Minnesota Department of Education	Division of School Finance Special Education Funding 1500 Highway 36 West Roseville, MN 55113-4266	**UNIFORM TUITION BILLING** **ONE-TO-ONE SERVICES** **2012-13 SCHOOL YEAR**	ED-02424-07 DUE: 09/16/13

PURPOSE: This form is for the serving districts to submit documentation to the Minnesota Department of Education (MDE) for one-to-one professional services, contract services, contracted student placement, or specialized equipment provided to a nonresident student to be included in the tuition billing system. The services or equipment must have been specified in the student's IEP for the specific amount of time and duration. **This form is NOT for one-to-one paraprofessionals.** This is not a shared service but a service solely for the nonresident student. Forms that appear to be shared service will be returned.

INSTRUCTIONS:

- Complete the information required below including serving district, resident district, student, hours of one-to-one professional services, etc.
- Specify the type of service, e.g., nursing, teacher, interpreter, intervener, etc., and provide the name of the service provider or piece of equipment.
- The services for the non-resident student must be entered on a **single line** on EDRS.
- The completed form should be sent to the Minnesota Department of Education, Division of School Finance, Special Education Funding, 1500 Highway 36 West, Roseville, MN 55113-4266.
- Mail a copy of the completed for to the director of special education of the resident district.

TYPE OF SERVICE

One to One Professional ☐ Contract Services ☐ Contracted Student Placement ☐ Specialized Equipment ☐

Name of Professional:	Type of Equipment or service (e.g., interpreter for deaf):

Dates of Service: FROM: TO:	Total Hours of One-to-One Professional:	EDRS Line #:

SERVING DISTRICT		RESIDENT DISTRICT	
District Name:	District Number and Type:	District Name:	District Number and Type:
Address:		Address:	

LEARNER INFORMATION

Last Name:	First Name:	MI:	MARSS Student ID #:	Grade:

Primary Disability Code:	Date of Birth:	Gender:	Age:	School/Facility Name:	School/Facility Number:

SERVING DISTRICT VERIFICATION OF SERVICES PROVIDED

I hereby verify that the information provided on this invoice is accurate and that records are on file to substantiate all data:

Signature:	Title:	Telephone Number:	Date Printed:
Contact Person:	Title:	Telephone Number:	Payment Due Date:
E-mail:			