



CONFIDENTIAL

Fairfax County Public Schools
 Manifestation Determination Review

MDR Cover Page

Student Name:		ID Number:	Date of MDR Meeting:	
Base School:		Current Attending School:		
Grade:	Date of Birth:	Family Home Language:		ELP Level:
Parent/Guardian:		Home Phone:		Work Phone:
		E-Mail:		E-Mail:
Parent/Guardian:		Home Phone:		Work Phone:
		E-Mail:		E-Mail:
Student Address:				
Number and Street		Apartment Number	City and State	Zip Code

Most Recent Eligibility Date:	3-Year Reevaluation Date:
Area(s) of Eligibility:	
Date of this MDR Meeting:	Date this IEP will be Reviewed:

MDR Team: Who participated in or provided input for this MDR?	Date
Parent/Guardian:	
Parent/Guardian:	
Student:	
Principal/Designee:	
Special Education Teacher:	
General Education Teacher:	
Other:	
Other:	
Other:	

Title of Team Member Responsible for Sharing Information in the IEP with All Service Providers:

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.