

SPECIAL EXPENDITURE WORKSHEET II-C INDIVIDUAL STUDENT PLACEMENTS

DO NOT mail this form. This form is a **WORKSHEET**, and is provided to assist the applicant in preparing new expenditure information for data entry on the Electronic Data Reporting System (EDRS).

District Name							District Type and Number					DATE YEAR		Complete the year(s) and check the appropriate box (one only)		
District Contact Person/Title								Telephone Number					20	20 Regular School Year Summer/Extended School		ed School
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
TRANSACTION CODE	LINE ITEM REFERENCE NUMBER	FUNDING SOURCE CODE	SERVICE CODE	DISABILITY ASSIGNMENT CODE	AGE	GRADE	STUDENT'S INITIALS	MARSS #	STATUS OF PARENTAL RIGHTS	TIME UNIT TYPE	NUMBER OF TIME UNITS	EXPENDITURE	DEDUCT STATUS	FACILITY IDENTIFICATION CODE	SERVING DISTRICT NUMBER AND TYPE	NAME OF AGENCY OR FACILITY
Comme	Comments:													EDRS DATA ENTRY VERIFICATION		
														Initials		Date

INSTRUCTIONS FOR COMPLETING SPECIAL EXPENDITURE WORKSHEET II-C

GENERAL INFORMATION: The information requested on this form is in accordance with Minnesota Statutes, section 125A.75 subdivision 3 and Minnesota Statutes, section 124A.76 subdivision 2, (3). Please provide all requested information as per the instructions given below. Include Funding Source Code (FSC) on all line item transactions.

This form is for reporting individual student placements. The following "Service Codes" describe the conditions required for reporting students on this form. Each student must be entered on a separate line in order for aid to be generated.

Service Code 'C': Use Service Code 'C' when contracting with public, private, or voluntary agencies other than school districts. (Charter Schools, Service Cooperatives, Special Education Cooperatives and Intermediates are school districts). All out-of-state placements, whether public or private, require an individual student contract and are reimbursed under Service Code 'C'. Either state special education aids or P.L. 100-446 funds may be used to support these expenditures.

- **Column 6 AGE:** Provide the student's age as of September 1 of the current school year.
- **Column 7 GRADE:** Report the grade in which the student is placed for the majority of his/her day. For students in ungraded programs, report a grade commensurate with their age.
- Column 10 STATUS OF PARENTAL RIGHTS: Complete the Service D (Special Students) only. Enter codes as follows:
 - A. Parental rights terminated by court order
 - B. Parents reside out-of-state or cannot be located
 - C. Parents are deceased
 - D. Parent is an inmate of correctional facility or in a half-way house under supervision of corrections
- Column 11 TIME UNIT TYPE: Enter (H) Hours or (D) Days Report hours only for ages 0 through 5 (codes 1, 2, 3 and 4).
- **Column 12 NUMBER OF TIME UNITS:** Enter the number of Program Days or Program Hours membership.
- **Column 13 EXPENDITURE:** Enter the actual cost of educational service to the district. **DO NOT DEDUCT** GER in reporting any expenditures. This deduction will be computed at the State Department and applied on a prorated basis according to actual days Membership. (**DO** deduct special education aid if Service D is being reported).
- Column 14 DEDUCT STATUS: Enter codes as follows:
 - A. Placements offered in lieu of resident district programs and services
 - B. Placements that are supplemental to the students regular school program
 - C. Extended School Year
 - D. Tuition Agreement or Open Enrollment Choice Program
- **Column 15 FACILITY IDENTIFICTION FOR SERVICE C:** (See instructions for Service D, E or T).
 - A. Day Center for Disabled
 - B. Private Minnesota School for Disabled
 - C. Health/Rehabilitation Center
 - D. Other Private Minnesota Agency
 - E. All Out-of-State Agencies

Service T – Enter district type and number of serving district

- **Column 16 SERVING DISTRICT:** Enter the name of the agency, facility or serving district.
- Column 17 AGENCY/FACILITY: Enter the name of the agency or facility.