

MANIFESTATION DETERMINATION OPINION

Student/Patient Name		
Student/Patient Birthdate		
How long have you known the patient?		
Medical Diagnosis	The Student Patient has been diagnosed as having (check all that apply):	
	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> ADHD
	<input type="checkbox"/> General Anxiety Disorder	<input type="checkbox"/> Opposition Defiant Disorder
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	
Medical Implications for behavior	One or more of the medical conditions are known to cause the student to:	
	<input type="checkbox"/> Have difficulties regulating behavior	
	<input type="checkbox"/> Have difficulties being able to communicate/understand	
	<input type="checkbox"/> Act impulsively	
	<input type="checkbox"/> Have difficulties making appropriate decisions regarding behavior	
	<input type="checkbox"/> Have difficulties (other – describe):	
Behavior/Conduct in question:	<input type="checkbox"/> Making threats or intimidation	<input type="checkbox"/> Verbal Aggression
	<input type="checkbox"/> Fighting	<input type="checkbox"/> Physical Aggression
	<input type="checkbox"/> Other	
Records Reviewed (if any)	<input type="checkbox"/> Discipline Referral	<input type="checkbox"/> Discipline Documentation
	<input type="checkbox"/> IEP – Individual Education Plan	<input type="checkbox"/> 504 Plan
	<input type="checkbox"/> Education Records	<input type="checkbox"/> Medical Records
	<input type="checkbox"/> Other Evaluations	
	<input type="checkbox"/> Other	
Professional Opinion	It is your professional opinion that the behavior/conduct in question was caused by or had a direct and substantial relationship with the student's/patients disability. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Name		
Your Title		
Your Address		
Your Phone #		

Signature		
Date		

INSTRUCTIONS: This form should be completed by a healthcare professional who is licensed and qualified to offer the manifestation determination opinion.

You may upload the completed and signed form using the Online Client Portal on our website:

www.mychildwins.com

