

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

**ILLINOIS STATE BOARD OF EDUCATION**  
 Funding and Disbursements Services  
 100 North First Street, E-320  
 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	TELEPHONE (Include Area Code)
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**SPECIAL EDUCATION DATA**

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

1. Total ADE this program \_\_\_\_\_

2. Days in session this program \_\_\_\_\_

3. Total number of special education students enrolled \_\_\_\_\_

**REGULAR EDUCATION DATA**

4. Total number of students 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	_____	_____	+ _____ × 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 Improvement of Instruction	_____	_____	+ _____ × Line 1	= \$ _____
15. 2220 Educational Media Services	_____	_____	+ _____ × Line 1	= \$ _____
16. 2310 Board of Education Services	_____	_____	+ _____ × Line 1	= \$ _____
17. 2320 Executive Administration	_____	_____	+ _____ × Line 1	= \$ _____
18. 2330 Special Area Administration	_____	_____	+ _____ × 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 Services-Central	_____	_____	+ _____ × Line 1	= \$ _____
24. _____ Other (specify function)	_____	_____	+ _____ × Line 1	= \$ _____
25. <b>Equipment Depreciation</b>	_____			= \$ _____

**OPERATION AND MAINTENANCE**

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 \_\_\_\_\_ x Line 28 \$ \_\_\_\_\_

30.  Depreciation (Line 1 × \$200) or  Rent (Check the appropriate box) \$ \_\_\_\_\_

31. Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

32. TOTAL EXPENDITURES \$ \_\_\_\_\_

**RECEIPTS**

33. State of Illinois, Section 14-13.01, Personnel Reimbursement \$ \_\_\_\_\_

34. Federal Funds \$ \_\_\_\_\_

35. TOTAL OFFSETTING RECEIPTS \$ \_\_\_\_\_

**NET EXPENDITURES**

36. Line 32 minus ( - ) line 35 \$ \_\_\_\_\_

37. Line 36 divided ( ÷ ) by line 1 (Total cost per 1.0 ADE) \$ \_\_\_\_\_