

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION SERVICES**

**Tier II
Project Code 627
Personnel**

Student Name _____
County Name _____
District Name _____

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

* 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.
 ** Full time equivalent (FTE) should reflect actual percent of teachers caseload reported by district to OSDE.

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Summary of Previous Year Expenses

Contract Services

County Name _____

District Name _____

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)	Cost of Services to the Student
TOTAL				

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Summary of Previous Year Expenses

Name of Student

County Name

District Name

Service/Item	Justification	Total Cost	Number of Students Served	Cost of Services to the Student
TOTAL				