

**Island City Academy**  
**Section 504 Manifestation Determination**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Grade: \_\_\_\_\_

1. 504 Impairment: \_\_\_\_\_
2. Summary of history to include: academic history, 504 Accommodation Plan, results of past evaluations, information from outside sources (if appropriate), and information from parents.

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3. Summary of current misconduct/discipline decisions:

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4. Is the student's behavior a direct and substantial result of his or her disability:

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

Explain rationale for decision: \_\_\_\_\_

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5. Recommendation from 504 Team: \_\_\_\_\_

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