

DISCIPLINARY ACTION REVIEW FORM

County _____
Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State _____ Telephone _____

Section 1: If the student meets one or more of the following criteria, proceed to Section 2.

- ___ at the time of the incident, the student had a disability (IDEA or 504).
___ the student is in the multidisciplinary evaluation process.
___ the parent(s) has/have expressed in writing to supervisory personnel that the student may be in need of special education and related services.
___ the parent(s) has/have requested in writing a multidisciplinary evaluation.
___ the student's teacher or other district personnel have expressed concerns about a pattern of behavior to the district's director of special education or other district supervisory personnel.

Section 2: The student's disciplinary removal on _____ is a disciplinary change of placement if the criteria in either A OR B are met: _____ Date(s)

- A. ___ a removal for more than 10 consecutive school days.
OR
B. ___ a series of removals that constitutes a pattern as established by meeting ALL three criteria:
• More than 10 cumulative school days; AND
• Similarity of behaviors; AND
• Length of each removal and proximity of removals to one another.

Total # days removed to date: ___

If either A OR B is met, a disciplinary change of placement has occurred. Document that all of the following were provided to the parent on the SAME DAY: ___ Written Notice of Suspension ___ Procedural Safeguards Brochure ___ Prior Written Notice. Document the date provided: _____ and the method provided: ___ hand-delivered ___ emailed/faxed.

Proceed to Section 3, as a Manifestation Determination is required at this time.

If neither A nor B is met, a disciplinary change of placement has not occurred.

Proceed to Section 5: Consultation, as a Manifestation Determination is NOT APPLICABLE at this time.

Section 3: A Manifestation Determination was conducted on _____ (within 10 school days) and the following documentation was reviewed by the team: _____ Date

- ___ Incident report ___ IEP/504 Plan ___ Teacher observation(s) ___ Attendance report ___ Parent information ___ FBA/BIP
___ Discipline record ___ Evaluation information ___ Student schedule ___ Progress reports ___ Other _____

After reviewing the above documentation, the team must respond to the following statements:

- ___ Yes ___ No The conduct in question was caused by, or had a direct and substantial relationship to the student's disability.
___ Yes ___ No The conduct in question was a direct result of the district's failure to implement the IEP.

If Yes to either statement, the conduct in question is a manifestation of the student's disability and the team must: 1) conduct a FBA and develop a BIP, if one has not been completed; or 2) review the existing BIP and revise as needed to address the current behavior(s); and 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as determined by the IEP Team. If No, refer to Policy 2419, Chapter 7, Section 2.B.

Section 4: Manifestation Determination: Relevant IEP Team members as determined by the district and parent.

Signature: _____ Position: _____
Signature: _____ Position: _____
Signature: _____ Position: _____
Signature: _____ Position: _____

Section 5: Actions When Not a Change of Placement: Document that school personnel have consulted with at least one of the student's teachers to determine the extent to which services are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP.

Extent of Services: _____
Initials: Administrator _____ Teacher _____