

DO NOT COMPLETE REPORT IF STUDENT ONLY RECEIVED BOCES SERVICES

PART II. For BOCES Providers - (Complete Parts I and II)

Title of Program: _____

- A. Basic Tuition \$ _____
- B. Aide (1:1) \$ _____
- C. Related Service Total from Part I. \$ _____
- D. Other (specify) _____ \$ _____

TOTAL \$ _____

PART III. For School District Providers – (Complete Parts I and III)

Program Description: _____

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

TOTAL \$ _____

SIGNATURES REQUIRED:

_____	_____	_____	_____
Business Official or Superintendent	Title	Phone #	Date
_____	_____	_____	_____
CSE Chairperson	Title	Phone #	Date
_____	_____	_____	_____
Person Completing this Form	Title	Phone #	Date