| Tier II                                |               |
|--|---------------|
| Project Code 627                       |               |
| Summary of Previous Year Expenses (FY) |               |
| County Name                            | District Name |

| FUNCTION                          | Instruction | Health<br>Services | Psychological<br>Services | Speec<br>Pathologist &<br>Aydiology<br>Services | Physical<br>Therapy | Pupil<br>Transportation | TOTAL |
|-----------------------------------|-------------|--------------------|---------------------------|---|---------------------|-------------------------|-------|
| OBJECT                            | 1000        | 2130               | 2140                      | 2150  | 2170                | 2720                    |       |
| 100 Salaries                      |             |                    |                           |   |                     |                         |       |
| 200 Benefits                      |             |                    |                           |   |                     |                         |       |
| 300 Professional Services         |             |                    |                           |   |                     |                         |       |
| 400 Property Services             |             |                    |                           |   |                     |                         |       |
| 500 Other Purchase of<br>Services |             |                    |                           |   |                     |                         |       |
| 600 Materials & Supplies          |             |                    |                           |   |                     |                         |       |
| 700 Property                      |             |                    |                           |   |                     |                         |       |
| 800 Other                         |             |                    |                           |   |                     |                         |       |
| TOTAL                             |             |                    |                           |   |                     |                         |       |

Tier II Project Code 627 Personnel

| Student Name       |  |
|--------------------|--|
| <b>County Name</b> |  |
| District Name      |  |

| Personnel Name | Teacher<br>Certification<br>Number* | Areas of<br>Certification/<br>Teacher Registry | Total Salary and<br>Benefits | FTE Teacher<br>Caseload** for<br>all students | Cost of Services to the Student |
|----------------|-------------------------------------|--|------------------------------|---|---------------------------------|
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
|                |                                     |  |                              |   |                                 |
| TOTAL          |                                     |  |                              |   |                                 |

<sup>\*</sup> 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.

<sup>\*\*</sup> Full time equivelant (FTE) should reflect actual percent of teachers caseload reported by district to OSDE.

| Tier II                                  |  |
|--|--|
| Project Code 627                         |  |
| <b>Summary of Previous Year Expenses</b> |  |
| Contract Services                        |  |
| County Name                              |  |
| District Name                            |  |

| Name of Agency or Individual | Type of Service<br>(e.g., Speech<br>Therapy,<br>Transportation) | Total Cost of<br>Contracted Services | Payment Schedule for<br>Services (e.g., \$65 per<br>hour, \$0.485 per mile) | Cost of Services to the Student |
|------------------------------|---|--------------------------------------|---|---------------------------------|
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
|                              |   |                                      |   |                                 |
| TOTAL                        |   |                                      |   |                                 |

Tier II
Project Code 627
Summary of Previous Year Expenses

TOTAL

| Name of Student  County Name  District Name |               |            |                              |                                 |
|---|---------------|------------|------------------------------|---------------------------------|
| Service/Item                                | Justification | Total Cost | Number of Students<br>Served | Cost of Services to the Student |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |
|   |               |            |                              |                                 |