



# Illinois State Board of Education

100 North First Street, W-270  
Springfield, Illinois 62777-0001

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

\_\_\_\_\_ through \_\_\_\_\_

Regular Term

Summer Term

### FUNDING AND DISBURSEMENTS

DISTRICT/COOPERATIVE PREPARING COST SHEET

CONTACT PERSON

PHONE

#### SPECIAL EDUCATION DATA

Name of Program \_\_\_\_\_

1. Total ADE this program..... \_\_\_\_\_
2. Days in session this program ..... \_\_\_\_\_
3. Total Number of Sp. Ed. Pupils Enrolled \_\_\_\_\_

#### REGULAR EDUCATION DATA

4. Total number of pupils enrolled ..... \_\_\_\_\_
5. Days in session ..... \_\_\_\_\_
6. 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 _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
9. 2113 Social Work Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
10. 2120 Guidance Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
11. 2130 Health Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
12. 2140 Psychological Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
13. 2150 Speech Pathology and Audiology Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
14. 2210 Imprv. of Instruction _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
15. 2220 Educational Media Serv. _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
16. 2310 Board of Education Serv. _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
17. 2320 Executive Administration _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
18. 2330 Special Area Admin. _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
19. 2410 Office of Principal _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
20. 2510 Direction of Business _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
21. 2520 Fiscal Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
22. 2570 Internal Services _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
23. 2600 Support Serv.-Central _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
24. _____ Other (specify function) _____	_____	_____ + _____	_____ x _____	Line 1 = \$ _____
25. <b>Equipment Depreciation</b> _____	_____	_____	_____	= \$ _____
<b>Operation and Maintenance</b>				
26. All 2540 expenditures..... _____	_____			
27. Number of district-owned classrooms ..... _____	_____			
28. Cost/classroom (Line 26/27) ..... _____	_____			
29. Number of district-owned classrooms used in this program _____ × Line 28 .....	\$ _____			
30. <input type="checkbox"/> Depreciation (Line 1 × \$200) or <input type="checkbox"/> Rent (Check the appropriate box).....	\$ _____			
31. Other (Specify) _____	\$ _____			
32. TOTAL EXPENDITURES .....	\$ _____			

#### OFFSETS

33. Evidence Based Funding - Personnel .....	\$ _____
34. Federal Funds - IDEA Part B .....	\$ _____
34a. Other State and Federal Funds .....	\$ _____
35. TOTAL OFFSETS.....	\$ _____

#### NET EXPENDITURES

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