

DCPUB High Cost Worksheet for Initial Estimates and Previously Locked Claims

Date _____
 Time _____
 New York State Education Department

HIGH COST STUDENT WORKSHEET (BOCES/In-District)

STAC ID	School Year	Rec Num	Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Set browser to 57% to print as single page				
			Public Excess Cost Aid Ratio	District Threshold

Start Date	End Date	To Amend Start or End Dates: <input type="button" value="GO TO DSPUB"/>	FTE	CSE District Ed Provider
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Previous Annualized Rate Current 10-Month Annualized Cost

I. BOCES	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report) <input type="text"/>	If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.
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For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize

II. InDistrict Classroom - Totals SECTION II-A. Full Day Self Contained Special Education Classroom

IEP Ratio: Stud:Teach + Para <input type="text"/> : <input type="text"/> + <input type="text"/>	Actual Students in Class <input type="text"/>	Special Ed Teachers Classroom Salaries: <input type="text"/>	Classroom Aides/T.A.s <input type="text"/>	Total Cost of Special Classroom: Classroom Cost for this Child: <input type="text"/>
		Classroom Fringe Benefits: <input type="text"/>	<input type="text"/>	

SECTION II-B. Period-Based Special Education Placements

Placement Type	(Spec. Ed Teachers/Classrooms Aides) Total Salaries	Total Fringe	Teacher Work Day (Exclude Lunch) Length in Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Special education students only Additional Special Education Classroom Costs (Explain in Comments): Placement Cost for this Child:

III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter (Not included In-District or BOCES reported cost above)

Type of 1:1	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
<input type="text"/>				
<input type="text"/>				

IV. Related/Other Services (Not included in reported cost above)

Service Type	Provider Type	Length of Sessions (Mins)	Total Cost Per Session	Group Size	Session Cost Per Child	** Actual Sessions	Total Child Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Actual number of sessions cannot exceed the number of sessions specified on IEP

If more than six, enter total annual cost by type of remaining services:

(BOCES Extra) <input type="text"/>	(District) <input type="text"/>	(Other Provider) <input type="text"/>
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V. Other Child Specific Costs

Cost Category	Additional Information	Total Other Child-Specific Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you entered additional Related Services or Other Child-Specific costs, please explain below: Comments: <input type="text"/> Comments: <input type="text"/>	District Contact Information Contact Name: <input type="text"/> E-mail Address: <input type="text"/> Phone#: <input type="text"/> (Ex: 5181235555 - 10 digits)
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BOCES Subtotal In-District Subtotal 1:1/Shared Aide Subtotal Related Services Subtotal Other Child-Specific Costs Subtotal	Total 10-Month Annualized Cost (Verify this amount on DVPUB) High Cost Aid Available	SED use only: <input type="checkbox"/> Lock Record SED Changes: <input type="text"/> <input type="text"/> <input type="text"/>
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