



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
504 STUDENT MANIFESTATION DETERMINATION**

Student Name: _____ Student ID#: _____ DOB: _____
Parent Name: _____ Home Phone: _____ Work Phone: _____
Address: _____
School: _____ Teacher: _____ Grade: _____

REASON FOR REFERRAL OF SUSPENSION:

Manifestation Determination:

1. Was the alleged misconduct caused by, or had a direct and substantial relationship to the pupil's identified disability? Yes No
2. Was the alleged misconduct the direct result of district failure to implement the Section 504 plan? Yes No
3. Summarize basis for determination:

504/Student Study Team

Administrator Name:	Signature	Title
Teacher Name:	Signature	Title
Counselor Name:	Signature	Title
Parent/Guardian Name:	Signature	Title
Parent/Guardian Name:	Signature	Title

I have been informed and agree with the above.

Parent Signature: _____ Date: _____

This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA's general consent requirement. (See 34 CFR §§ 99 et seq.)