

TANGIPAHOA PARISH SCHOOL SYSTEM

SECTION 504 DISCIPLINE / MANIFESTATION DETERMINATION

Student: _____ SS/ID #: _____

Type of 504 Disability: (CHECK) _____AD/HD _____Dyslexia _____Other

Date of Determination: _____ School: _____

1. Reason for Discipline Determination:

_____ Recommended for Suspension of more than 10 cumulative days per year

_____ Other _____

2. Date Behavior Occurred: _____

State the Behavior(s) Specifically:

3. SAT Members Making the Discipline Determination:

Signature (Administrator)

Signature (SAT/504 Chairperson)

Signature (Person Knowledgeable of Disability)

4. Data Considered in Making Relatedness Decision: (Check all that apply.)

_____ 504 Evaluation

_____ Teacher Recommendation

_____ Accommodation Plan

_____ Physical Condition

_____ Aptitude/Achievement Test

_____ Social/Cultural Background

_____ Discipline Records

5. Is the Behavior Related to the Student's Disabling Condition?

_____ Yes – Explanation: _____

_____ No – Indicate below the action(s) to be taken

_____ Recommendation for Expulsion

_____ Other – Explain: _____

