

Capistrano Unified School District  
San Juan Capistrano, California

Yes  No  The child's disability did not impair the ability of the child to understand the impact and consequences of the behavior subject to disciplinary action; and  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  The child's disability did not impair the ability of the child to control the behavior subject to disciplinary action.  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Findings of IEP Team:**

The student's behavior  was or  was not a manifestation of his/her disability.  
Parent(s) Initial:  agree or  disagrees with the manifestation determination of the IEP Team.  
Comments of parent(s), if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up action(s) of IEP Team if any:  
\_\_\_\_\_  
\_\_\_\_\_

Interim Alternative Education Placement recommended?  Yes  No

Placement \_\_\_\_\_

Parent(s) initial:  agree or  disagree with Interim Alternative Placement recommendation.

**PARENTAL CONSENT (Please initial areas that are acceptable)**

\_\_\_\_\_ I have been informed and received notice of my Parent Rights and Procedural Safeguards for Special Education and participation in pre-expulsion IEP Meeting and understand them.

\_\_\_\_\_ I consent to the above changes in the IEP.

In addition to the parent(s) the following were participants in this Pre-Expulsion IEP:

_____ Parent/Guardian	_____ Date
_____ Parent/Guardian	_____ Date
_____ Student	_____ Date
_____ Other	_____ Date
_____ Other	_____ Date
_____ Other	_____ Date

_____ Special Education Teacher	_____ Date
_____ Regular Education Teacher	_____ Date
_____ Administration/Designee	_____ Date
_____ Other	_____ Date
_____ Other	_____ Date
_____ Other	_____ Date