

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

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:

GO TO DSPUB

FTE

CSE District
Ed Provider

Previous Annualized Rate

Current 10-Month Annualized Cost

I. BOCES

BOCES 10-Month Annualized Cost
(from Year-End Final Cost Report)If all of the student's costs are included in this amount,
proceed directly to the bottom of the screen and submit.

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
: + Actual Students
in Class

Classroom Salaries:

Total Cost of Special Classroom:

Classroom Fringe Benefits:

Classroom Cost for this Child:

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"/>
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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
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**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)
(District)
(Other Provider)

V. Other Child Specific Costs

Cost Category

Additional Information

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)

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:

☐ Lock Record

SED Changes: