

Count Date: \_\_\_\_\_

## WORKSHEET A: BASIC CLASSROOM PROGRAMS - SECTION 53a STUDENT COUNT FOR SPECIAL EDUCATION

Educating District Code

Circle Reimbursement Code (one only):

CODE	PROGRAM ASSIGNMENT OF CLASSROOM TEACHERS
110	Mild Cognitive Impairment
120	Moderate Cognitive Impairment
130	Severe Cognitive Impairment
140	Emotional Impairment
150	Learning Disability
160	Hearing Impairment
170	Visual Impairment
180	Physical & Other Health Impairment
190	Severe Multiple Impairment
191	Early Childhood Special Ed. Program
192	Severe Language Impairment
193	Autistic Impairment
194	Resource Room
270	Early Childhood Special Ed. Services

Teacher Name \_\_\_\_\_

Educating District Name \_\_\_\_\_

Institution/Building Nursing Home \_\_\_\_\_

Section 6 Defined Center Program:    \_\_\_ Yes    \_\_\_ No

**PURPOSE:**

This form identifies pupils eligible for 100% of Added Cost funding under Section 53a of the State Aid Act. It will also be used to determine FULL TIME EQUIVALENCY (FTE) membership assigned to Basic Classroom Programs.

**DIRECTIONS:** This form must be returned to your Intermediate School District . Keep one copy for your records.

Additional copies may be reproduced.

Name of Student  (1)	District of Residence  (2)	STUDENT FTE PER WEEK IN:															Total FTE (Columns 3-17) (18)	AGE  (19)	
		Sp. Ed. B.C. FTE (3)	General Education By Grade Level																
			K (4)	1 (5)	2 (6)	3 (7)	4 (8)	5 (9)	6 (10)	7 (11)	8 (12)	9 (13)	10 (14)	11 (15)	12 (16)	Alter. Ed. (17)			
1.																		.00	
2.																		.00	
3.																		.00	
4.																		.00	
5.																		.00	
6.																		.00	
7.																		.00	
8.																		.00	
9.																		.00	
10.																		.00	
11.																		.00	
12.																		.00	
13.																		.00	
14.																		.00	
15.																		.00	

**TOTALS**

.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Individual Totals for Columns (3) through (18)																			

**GRAND TOTAL HEAD COUNT**  
(Total Number of Students Listed)

0
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Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

**Difference**    0.00  
(Headcount minus FTE)

# WORKSHEET A

## GENERAL INSTRUCTIONS

### General Instructions:

1. Enter the teacher's name and circle the appropriate reimbursement code of that teacher.
2. Enter the educating district's name and school code number. Enter the appropriate building name.
3. Check yes or no if the program is a center program as defined in Section 6. Section 6(1) of the State School Aid Act defines a center program as follows:

Sec. 6. (1) "Center program" means a program operated by a district or intermediate district for special education pupils from several districts in programs for pupils with autism spectrum disorder, pupils with severe cognitive impairment, pupils with moderate cognitive impairment, pupils with severe multiple impairments, pupils with hearing impairment, pupils with visual impairment, and pupils with physical impairment or other health impairment. Programs for pupils with emotional impairment housed in buildings that do not serve regular education pupils also qualify. Unless otherwise approved by the department, a center program either shall serve all constituent districts within an intermediate district or shall serve several districts with less than 50% of the pupils residing in the operating district.

### Column Instructions

- Column 1: List students in alphabetical order, last names first.
- Column 2: This column has been added to allow districts to identify nonresident pupils. This column is optional. If the district has another method of tracking the FTE on non-resident pupils, inform teacher to skip column 2.
- Column 3: List the special education FTE in this column. You may prorate to either tenths (0.0) or hundredths (0.00) but be consistent. This is determined by the ratio of time spent in special education programs to the total program of the pupil. Use the clock hours of a normal school week as the denominator. Hours spent in special education basic classroom programs are the numerator.
- Column 4 through Column 17: List the number of hours in FTE that each student spends in general education according to the assigned general education grade level.
- Column 18: The total FTE in both general and special education basic classroom programs, column 3 through 17, **will total automatically**.
- Column 19: Indicate students' age at last birthday.

**Column totals will calculate automatically.** Line totals in column 3 through 17 will equal totals in column 18. Column 19 total is not transferred to any other page.

The total in column 3 is summed with all the A worksheets of the same teacher reimbursement code and transferred to the special education page column 1 under the appropriate reimbursement code.

Count Date: \_\_\_\_\_

## WORKSHEET B: BASIC CLASSROOM PROGRAMS STUDENT COUNT FOR ALL OTHER SPECIAL EDUCATION CLASSROOM TEACHERS

Educating District Code

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Circle Reimbursement Code (one only):

CODE	PROGRAM ASSIGNMENT OF CLASSROOM TEACHERS
110	Mild Cognitive Impairment
120	Moderate Cognitive Impairment
130	Severe Cognitive Impairment
140	Emotional Impairment
150	Learning Disability
160	Hearing Impairment
170	Visual Impairment
180	Physical & Other Health Impairment
190	Severe Multiple Impairment
191	Early Childhood Special Ed. Program
192	Severe Language Impairment
193	Autistic Impairment
194	Resource Room
270	Early Childhood Special Ed. Services

Teacher Name \_\_\_\_\_

Educating District Name \_\_\_\_\_

Institution/Building \_\_\_\_\_  
Nursing Home \_\_\_\_\_

Section 6 Defined Center Program:       Yes       No

**DIRECTIONS:** This form must be returned to your Intermediate School District . Keep one copy for your records.

Additional copies may be reproduced.

**PURPOSE:**

This form will enable the Special Education Administrator to determine FULL TIME EQUIVALENCY (FTE) membership assigned to Basic Classroom Programs as well as total count of handicapped students by program category and by grade.

Name of Student  (1)	District of Residence  (2)	STUDENT FTE PER WEEK IN:															Total FTE (Columns 3-17) (18)	AGE  (19)	
		Sp. Ed. B.C. FTE	General Education By Grade Level																
		Alter. Ed.	K	1	2	3	4	5	6	7	8	9	10	11	12	17			
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
1.																		.00	
2.																		.00	
3.																		.00	
4.																		.00	
5.																		.00	
6.																		.00	
7.																		.00	
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9.																		.00	
10.																		.00	
11.																		.00	
12.																		.00	
13.																		.00	
14.																		.00	
15.																		.00	
<b>TOTALS</b>		.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
Individual Totals for Columns (3) through (18)																			

**GRAND TOTAL HEAD COUNT**

(Total Number of Students Listed)

0
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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

**Difference**

**0.00**

(Headcount minus FTE)

## WORKSHEET B GENERAL INSTRUCTIONS

### General Instructions:

1. Enter the teacher's name and circle the appropriate reimbursement code of that teacher.
2. Enter the educating district's name and school code number. Enter the appropriate building name.
3. Check yes or no if the program is a center program as defined in Section 6. Section 6(1) of the State School Aid Act defines a center program as follows:

Sec. 6. (1) "Center program" means a program operated by a district or intermediate district for special education pupils from several districts in programs for pupils with autism spectrum disorder, pupils with severe cognitive impairment, pupils with moderate cognitive impairment, pupils with severe multiple impairments, pupils with hearing impairment, pupils with visual impairment, and pupils with physical impairment or other health impairment. Programs for pupils with emotional impairment housed in buildings that do not serve regular education pupils also qualify. Unless otherwise approved by the department, a center program either shall serve all constituent districts within an intermediate district or shall serve several districts with less than 50% of the pupils residing in the operating district.

### Column Instructions

- Column 1: List students in alphabetical order, last names first.
- Column 2: This column has been added to allow districts to identify nonresident pupils. This column is optional. If the district has another method of tracking the FTE on non-resident pupils, inform teacher to skip column 2.
- Column 3: List the special education FTE in this column. You may prorate to either tenths (0.0) or hundredths (0.00) but be consistent. This is determined by the ratio of time spent in special education programs to the total program of the pupil. Use the clock hours of a normal school week as the denominator. Hours spent in special education basic classroom programs are the numerator.
- Column 4 through Column 17: List the number of hours in FTE that each student spends in general education according to the assigned general education grade level.
- Column 18: The total FTE in both general and special education basic classroom programs, column 3 through 17, **will total automatically.**
- Column 19: Indicate students' age at last birthday.

**Column totals will calculate automatically.** Line totals in column 3 through 17 equal totals in column 18. Column 19 total is not transferred to any other page.

The total in column 3 is summed with all the B worksheets of the same teacher reimbursement code and transferred to the special education page column 2 under the appropriate reimbursement code for intermediate school districts (ISDs) and column 2 or column 3 for local educational agencies (LEAs) depending on whether the pupils are residents or nonresidents.