

SPECIAL EDUCATION
 AND SUPPORT SERVICES
 FINAL FINANCIAL REPORT
 FOR CHILDREN WITH DISABILITIES BIRTH TO AGE FIVE
 School Year _____



County Name _____	County/District Number _____
District Name _____	Phone Number _____
Address _____	
City _____	State _____ Zip Code _____

CERTIFICATION BY SCHOOL DISTRICT OFFICER

I, _____ as _____ of the Board of Education of _____ School District, which is District No. _____, of _____ County, hereby certify that this is an accurate report of the district operated Special Education expenditures that have been paid by this school district for services to eligible verified students with disabilities. I further certify that Special Education costs financed by federal funds other than those generated through the Individuals with Disabilities Education Act (IDEA) are not included in this claim.

 Authorized Signature

 Date

Name of Contact Person _____	E-mail Address _____
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		Birth to Age 2	Ages 3 and 4	Totals
District Owned/Operated Programs (USE WHOLE DOLLARS)				
1.0 Supervisory Services				
1.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
1.2 Clerical Salaries (140)	FTE _____	_____	_____	
1.3 Employee Benefits (200s)		_____	_____	
1.4 In-service (319)		_____	_____	
1.5 Printing/Publications (350)		_____	_____	
1.6 Postage (341)		_____	_____	
1.7 Staff Mileage (670)		_____	_____	
1.8 Subtotal of Lines 1.1 through 1.7	1.8	\$ _____	\$ _____	\$ _____
2.0 Diagnostic Services				
2.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
2.2 Clerical Salaries (140)	FTE _____	_____	_____	
2.3 Paraprofessional Salaries (140)	FTE _____	_____	_____	
2.4 Employee Benefits (200s)		_____	_____	
2.5 In-service (319)		_____	_____	
2.6 Supplies (410)		_____	_____	
2.7 Printing/Publications (350)		_____	_____	
2.8 Postage (341)		_____	_____	
2.9 Textbooks/Instructional Materials (420)		_____	_____	
2.10 Equipment and Maintenance (310 & 530)		_____	_____	
2.11 Staff Mileage (670)		_____	_____	
2.12 Subtotal of Lines 2.1 through 2.11	2.12	\$ _____	\$ _____	\$ _____
3.0 Consultative Services				
3.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
3.2 Employee Benefits (210,220,230,240,250,260)		_____	_____	
3.3 In-service (319)		_____	_____	
3.4 Printing/Publications (350)		_____	_____	
3.5 Postage (341)		_____	_____	
3.6 Staff Mileage (670)		_____	_____	
3.7 Subtotal of Lines 3.1 through 3.6	3.7	\$ _____	\$ _____	\$ _____
4.0 Instructional/Therapy/Counseling Services				
4.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
4.2 Educational Sign Language Interpreter (110) <small>(Title 92, Nebraska Administrative Code, Chapter 51, Section 010.07)</small>	FTE _____	_____	_____	
4.3 Substitute Salaries (120)	FTE _____	_____	_____	
4.4 Paraprofessional Salaries (140)	FTE _____	_____	_____	
4.5 Employee Benefits (200s)		_____	_____	
4.6 In-service (319)		_____	_____	
4.7 Supplies (410)		_____	_____	
4.8 Instructional Materials (420)		_____	_____	
4.9 Library Books/Materials (430)		_____	_____	
4.10 Audio-Visual Materials (450)		_____	_____	
4.11 Equipment and Maintenance (318 & 530)		_____	_____	
4.12 Staff Mileage (670)		_____	_____	
4.13 Subtotal of Lines 4.1 through 4.12	4.13	\$ _____	\$ _____	\$ _____

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	Birth to Age 2	Ages 3 and 4	Totals
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(USE WHOLE DOLLARS)

5.0 Health Protection/Medically Related Expenditures District Operated Programs

5.1	Health Protection for Staff	_____	_____	
5.2	Medically Related Expenses for Child	_____	_____	
5.3	Subtotal of lines 5.1 through 5.2	\$ _____	\$ _____	\$ _____

6.0 District Contracted Programs (362-363)

(List and Identify Approved Providers of Page 3)

6.1	Supervision Services & Mileage	\$ _____	\$ _____	
6.2	Diagnostic Services & Mileage	_____	_____	
6.3	Consultant Services & Mileage	_____	_____	
6.4	Instruction Therapy/Counseling Services & Mileage	_____	_____	
6.5	Educational Sign Language Interpreter	_____	_____	
6.6	Health Protection for Staff	_____	_____	
6.7	Medically Related Expenditures for Child	_____	_____	
6.8	In-service	_____	_____	
6.9	Paraprofessional	_____	_____	
6.10	Health Services	_____	_____	
6.11	Total Birth to Age Five Contracted Services (Lines 6.1 through 6.10)	\$ _____	\$ _____	\$ _____

7.0 Allowable Facility Costs

7.1	Operation of Plant (2610)	\$ _____	\$ _____	
7.2	Maintenance of Plant (2610)	_____	_____	
7.3	Line 7.1 Plus Line 7.2	_____	_____	
7.4	Total Facility Square Footage	_____	_____	
7.5	Cost Per Square Foot (Line 7.3 divided by Line 7.4)	_____	_____	
7.6	Total Square Footage, Birth to Age Five	_____	_____	
7.7	Line 7.5 Times 7.6	_____	_____	
7.8	Leased Facility Cost	_____	_____	
7.9	Not Assigned	_____	_____	
7.10	Total Allowable Facility Cost (Lines 7.7, 7.8 and 7.9)	\$ _____	\$ _____	\$ _____

8.0 Summary

8.1	District Owned and Contracted Services (Add Lines 1.8, 2.12, 3.7, 4.13, 5.3, 6.11 and 7.10)	\$ _____	\$ _____	
8.2	Deductions:			
8.2a	Tuition Received	_____	_____	
8.2b	Receipts, Wards of State	_____	_____	
8.2c	Total Deductions (Line 8.2a through 8.2b)	\$ _____	\$ _____	\$ _____

8.3 Total Special Education (Line 8.1 minus Line 8.2c)

8.3		\$ _____	\$ _____	\$ _____
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9.0 Funding Summary

Provide source of funding reported on Line 8.3

9.1	IDEA "611" BASE: funds used for allowable special education expenditures for Children Below Age Five. (First Priority)	\$ _____	\$ _____	\$ _____
9.1a	N/A		\$ N/A	\$ N/A
9.2	IDEA "619" BASE and/or "619" ENROLLMENT/POVERTY funds used for allowable special education expenditures for children ages 3 and 4.		\$ _____	\$ _____
9.3	IDEA "611" ENROLLMENT/POVERTY funds used for allowable special education expenditures for Children Below Age Five included in Section 1.0-7.0.	\$ _____	\$ _____	\$ _____
9.4	N/A	\$ N/A	\$ N/A	\$ N/A
9.5	Local District Funds: District funds for Below Age Five Expenditures included in Section 1.0 – 7.0.	\$ _____	\$ _____	\$ _____
9.6	Total Funding: (Line 9.1 through Line 9.5 = Line 8.3)	\$ _____	\$ _____	\$ _____

10.0 Support Services/Flexible Funding Birth to Age Five Project

School districts must have an approved Birth to Age Five SPED program application and final report on file at NDE in order to receive payment for support service/flex funding.

10.1	Support Services/Flex Funding Total	\$ _____	\$ _____	\$ _____
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Return to:
 Nebraska Department of Education
 Financial Services
 P.O. Box 94987
 Lincoln, NE 68509-4987

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NDE (06-025)
 Revised 08/2016
 Date Due: October 1

County Name and Number	County/District Number	District Name
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TUITION RECEIVED FROM CONTRACTING DISTRICT

SUPPLEMENTARY REPORT OF EXPENDITURES

- Complete this section if an entry was made on Line 8.2a

Contracting District	Total		A	B	C	D	E
County No./District No.	FTE	Tuition Amount	List Names of Personnel Paid (Last name first, first name and middle initial)	NDE Staff ID Number	FTE	Indicate Type of Staff According to Following Identification: 1. Professional 2. Paraprofessional 3. Clerical 4. Substitute(s) 5. Educational Sign Language Interpreter	Identify Amount of Salary Paid to Each Individual (Subtotal for each type of service)
Total							

SPED-FFR	Return Original to NDE; Make Copy and Retain in School District
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