ATTACHMENT A

OKLAHOMA
STATE DEPARTMENT of EDUCATION

JANET BARRESI
STATE SUPERINTENDENT
of PUBLIC INSTRUCTION

Fiscal Contact/Business Manager	Special Education Contact/Director
Name	Name
Telephone Number	Telephone Number
Fax Number	Fax Number
E-Mail	E-Mail
Address1	Address1
Address2	Address2
City	City
State, ZIP	State, ZIP

Required Attachments:	
	1. Completed Form - Certification Application
	2. Completed Form – Request Summary
	3. Completed Form – High Need Student Application
	4. Current Individualized Education Program (IEP)
	5. Invoices for all expenses claimed

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Standards and Criteria:
1. The child's IEP is appropriate and is in compliance with federal and Oklahoma State law and regulation requirements.
2. The total cost of services for the child is at least three times the average per pupil expenditure.
3. The total cost of all high need children is at least 10% of the district's 2012-2013 Flow-Through (Project Code 621) allocation.

Certification:	
We, the undersigned, certify that the district complies with 34 CFR § 300.705 and the standards and criteria listed above. All information included in this request is true and complete to the best of our knowledge, and we understand that:	
	1. Only costs accrued above 10% of the district's 2012-2013 Flow-Through allocation will be considered for reimbursement.
	2. The Oklahoma State Department of Education (OSDE), Special Education Services (SES), does not guarantee reimbursement, in whole or in part, based solely on the receipt of a completed application.
	3. Reimbursement for costs of high need children is not entitlement funding; that is, funding is subject to adjustment and requires application for reimbursement every year.
	4. The OSDE-SES may verify any information provided in the application or require additional documentation at any time.

Superintendent's Name Original Signature Required Date

Business Manager's Name Original Signature Required Date

Special Education Contact/Director's Name Original Signature Required Date