SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

#### 504 STUDENT MANIFESTATION DETERMINATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |       | Student ID #: |       | DOB:  |       |
| Parent Name:  |       | Home Phone: |       | Work Phone: |       |
| Address: |       |
| School: |       | Teacher: |       | Grade: |       |

REASON FOR REFERRAL OF SUSPENSION:

Manifestation Determination:

1. Was the alleged misconduct caused by, or had a direct and substantial relationship to the pupil’s identified disability?

 [ ]  Yes [ ]  No

1. Was the alleged misconduct the direct result of district failure to implement the Section 504 plan?

 [ ]  Yes [ ]  No

1. Summarize basis for determination:

**504/Student Study Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administrator Name: |       | Signature |  | Title |       |
| Teacher Name: |       | Signature |  | Title |       |
| Counselor Name: |       | Signature |  | Title |       |
| Parent/Guardian Name: |       | Signature |  | Title |       |
| Parent/Guardian Name: |       | Signature |  | Title |       |

I have been informed and agree with the above.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Signature: |  | Date: |  |

This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA’s general consent requirement. (See 34 CFR §§ 99 et seq.)

7/1/11