DCPOD High Cost Worksheet (Other District) for Initial Estimates and Prior Year Claims Submitted After 6/30

Date New York State Education Department (For non-resident placements)				
Time HIGH COST STUDENT WORKSHEET (Other District)				
STAC ID School Year Rec Num Name	Date of Birth			
	Р	ublic Excess Cost Aid Rat	io D	istrict Threshold
Start Date End Date		SE District d Provider		
Previous An	Current 10-Month Annualized Cost			
I. NRT K-6 Non Resident Tuition (NRT) Rate 7-12 Non Resident Tuition (NRT) Rate Other Educating District Billed Using Actual Costs				
For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize Upload Invoices/Cost Breakdowns to GoAnywhere				
II. Special Ed Classrooms	IEP Ratio: Total	Actual Students	Total Child	Excluded Cost List General Education Costs;
Placement Type	Stud:Teach + Para Placement		Cost	CSE Admin Costs; Evaluations; Building Costs; Select Services;
	· · · · · · · · · · · · · · · · · · ·			Substitute Teachers; Transportation;
				Field Trips; Classroom Equipmnet; Classroom Software/Technology;
	: +			Class Supplies/Materials/Textbooks; Admin Costs (Superintendents,
				Business Office, PPS, Guidance etc.); Cleical Costs (Front Office,
-		,		Account Clerks, Secretaries, etc.); and ANY other services not on IEP
*Special education students only Additional S	pecial Education Classroom Costs (Expl	ain in Comments):	Class	room Cost for this Child:
III. Child-Specific1:1 Aide/Shared Aide/Nurse/Interpreter (Not included In-District or BOCES reported cost above)				
The state Provide The State St				
Type of 1:1 Provid		tal Cost #	f of Students Serve	ed Student Annual Cost
IV. Related/Other Services (Not included in reported cost above) (As indicated on IEP)				
	Total A Billed F			Actual Session # of Sessions Cost Per
Service Type	Provider Type Studen		Provided to	
			Individual	Group
,			Individual	Group
			Individual	Group
**Actual number of sessions cannot exceed the nun	(Non-Reside	nt District) (BOCES Ext	ra) (CSE Distri	ct) (Other Provider)
If more than six, enter total annual cost by type of (and provide explanation in comments)	remaining services:			
V. Other Child Specific Costs Cost Categ		Additional Information		Total Other Child Specific Costs
V. Other Child Specific Costs Provided by CSE District Only				Total Other Child-Specific Costs
If you entered additional Related Services or Other Child-Specific costs, please explain below: District Contact Information				
Comments: Contact Name				
Comments: E-mail Address				
Phone# (Ex: 5181235555 - 10 digits)				
	t.	SED use only:		
Non Resident Tuition	Total 10-Month Annualized Cost	SED Changes:		
Special Classrooms Subtotal 1:1/Shared Aide Subtotal	(Verify this amount on DVPUB)	<u> </u>		
Related Services Subtotal	High Cost Aid Available			
Other Child-Specific Costs Subtotal		l		