

ILLINOIS STATE BOARD OF EDUCATION

Funding and Disbursements  
100 North First Street, E-320  
Springfield, Illinois 62777-0001

SPECIAL EDUCATION TUITION BILL AND CLAIM COMPUTATION

I. TUITION BILL COMPUTATION

STUDENT NAME	SIS ID	DAYS ENROLLED THIS STUDENT
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PROGRAM IN WHICH STUDENT IS ENROLLED

1. Total education cost for 1.0 enrolled student based upon this student's percentage of time in special education and regular education.
  - a. Line 37 from appropriate ISBE form 50-66A \$ \_\_\_\_\_
  - b. Percentage of time this student spends in Special Education % \_\_\_\_\_
  - c. 1a x 1b \$ \_\_\_\_\_
  - d. Line 6 from appropriate ISBE form 50-66a \$ \_\_\_\_\_
  - e. Percentage of time this student is in regular education % \_\_\_\_\_
  - f. 1d x 1e \$ \_\_\_\_\_
  - g. 1c + 1f \$ \_\_\_\_\_
  
2. This student's education cost
  - a. Days enrolled/days in session
  - b. 1g x 2a \$ \_\_\_\_\_
  
3. Individual student costs (actual)
  - a. Individual aide cost less offsetting revenue \$ \_\_\_\_\_
  - b. Equipment \$ \_\_\_\_\_
  - c. Individually contracted services for this student \$ \_\_\_\_\_
  - d. 3a + 3b + 3c \$ \_\_\_\_\_
  
4. If this student's enrollment is less than 1.0, compute the full-time equivalent of the individual student costs.
  - a. Line 3d ÷ this student's enrollment (2a) \$ \_\_\_\_\_
  
5. Total cost for 1.0 enrolled student
  - a. Line 1g \$ \_\_\_\_\_
  - b. Line 4a \$ \_\_\_\_\_
  - c. 5a + 5b \$ \_\_\_\_\_
  
6. Total cost for this student
  - a. Line 2b \$ \_\_\_\_\_
  - b. Line 3d \$ \_\_\_\_\_
  - c. Line 6a + 6b \$ \_\_\_\_\_

II. SECTION 14-7.02B, EXCESS COST CLAIM COMPUTATION

1. Line 5c Total Cost for 1.0 Enrolled Student \$ \_\_\_\_\_
2. Special Education Transportation Cost this Student x .20 (20%) \$ \_\_\_\_\_

III. SECTION 14-7.03, ORPHANAGE INDIVIDUAL CLAIM COMPUTATION

1. Line 5c Total Cost for 1.0 Enrolled Student \$ \_\_\_\_\_
2. Special Education Transportation Cost this Student (100%) \$ \_\_\_\_\_