

ILLINOIS STATE BOARD OF EDUCATION
 Funding and Disbursements Services
 100 North First Street, E-320
 Springfield, Illinois 62777-0001

SPECIAL EDUCATION TUITION BILL AND CLAIM COMPUTATION

I. TUITION BILL COMPUTATION

STUDENT NAME	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%) \$ _____