

09/19/14	Draft Worksheet for Calculating 10-Month Annualized Costs for an In-District High Cost Public Placement Student with Disabilities						
<u>Student Information</u>		<u>Enter Information Below</u>					
Last Name							
First Name							
Date of Birth							
STAC ID #							
Educational Provider							
<u>Service Date Information</u>				<u>Start Date</u>	<u>End Date</u>	<u>Student</u>	
Educational Provider Program Dates						<u>FTE Enrollment</u>	
Student Enrollment Dates							
						<u>List SE Costs</u>	
<u>1-1 Special Education (SE) Costs Allowed for High Cost Aid</u>						<u>Next to + Signs</u>	
1-1 Special Education (SE) Certified Aide #1 Salary					+		
1-1 SE Certified Aide #1 Benefits					+		
1-1 Special Education (SE) Certified Aide #2 Salary					+		
1-1 SE Certified Aide #2 Benefits					+		
<u>Shared Special Education (SE) Costs (Excluding Related Services)</u>							
Classroom SE or Consultant Teacher #1 Salary					+		
Classroom SE or Consultant Teacher #1 Benefits					+		
Classroom SE or Consultant Teacher #2 Salary					+		
Classroom SE or Consultant Teacher #2 Benefits					+		
Classroom SE Certified Tching Asst. #1 Salary					+		
Classroom SE Certified Tching Asst. #1 Benefits					+		
Classroom SE Certified Tching Asst. #2 Salary					+		
Classroom SE Certified Tching Asst. #2 Benefits					+		
Classroom SE Aide #1 Salary					+		
Classroom SE Aide #1 Benefits					+		
Classroom SE Aide #2 Salary					+		
Classroom SE Aide #2 Benefits					+		
BOCES SE Service #1 excl. R Srvcs -					+		
BOCES SE Service #2 excl. R Srvcs -					+		
Other Vendor SE Services excl. R Srvcs					+		
<u>Rental of Assistive Technology *</u>							
Device Rental					+		
Software Rental					+		
Service Contract Rental					+		

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<u>Student Information</u>		<u>Enter Information Below</u>					
Last Name							
First Name							

<u>Related Srv</u>	<u>Provider Code</u>		<u>Cost Per</u>	X	<u>No. of</u>		<u>List SE Costs</u>
	<u>Enter D,B, or O*</u>		<u>Session</u>		<u>Sessions</u>		<u>Next to + Signs</u>
*(D=District, B=BOCES, O=Other)							
Speech		Individual					+
Speech		Group					+
Occ. Therapy		Individual					+
Occ. Therapy		Group					+
Phys Therapy		Individual					+
Phys Therapy		Group					+
Hearing		Individual					+
Hearing		Group					+
Autistic (ABA)		Individual					+
		Group					+
		Individual					+
		Group					+

Total Allowable Special Education Costs						<input type="text"/>	
(Excludes Assistive Technology Purchases*)						-----	
Divided by FTE Enrollment						/	FTE
						<input type="text"/>	

10-Month Annualized Cost Educ. Rate for STAC						<input type="text"/>	
(Excludes Assistive Technology Purchases*)						-----	

<u>Assistive Technology (AT) and Other Equipment Purchases*</u>							
AT Device and Other Child-Specific Equipment Purchases							+
AT Software Purchase							+
Service Contract Purchased on AT Equipment							+

10-Month Annualized Cost Educ. Rate for STAC						<input type="text"/>	

*Assistive Technology purchases are added after other costs are converted to a 10-Mo. Rate.
Note: iPads and other tablets may not be claimed for High Cost Aid.