



Ceres Unified School District

504 MANIFESTATION DETERMINATION FINDINGS

Page _____ of _____

Date of Meeting ____/____/____ Completed by: _____

Pupil: _____ Date of Birth: ____/____/____ Age: _____ Gender: M F
Last, First

Primary Language: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Teacher/Counselor _____

Foster Parent: Yes _____ No _____ If yes, does FOSTER parent have educational rights? Yes _____ No _____

Alleged Violation

Disciplinary Action Taken _____ Date of Discipline ____/____/____

Identified Handicap (per 504 plan dated: ____/____/____)

Current Placement/Services (Gen.Ed., Learning Center, AIP, etc.)

School History

How long has pupil attended current school? _____

Attendance: Regular _____ Irregular _____ Retained? Yes _____ No _____ If yes, in what grade(s)? _____

Additional services, if any (i.e. Title 1, DIS, GATE, etc.) _____

Other information _____

Medical/Health

Are there any known medical conditions? _____

Is the pupil receiving treatment/medications, etc? _____

Additional information _____

Academic Progress/Performance

Current achievement test date: ____/____/____ Reading _____ Language Arts _____ Math _____

Current grades _____

Anecdotal information (from general education and other staff regarding study habits, learning style, organizational skills, etc.)

Social/Emotional Discussion

Is the pupil receiving other counseling services or support? Yes _____ No _____

Comments _____

Behavioral

Does the pupil have a behavior support plan? Yes _____ No _____ (If yes, attach)

Summary of plan _____

“Committed to Excellence, Responsive to Every Student”

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Discipline History (i.e. suspensions, referrals, detentions, etc.)

Does the pupil have a history with law enforcement? Yes _____ No _____

Is the pupil currently on probation? Yes _____ No _____ If yes, Probation Officer's name _____

Parent Information/Observations

Summary/Findings

1. Was the conduct in question caused by or had a direct and substantial relationship to the child's handicap? Yes _____ No _____

2. Was the conduct in question a direct result of the local educational agency's failure to implement the 504 plan? Yes _____ No _____

(If yes for 1 or 2 describe subsequent actions to be taken by the 504 team (BSP, modified BSP, corrective actions, change in 504 plan, etc.)

Provision of Services for suspension day 11-20

Alternative Interim Placement – This section is to be completed only when the manifest determination team determines that the expulsion process may move forward and the team has determined a change in the extent of the student's services during an extended suspension of more than 10 days is appropriate or the student meets the eligibility criteria for an interim alternative educational placement due to dangerous behavior.

Is there a behavior assessment and plan needed? Yes _____ No _____

If yes: _____

Post-expulsion placement recommendation, if necessary:
