

<input type="checkbox"/>	Regular Term
<input type="checkbox"/>	Summer Term

ILLINOIS STATE BOARD OF EDUCATION
 Funding and Disbursements Services
 100 North First Street
 Springfield, Illinois 62777-0001

SPECIAL EDUCATION TUITION COST SHEET
 (Sections 14-7.02b and 14-7.03 of the School Code)

through _____

DISTRICT/COOPERATIVE PREPARING COST SHEET	CONTACT PERSON	PHONE
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SPECIAL EDUCATION DATA

Name of Program _____

- Total ADE this program
- Days in session this program
- Total Number of Sp. Ed. Pupils Enrolled

REGULAR EDUCATION DATA

- Total number of pupils enrolled
- Days in session
- District per capita tuition charge \$ _____

EXPENDITURES

Functions	COLUMN A Special Education	COLUMN B Regular Education	COLUMN C Enrollment of Cost Programs	TOTALS
7. 1200 Instruction (specify)	_____	_____	_____	= \$ _____
8. 2112 Attendance	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
9. 2113 Social Work Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
10. 2120 Guidance Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
11. 2130 Health Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
12. 2140 Psychological Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
13. 2150 Speech Pathology and Audiology Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
14. 2210 Imprv. of Instruction	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
15. 2220 Educational Media Serv.	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
16. 2310 Board of Education Serv.	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
17. 2320 Executive Administration	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
18. 2330 Special Area Admin.	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
19. 2410 Office of Principal	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
20. 2510 Direction of Business	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
21. 2520 Fiscal Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
22. 2570 Internal Services	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
23. 2600 Support Serv.-Central	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
24. _____ Other (specify function)	_____	_____ ÷ _____ ×	_____ ×	Line 1 = \$ _____
25. Equipment Depreciation	_____	_____	_____	= \$ _____

Operation and Maintenance

- All 2540 expenditures
- Number of district-owned classrooms
- Cost/classroom (Line 26/27)
- Number of district-owned classrooms used in this program _____ × Line 28 \$ _____
- Depreciation (Line 1 × \$200) or Rent (Check the appropriate box) \$ _____
- Other (Specify) \$ _____
- TOTAL EXPENDITURES \$ _____

RECEIPTS

- State of Illinois, Section 14-13.01, Personnel Reimbursement \$ _____
- Federal Funds \$ _____
- TOTAL OFFSETTING RECEIPTS \$ _____

NET EXPENDITURES

- Line 32 minus (-) line 35 \$ _____
- Line 36 divided (÷) by line 1 (Total cost per 1.0 ADE) \$ _____