair his/her control of the misbehavior? \_\_\_\_\_ Yes \_\_\_\_\_ No

