

Report of IEP Team Pre-Expulsion Meeting

Expulsion proceedings are pending against:

STUDENT: _____

Date of birth: _____

This is a report of a pre-expulsion IEP meeting held by the IEP Team at:

Date: _____

Time: _____

Location: _____

The scribe for this meeting was: _____

The IEP Team chair for this meeting was: _____

Those attending this meeting were:

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. NOTIFICATION:

Written notification of this IEP Team Meeting was provided to the student's parent(s) or guardian(s) by:

- Deposit in certified U. S. Mail by _____ on _____
- Personal delivery by _____ on _____
- Other (specify): _____ on _____

2. PROCEDURAL RIGHTS AND SAFEGUARDS:

Parent(s) / Guardian(s) hereby acknowledge that they received a copy of the procedural rights and safeguards at this meeting.

Parent/Guardian signature(s): _____

Signature of Administrator providing copy of rights: _____

3. EXPULSION HEARING INFORMATION:

- An expulsion hearing has not yet been set.
- An expulsion hearing has been set as follows:

Date: _____

Time: _____

Place: _____

The person responsible for transmitting the student's discipline records, health records, and special education records, including a copy of this report and all attachments, to the expulsion hearing body prior to its hearing is:

Name: _____

4. SCHOOL IDENTIFICATION INFORMATION:

Prior to disciplinary proceedings, the student attended school at: _____

- Student is still attending there.
- Since (date) _____, student has been attending school at: _____
- Student is not attending school because:
 - Home study since (date) _____
 - Hospitalized since (date) _____
at _____
 - Other (specify): _____

5. DESCRIPTION OF STUDENT'S DISABILITY:

Has student previously been identified as having a disability or disabilities? YES NO

If YES, on what date was the last eligibility assessment completed? _____

What is (are) the student's disability or disabilities? _____

6. PRE-EXPULSION EDUCATION ASSESSMENT:

A **Pre-Expulsion Educational Assessment** was conducted by:

Name: _____ on _____

Written notification of the district's intent to conduct a **Pre-Expulsion Educational Assessment** was provided to the student's parent(s) or guardian(s) by: _____

- Deposit in certified U. S. Mail by _____ on _____
- Personal delivery by _____ on _____
- Other (specify): _____ on _____

7. MANIFESTATION DETERMINATION:

a. The IEP Team considered, in terms of the behavior that is the subject of disciplinary action, all relevant information including, the following:

1) Behavior that is the subject of disciplinary proceedings, summarized as follows: _____

- YES NO Copies of available police or school reports describing the behavior were reviewed by each IEP Team member at this meeting..... (ATTACH COPY)

YES NO An oral report describing the behavior was provided to each IEP team member at this meeting by the person making the expulsion recommendation or his or her designee.

YES NO Other written or oral reports describing the behavior were provided to each IEP team member as follows: (specify) _____

_____ (ATTACH COPY)

2) A **Pre-Expulsion Educational Assessment** conducted by: _____ on _____

3) Any evaluation or diagnostic results (ATTACH COPY)

4) Observations of the student, as follows: _____

5) Information supplied by parents or guardians as follows: _____

6) The student's prior disciplinary record. (ATTACH COPY)

7) The student's relevant grade or progress reports. (ATTACH COPY)

8) The student's relevant attendance record. (ATTACH COPY)

9) The student's placement and the three most recent IEP's. (ATTACH COPIES OF IEP'S CONSIDERED)

10) The student's health records. (ATTACH COPY)

11) Any **Behavioral Intervention Plan** in effect at time the behavior at issue occurred. . . (ATTACH COPY)

12) The nature and extent of the student's disability.

13) Other (specify): _____

b. The IEP Team considered whether the student's behavior was caused by, or a direct manifestation of, the student's identified disability, and made the following determinations:

1) YES NO Did the student's disability impair the ability of the student to understand the impact and consequences of the behavior that is the subject of disciplinary action?

2) YES NO Did the student's disability impair the ability of the student to control the behavior that is the subject of disciplinary action?

IF THE ANSWER IS "YES" TO EITHER b (1) OR b (2), THE BEHAVIOR **MUST** BE CONSIDERED A MANIFESTATION OF THE STUDENT'S DISABILITY.

c. The IEP Team considered the appropriateness of the student's IEP and placement at the time of occurrence of the behavior that is the subject of disciplinary proceedings, and made the following determinations:

1) YES NO Was an IEP in place when behavior occurred?

If "YES" what was the date of that IEP? _____

2) YES NO Was the IEP current?

3) YES NO Was there a *Behavior Intervention Plan* when the behavior occurred?

If "yes" what was the date of that **BIP**? _____

4) In relationship to the behavior that is the subject of disciplinary action...

a) YES NO Was the student's IEP and placement appropriate?

b) YES NO Were special education services and supplementary aids and services provided consistent with the student's IEP and placement?

c) YES NO Was the BIP (if any) provided consistent with the student's IEP and placement?

IF THE ANSWER IS "NO" TO 2), 4) a) OR 4) c), THE BEHAVIOR **MUST** BE CONSIDERED A MANIFESTATION OF THE STUDENT'S DISABILITY.

d. Results of **Manifestation Determination** by IEP Team:

___ The student was appropriately placed.

___ The student was NOT appropriately placed.

___ The behavior at issue is a manifestation of the student's disability.

___ The behavior at issue is NOT a manifestation of the student's disability.

Written notification of the IEP Team's decision was provided to the student's parent(s) or guardian(s) by:

Deposit in certified U. S. Mail by _____ on _____

Personal delivery by _____ on _____

Other (specify): _____ on _____

IF THE IEP TEAM DETERMINED THAT THE BEHAVIOR AT ISSUE **WAS** A MANIFESTATION OF THE STUDENT'S DISABILITY, **SKIP ITEM 8**, SIGN AND DATE THE FORM AND IMMEDIATELY PROVIDE A COPY OF THIS FORM AND ALL ATTACHMENTS TO THE ADMINISTRATOR MAKING THE EXPULSION RECOMMENDATION.

IF THE IEP TEAM DETERMINED THAT THE BEHAVIOR AT ISSUE **WAS NOT** A MANIFESTATION OF THE STUDENT'S DISABILITY, **COMPLETE ITEM 8**, SIGN AND DATE THE FORM AND IMMEDIATELY PROVIDE A COPY OF THIS FORM AND ALL ATTACHMENTS TO THE ADMINISTRATOR MAKING THE EXPULSION RECOMMENDATION.

8. IEP TEAM DETERMINATION OF SERVICES WHERE THE BEHAVIOR AT ISSUE IS **NOT** A MANIFESTATION OF THE STUDENT'S DISABILITY:

Having determined that the behavior at issue is **not** a manifestation of the student's disability, the IEP Team then considered the extent of educational services necessary during expulsion to enable the student to appropriately progress in the general curriculum and appropriately advance toward achieving the goals set out in the student's IEP, as follows:

a. At the time the behavior occurred the student's IEP set forth the following goals and objectives:

___ attached, or

___ listed here: _____

b. At the time the behavior occurred, the student was receiving the following services:

SUBJECT	REG. ED. COURSE?	SPEC. ED. COURSE?	QUANTITY (FREQ./DURATION)

1) **General Curriculum Courses and Electives:**

DESCRIBE EACH SERVICE	QUANTITY (FREQ/DURATION)

2) **Special Education Services, Supplementary Aids & Services:**

- c. The IEP Team determined that the following services are necessary during expulsion for the student to appropriately progress in the general curriculum and appropriately advance toward achieving the goals set out in the child's IEP. (The IEP Team determined the services that are necessary; if the student is expelled the expulsion hearing body will determine the site at which services are to be delivered.)

Identify each Course, Service or Election	Regular. Ed. or Special Ed.	Quantity Frequency/Duration

- 1) YES NO The above-described services have already been implemented pending an expulsion hearing.
- 2) If not yet fully implemented, the person responsible for coordinating the implementation of the above-described services is: (Name) _____

I have read and reviewed this form, and it accurately reflects the process used and determinations made by the **IEP Team Pre-Expulsion Meeting**.

Date: _____ Chair: _____

Date: _____ Chair: _____
