This circular provides guidance on the application of Section 504 regulation to the disciplinary suspension and expulsion of a student with a 504 Plan.

Section 504 requires school districts to reevaluate a student with a disability and afford due process procedures before making a “significant change in placement.” This applies to school disciplinary suspensions and expulsion of students with disabilities.

A “significant change in placement” in the context of disciplinary consequences applies in the following circumstances:

- a suspension for ten (10) consecutive school days, or
- a proposed expulsion, or
- a series of suspensions that are fewer than ten (10) school days in duration, but exceed ten (10) school days, that may create a pattern of exclusions. This would be determined on a case-by-case basis at the Manifestation Determination meeting. The Manifestation Determination meeting is part of SDUSD’s obligation to provide a free, appropriate public education (FAPE). FAPE under 504 is the provision of general or special education aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.
The school must take the following reevaluation steps:

1. Contact the 504 Office to schedule representation at the 504 Manifestation Determination meeting.

2. Reconvene the 504 Team which determines whether the conduct is a manifestation of (caused by) the student’s disability. The 504 Team must review all relevant information in the student’s file including the 504 Plan, any teacher observations, and any relevant or new information provided by the parent. The manifestation determination meeting must be convened within five (5) school days of the misconduct. A summary must be written and submitted to the Placement and Appeal Office, and the 504 Office, indicating whether the conduct was “causal” or “non-causal.” The attached form is to be used.

3. If it is determined that the conduct is caused by or had a direct and substantial relationship to the student’s disability (causal) or the conduct in question was the direct result of the district’s failure to implement the 504 Plan, the 504 Team will conduct a functional behavioral assessment and implement a behavior support plan (BSP) for the student. In those cases where a behavior support plan (BSP) has been developed, review the plan and modify it to address the behavior in question so that it does not recur.

The student will be returned to the placement from which the student was removed, unless the parent and 504 Team agree to a change of placement as part of the modification of the behavior support plan (BSP).

4. If it is determined that the conduct is not caused by the student’s disability (non-causal), the student may be subject to the same disciplinary policies and procedures as non-disabled students. The student, as appropriate, shall receive a functional behavioral assessment (FBA), behavioral support services and modifications that are designed to address the behavior violation so that it does not recur. The services and modifications may be provided in an alternative interim setting.

5. When the placement of a student with disabilities is changed for disciplinary reasons, the student and his/her parents are entitled to a system of procedural safeguards that include:
   - a notice to parents on the day the 504 Team recommends expulsion;
   - an opportunity for the parents to examine records;
   - due process and/or a review procedure (Manifestation Determination meeting).

If the parents disagree with the determination, they may request a due process hearing.

Further, this policy does not prevent a school from using its normal, reasonable procedures, short of a change in placement, for dealing with students who are endangering themselves or others.

For additional information or assistance with this process, contact Andrea Thrower, District 504 Program Manager, at (619) 725-5658.
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Student Services
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APPROVED:

Lorelei Olsen
Director, Special Education Division

AT:Ir
Attachment
Distribution: Lists A, D, E and F
San Diego Unified School District
Section 504 Office
MANIFESTATION DETERMINATION
504 Team Report
(504 USE ONLY)

Instructions: Please convene all members of the 504 Team (including parent and student) within 5 (five) school days of a student with a 504 Plan committing an offense that is recommended for expulsion. Complete this form and fax it immediately to the Placement and Appeal Office at (619) 298-3749 and email the 504 Office at llehn@sandi.net

Student Name: ______________________________________ ID#: __________________ Date: ______________
Gender: ________ Grade Level: ________ School: __________________ Phone: _____________________________
Parent/Guardian: ________________________________ Address: ______________________________________
Manifestation Meeting Date: __________/________/______ Date of Incident: __________/________/______
Identified Disability: ____________________________ Suspension/Expulsion Charge: (refer to the suspension form): ______________________________________
Date of last implemented 504 Plan: __________/________/______

The 504 Team must consider the following questions:

1. Was the conduct in question caused by or had a direct and substantial relationship to the student’s disability? ________ Yes ________ No

2. Was the conduct in question the direct result of the district’s failure to implement the 504 Plan? ________ Yes ________ No

The 504 Team must determine that the conduct was a manifestation of the student’s disability if either question 1 or 2 above was checked “Yes.”

Was the conduct a manifestation of the student’s identified disability? ________ Yes ________ No

If No, move to alternative placement with Behavior Support Plan.

If Yes, placement will remain the same and the 504 Team must review/revise the 504 Plan and include a Behavior Support Plan.

____ New Placement at ___________________________ (this is a responsibility of the 504 Team).

Brief statement to support above determination: _________________________________________________________

SIGNATURES  The signatures below affirm presence at this meeting.

Parent/Guardian: __________________________________________
Parent/Guardian: __________________________________________
Student: __________________________________________________
Administrator/Designee (required): _____________________________
Site 504 Coordinator (required): _______________________________
District 504 Representative (required): __________________________
School Psychologist: _________________________________________
School Nurse: _______________________________________________
Counselor: __________________________________________________
Teacher (required): ___________________________ Teacher: __________
Teacher: ___________________________________________________
Other: ______________________________________________________