

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.

3. Summary of current misconduct/discipline decisions:

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

Yes _____ No _____

Explain rationale for decision: _____

5. Recommendation from 504 Team: _____
