

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

FY2014 (Summary of Expenses)

County Code \_\_\_\_\_

District Code \_\_\_\_\_

County Name \_\_\_\_\_

District Name \_\_\_\_\_

Name of Student: \_\_\_\_\_

FY2013 Allocation \_\_\_\_\_

	A	B	C	D	E	F
<b>FUNCTION</b>	Instruction	Speech Pathologist & Audiology Services	Health Services	Psychological Services	Pupil Transportation	<b>TOTAL</b>
<b>OBJECT</b>	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
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>
<b>Percent of Flow-Through Allocation</b>						<b>#DIV/0!</b>

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

FY2014

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!
<b>TOTAL***</b>						<b>#DIV/0!</b>

\*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)**

FY2014

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!
<b>TOTAL**</b>						<b>#DIV/0!</b>

\*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)**

FY2014

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!
<b>TOTAL*</b>				<b>#DIV/0!</b>

\*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