

## HIGH COST STUDENT DATA REPORT FOR STUDENTS WITH 10-MO EDUCATION RATES OF \$104,999+

**DO NOT COMPLETE IF STUDENT ONLY RECEIVED BOCES SERVICES**  
**(As reported on the BOCES Year-End Final Cost Report)**  
**DO NOT COMPLETE BEFORE FINAL ACTUAL COSTS ARE KNOWN**

CSE DISTRICT: \_\_\_\_\_

BEDS CODE:

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**DIRECTIONS:**

For the high cost student listed below, please provide a detailed breakdown of the \_\_\_\_\_ school year 10-Month Annualized Cost Education Rate.

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      10-Month Education Rate: \$ \_\_\_\_\_      **Final Actual Rates Only**  
Month      Day      Year

STAC ID#: 

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      Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Educational Provider:

**BOCES:** \_\_\_\_\_ (Complete Parts I and II)  
(Only complete if BOCES Final Cost Report rate did not include all IEP services received.)

**School District:** \_\_\_\_\_ (Complete Parts I and III)  
(Complete for district placements, whenever the Annualized Cost exceeds \$104,999.)

**Attach your completed High Cost Student Data Report form to a signed DVPUB  
Signature Form before submitting it to the STAC and Medicaid Unit.**

**PART I. Related Services (RS) Detail – (Provider Codes: BE = “BOCES Extra” only list a BOCES RS omitted from the BOCES Year-End Final Cost Report 10-Mo. Education Rate; DIS = “District” list all RS ; and OP = “Other Provider” list all RS.**

Type w/ example	Length of Sessions	Cost Per Session	Number of Sessions	Cost / Provider Code
Home ABA	60 minutes	\$100	80	\$8,000 / BE

**Total Cost of Related Services \$ \_\_\_\_\_**

(Report Part I Total Cost of Related Services under BOCES Part II. Line B or District Part. III Line E.)

**PART II. BOCES Primary Provider – (Only complete Parts I. & II. if a student received extra services not included in the BOCES Yr.-End Final Cost Report 10- Mo. EDUC Rate.)**

Title of Program: \_\_\_\_\_

- A. BOCES Final Cost Report Rate \$ \_\_\_\_\_
- B. Extra Rel. Services from Part I\* \$ \_\_\_\_\_ \*
- C. Non-BOCES 1:1/Shared Aide \$ \_\_\_\_\_
- D. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\*Part II. Line B. should exclude all BOCES related services already reflected in the Part II. Line A. "BOCES Year-End Final Cost Report 10-Month Education Rate".

**PART III. School District Primary Provider – (Complete Parts I and III)**

Class Ratio: Stated Ratio: \_\_\_\_\_ Actual # of Students in Class: \_\_\_\_\_  
(Example 8:1:1)

- A. Professional Salary \$ \_\_\_\_\_
- B. Nonprofessional Salary \$ \_\_\_\_\_
- C. Supplies and Equipment \$ \_\_\_\_\_
- D. Fringe Benefits \$ \_\_\_\_\_
- E. Extra Related Services from Part I \$ \_\_\_\_\_
- F. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**SIGNATURES REQUIRED :**

\_\_\_\_\_  
Bus. Official or Sup't (circle 1)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSE Chairperson Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Email (required)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date