

Iron County School District Manifestation Determination

MANIFESTATION DETERMINATION WORKSHEET

Student: _____ Date: _____

Section 504/ADA Disability: _____

Student Number: _____

Manifestation Team Members (by name and role)

Name	Role
_____	_____
_____	_____
_____	_____
_____	_____

Sources of Information (attachments)

____ Evaluations ____ Interviews ____ Observations ____ Other

Description of misconduct:

Description of proposed disciplinary actions:

