

Manifestation Meeting Checklist

FAIR

BEFORE Complete *prior* to the manifestation meeting

Fairness
Advocacy
Individualized
Representation

Your first and last name: _____

Your role:

Private Attorney
GAA Referred Attorney
Parent
CASA

DFCS case manager
Education Support Monitor
Foster parent
Other (*please specify*): _____

Child's first and last name: _____ Child's preferred pronouns: _____

Child's System Involvement: None Kinship or Foster Care Placement DJJ or Juvenile Court Other: _____

Scheduled date/time of manifestation meeting: _____

How did you learn of the manifestation meeting? (*Check all that apply*)

I requested it.
A representative of the school contacted me.
A representative from the school contacted another adult involved with the child.
Other (*please specify*): _____

Alleged violation of code of conduct as stated in the notice: (*check all that apply*)

Incivility/defiance
Fighting
Assault/battery
Possession of drugs

Sexual conduct
Terroristic threats
Weapons
Other (*please specify*): _____

Have you reviewed the alleged violation in the school's code of conduct? Yes No

Have you had the opportunity to speak directly to the child about what happened? Yes No
If no, why not? _____

Who have you spoken with to prepare for this manifestation meeting? (*Check all that apply*)

An attorney
Education Support Monitor (ESM)
Child's parent
Child's foster parent

DFCS supervisor
Service provider (*please specify*): _____
Other (*please specify*): _____

What documentation have you collected for the manifestation meeting? (*Check all that apply*)

Documentation of child's past or existing trauma
Child's most recent education records
Child's disciplinary history

Any special education documents (IEP, 504 plan, Behavioral Intervention Plan)
Other (*please specify*): _____

Why is the child entitled to a manifestation meeting? (*Check all that apply*)

The child has an IEP
The child has a 504 Plan
The child has a diagnosed disability

The child has a suspected disability and there has been a request for an evaluation for services.
Other (*please specify*): _____

What is the child's diagnosed disability, if any? (*Check all that apply*)

Attention Deficit Hyperactivity Disorder (ADHD)
Post Traumatic Stress Disorder (PTSD)
Oppositional Defiance Disorder (ODD)

Bipolar Disorder
Other (*please specify*): _____

Did the school provide grade-level instructional materials while the child awaits the tribunal hearing? Yes No

DURINGPlease complete these questions *during* the manifestation meeting

Date/time of manifestation meeting: _____

Who attended the tribunal hearing? (Check all that apply)

School representative(s) (please specify): _____

Child _____

Child's parent _____

Child's case manager _____

Another case manager _____

DFCS supervisor _____

Education Support Monitor _____

Foster parent _____

CASA _____

Guardian ad litem _____

Attorney (private) _____

Attorney (public defender or child advocate attorney) _____

Attorney assigned by Georgia Appleseed _____

Other (please specify): _____

Did you have the opportunity to speak during the tribunal hearing?

Yes _____

No _____

Did you raise any of the following issues during the tribunal hearing? (Check all that apply)

Inadequate notice of the tribunal hearing _____

School's failure to have an HB855/Trauma Impact Meeting _____

School's failure to provide behavior supports to the child before the incident _____

Other (please specify): _____

Was the behavior determined to be a manifestation of the child's disability?

Yes, the child's behavior was substantially related to the child's disability. _____

Yes, the child's behavior was due to the school's failure to follow the child's IEP or 504 Plan _____

No _____

When will the child be permitted to return to school? (Enter date) _____**Do you anticipate the child will have a change of placement because of the discipline imposed? (Check any that apply)**

Home placement change _____

School placement change _____

Both home and school placement change _____

Please include any additional comments below.**FINAL**Please submit this form to: FAIR@gaappleseed.org