

Tri-County Special Education Local Plan Area
MANIFESTATION/PRE-EXPULSION - ADDENDUM
INDIVIDUAL EDUCATION PROGRAM

Meeting Date: _____ Student ID No.: _____ Attached to IEP Dated: _____

Student	Sex	DOB	Age	Grade	Student Social Security N
School	Teacher	Student's Program			

INDICATE THE DATE FOR EACH OF THE FOLLOWING:

- _____ First day of suspension.
- _____ Written Notice of Intent to conduct pre-expulsion assessment (Assessment Plan) forwarded to parent (Parent/Student Rights).
- _____ Pre-expulsion assessment conducted.
- _____ Parent notified of date and time of pre-expulsion IEP meeting at least 48 hours prior to meeting.
- _____ Meeting notification indicated that meeting may be held at the scheduled time without the parent's participation, unless the parent requests a postponement for up to three additional school days.

Summary of student's alleged misconduct: _____

Education Code Violation 48900: A B C D E F G H I J K L M N O 48900.2, 48900.3, 48900.4, and 48900.7

CURRENT EDUCATIONAL REVIEW:

1. Review of File (discipline record, attendance, health records, current IEP): _____

History of behavior that impacts learning? Yes No

2. Pre-expulsion Education Assessment (include date conducted, date of observations and the identity of the observer(s), date assessment received by members of Pre-expulsion IEP team): _____

3. Academic Assessment Report: _____

4. DIS Reports (if required): _____

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MANIFESTATION DETERMINATION OF IEP TEAM

Based on the results of 's pre-expulsion assessment conducted on / / and our review and consideration of his/her health records and discipline records, we the undersigned answered the following questions:

- a) Did the student's disability impair the ability of the student to understand the impact and consequences of the behavior subject to disciplinary action?
b) Did the student's disability impair the ability of the student to control the behavior subject to disciplinary action?
c) Was this student's IEP/placement reviewed and considered appropriate at the time of the alleged misconduct?
d) Were supplementary aides and services in the student's IEP provided at the time of his/her misconduct?
e) Were behavioral interventions provided to the student consistent with his/her IEP and placement?
f) Does student have a current Behavioral Plan to address his/her behavior?
a) Was plan reviewed?
b) Does plan have to be modified?
) Does student need Behavior Plan developed?

RECOMMENDATIONS:

- Go forward for Expulsion Process
Interim Alternative Education Placement

Name of Placement: Beginning date:

- Follow-up IEP meeting scheduled on / / at (Purpose) (Time) (Location)
Other:

YOUR SIGNATURE INDICATES ATTENDANCE AT THIS IEP MEETING: Date

Parent Signature Parent Signature

Team Member Team Member Team Member

Team Member Team Member Team Member

Team Member Team Member Team Member

- Initial: Parent agrees - Procedural rights have been explained and given to parent.
Initial: Parent disagrees - Procedural rights have been explained and given to parent.
Initial: Parent was not present.

August 21, 2001

CALAVERAS UNIFIED SCHOOL DISTRICT
San Andreas, California