

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES (SES)**

FY2013 (Summary of Expenses)

County Code _____
County Name _____

District Code _____
District Name _____

Name of Student: _____

FY2012 Allocation _____

	A	B	C	D	E	F
FUNCTION	Instruction	Speech Pathologist & Audiology Services	Health Services	Psychological Services	Pupil Transportation	TOTAL
OBJECT	1000	2150	2130	2140	2720	
100 Salaries						\$0.00
200 Benefits						\$0.00
300 Professional Services						\$0.00
400 Property Services						\$0.00
500 Other Purchase of Services						\$0.00
600 Materials & Supplies						\$0.00
700 Property						\$0.00
800 Other						\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Percent of Flow-Through Allocation						#DIV/0!

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES (SES)**

FY2013 (Salary and Benefits)

County Code _____ District Code _____
 County Name _____ District Name _____

Name of Student:

Name	Teacher Certification Number*	Areas of Certification/Teacher Registry	Total Salary and Benefits	Weekly Caseload** for all students	Weekly IEP services** provided to this student	Cost of Services to the Student
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
TOTAL***						#DIV/0!

*This is a six digit number which is listed on the top left-hand corner of the teacher certificate. This is not the social security number.

**Report the weekly caseload and services provided in minutes

***Total cost of services to students should match total of salaries and benefits reported on page 1

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES (SES)**

FY2013 (Professional Services)

County Code _____ District Code _____
 County Name _____ District Name _____

Name of Student:

Name of Agency or Individual	Type of Service (e.g., Speech Therapy, Transportation)	Total Cost of Contracted Services	Payment Schedule for Services (e.g., \$65 per hour, \$0.485 per mile)	Weekly Caseload* for all students	Weekly IEP services* provided to this student	Cost of Services to the Student
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
						#DIV/0!
TOTAL**						#DIV/0!

*Report the weekly caseload and services provided using the payment schedule indicated in the previous column

**Total cost of services to students should match total of professional services reported on page 1

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES (SES)**

FY2013 (Equipment and Other Services)

County Code _____
County Name _____

District Code _____
District Name _____

Name of Student:

Item/Service	Justification	Total Cost	Number of Students Served	Cost of Services to the Student
				#DIV/0!
TOTAL*				#DIV/0!

*Total cost of services to student should match total of property services, other purchase of services, materials and supplies, property, and other reported on page 1