STAC AND SPECIAL AIDS UNIT NEW YORK STATE EDUCATION DEPARTMENT 89 WASHINGTON AVENUE, ROOM 514 EB, ALBANY, NY 12234

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HIGH COST STUDENT DATA REPORT FOR STUDENTS WITH 10-MONTH EDUCATION RATES OF \$94,999+

DO NOT COMPLETE IF STUDENT ONLY RECEIVED BOCES SERVICES DO NOT COMPLETE BEFORE FINAL ACTUAL COSTS ARE KNOWN

CSE DISTRICT:	BED	OS CODE:				
DIRECTIONS:						
For the high cost student listed			wn of	the		
school year 1	0-month annualized cost edu	acation rate.				
Student Name						
	10-Month		Fi	inal Act	ual	
Date of Birth: ///	Education Rate: \$		R	Rates On	ıly	
Month Day	Year					
STAC ID#:	Start Da	ate/	/_			
	End Da	ite/_	/_			
Primary Educational Provide	er:					
* <u>BOCES</u> :		-				
	y when student had multiple					
<u>School District</u> :	(Complete Pa	rts I a	and III)		
D	# CED D *	CTLA C				
Attachment for: HCSAR:	# SED Page*					
*List HCSAR Page # where stu		Approvai		ark X)		
List HCSAK rage # where stu	ueni is nsieu.		(1116	uk A)		

PART I. Related Services Detailed Breakdown

Type	Length of Sessions	Cost Per Session	Number of Sessions	Cost
Example- OT	30 minutes	\$30	40	\$1,200.00

Total Cost of Related Services \$_____

DO NOT COMPLETE REPORT IF STUDENT ONLY RECEIVED BOCES SERVICES

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

Title of Pro	gram:		_
A.	Basic Tuition	\$	
В	Aide (1:1)	\$	
C.	Related Service Total from Part I.	. \$	
D.	Other (specify)	\$	
	TOTAI		
	School District Providers – (Comple		
Program De	escription:		
A.	Professional Salary	\$	
В.	Nonprofessional Salary	\$	
C.	Supplies and Equipment	\$	
D.	Fringe Benefits	\$	
E.	Related Service Total from Part I.	\$	
F.	Other (specify)		
	TOTA	— AL \$	
SIGNATURES REQ	UIRED:		
Business Official or S	Superintendent Title	Phone #	Date
CSE Chairperson Title		Phone #	Date
Person Completing this Form Title		Phone #	Date