

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987



SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

NDE (06-008)
Revised 09/21/01
Date Due: October 31

County/District Number	_____		County Name	_____	
District Name	_____		Phone Number	_____	
Address	_____				

	City		State		Zip Code

CERTIFICATION BY SCHOOL DISTRICT OFFICER

I, _____ as _____ of the Board of Education _____
School District, which is District No., _____, of _____ County, hereby certify that this is an accurate report of the Special
Education expenditures that have been paid by this school district or approved cooperative for service to eligible verified students with disabilities and
Support Services expenditures that have been paid by the school district or approved cooperative for preventive services for students not identified or
verified as having a disability . . . but who demonstrate a need for specially designed assistance in order to benefit from the general education
curriculum.

Authorized Signature Date

Preparer	_____	E-mail Address	_____
----------	-------	----------------	-------

01-0-0000 Special Education Program

01-1-0000 Owned and Operated Programs

Ages 5 to 21
(USE WHOLE DOLLARS)

01-1-1000 Supervisory Services

01-1-1025 Professional Salaries (110)	FTE	_____	\$	_____
01-1-1175 Clerical Salaries (140)	FTE	_____		_____
01-1-1225 Employee Benefits (200's)				_____
01-1-1250 In-service (319)				_____
01-1-1275 Postage (381)				_____
01-1-1300 Printing/Publications (400's)				_____
01-1-1450 Staff Mileage (670)				_____
01-1-1999 Sub-Total of Lines 01-1-1025 through 01-1-1450	01-1-1999		\$	=====

01-1-2000 Diagnostic Services

01-1-2025 Professional Salaries (110)	FTE	_____		_____
01-1-2175 Clerical Salaries (140)	FTE	_____		_____
01-1-2200 Paraprofessional Salaries (140)	FTE	_____		_____
01-1-2225 Employee Benefits (200's)				_____
01-1-2250 In-service (319)				_____
01-1-2275 Postage (381)				_____
01-1-2300 Printing/Publications (400's)				_____
01-1-2325 Supplies (410)				_____
01-1-2350 Textbooks/Instructional Materials (420)				_____
01-1-2425 Equipment and Maintenance (318,530's, 560's)				_____
01-1-2450 Staff Mileage (670)				_____
01-1-2999 Sub-Total of Lines 01-1-2025 through 01-1-2450	01-1-2999		\$	=====

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987

SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

NDE (06-008)
Revised 08/01
Date Due: October 31

County Name	County/District Number	District Name
-------------	------------------------	---------------

Ages 5 to 21
(USE WHOLE DOLLARS)

01-1-3000 Consultative Services			
01-1-3025	Professional Salaries (110)	FTE _____	\$ _____
01-1-3225	Employee Benefits (200's)		_____
01-1-3250	In-service (319)		_____
01-1-3275	Postage (381)		_____
01-1-3300	Printing/Publications (400's)		_____
01-1-3450	Staff Mileage (670)		_____
01-1-3999	Sub-Total of Lines 01-1-3025 through 01-1-3450	01-1-3999	\$ _____
01-1-4000 Vocational Adjustment Counselor Services			
01-1-4025	Professional Salaries (110)	FTE _____	\$ _____
01-1-4200	Paraprofessional Salaries (140)	FTE _____	_____
01-1-4225	Employee Benefits (200's)		_____
01-1-4250	In-service (319)		_____
01-1-4325	Supplies (410)		_____
01-1-4350	Textbooks/Instructional Materials (420)		_____
01-1-4375	Library Books/Materials (430)		_____
01-1-4400	Audio-Visual Materials (450)		_____
01-1-4425	Equipment and Maintenance (318,530's, 560's)		_____
01-1-4450	Staff Mileage (670)		_____
01-1-4999	Sub-Total of Lines 01-1-4025 Through 01-1-4450	01-1-4999	\$ _____
01-1-5000 Instructional/Therapy/Counseling Services			
01-1-5050	Instructional Salaries (110)	FTE _____	\$ _____
01-1-5075	Therapy Salaries (140)	FTE _____	_____
01-1-5100	Counseling Salaries (110)	FTE _____	_____
01-1-5125	Education Sign Language Interpreter (110)	FTE _____	_____
01-1-5150	Substitute Salaries (120)	FTE _____	_____
01-1-5200	Paraprofessional Salaries (140)	FTE _____	_____
01-1-5225	Employee Benefits (200's)		_____
01-1-5250	In-service (319)		_____
01-1-5325	Supplies (410)		_____
01-1-5350	Textbooks/Instructional Materials (420)		_____
01-1-5375	Library Books/Materials (430)		_____
01-1-5400	Audio-Visual Materials (450)		_____
01-1-5425	Equipment and Maintenance (318,530's, 560's)		_____
01-1-5450	Staff Mileage (670)		_____
01-1-5999	Sub-Total of Lines 01-1-5050 through 01-1-5450	01-1-5999	\$ _____
01-1-6000 Health Protection/Medically Related Expenditures			
01-1-6475	Health Protection for Staff		\$ _____
01-1-6500	Medically Related Expenditures for Child		_____
01-1-6999	Subtotal of line 01-1-6475 through 01-1-6500	01-1-6999	\$ _____
01-1-0000 Owned and Operated Special Education Programs - Total			
01-1-9999	(Sum of Lines 01-1-1999, 01-1-2999, 01-1-3999, 01-1-4999, 01-1-5999 and 01-1-6999)	01-1-9999	\$ _____

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987

SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

NDE (06-008)
Revised 08/01
Date Due: October 31

County Name	County/District Number	District Name
-------------	------------------------	---------------

01-2-0000 Contracted Special Education Programs/Health Protection/Medically Related Expenditures (360, 370)

(List and Identify Approved Providers on Section 04-0-0000)

01-2-0125	Education Sign Language Interpreter	\$	_____
01-2-0200	Paraprofessional		_____
01-2-0250	In-service		_____
01-2-0475	Health Protection for Staff		_____
01-2-0500	Medically Related Expenditures for Child		_____
01-2-0525	Supervision Services & Mileage		_____
01-2-0550	Diagnostic Services & Mileage		_____
01-2-0575	Consultant Services & Mileage		_____
01-2-0600	Voc. Adjust. Counselor Services & Mileage		_____
01-2-0625	Instructional/Therapy/Counseling Services & Mileage		_____
01-2-0650	Health Services		_____

01-2-0000 Contracted Special Education Programs-Total

01-2-9999	(Sum of Lines 01-2-0125 through 01-2-0650)	01-2-9999	\$	=====
-----------	--	-----------	----	-------

01-3-0000 Deductions

	AAPC Deduction			
01-3-0675	SPECIAL EDUCATION STUDENT FTE (Cumulative of SPED FTE for students with an aggregate of more than three hours per week of all SPED services.) See Student FTE Calculations.	FTE		_____.____
01-3-0700	AAPC (See Attached Label Page 1)			
	Total AAPC Deduction	AAPC 01-3-0700		_____
01-3-0725	Line 01-3-0675 Multiplied by Line 01-3-0700	01-3-0725	\$	_____
01-3-0750	Tuition Received (List and complete Section 06-0-0000)	01-3-0750		_____
01-3-0775	Receipts Wards of State	01-3-0775		_____
01-3-0800	IDEA Grant Funding (Include total from 01-4-0920)	01-3-0800		_____
01-3-0825	Other Receipts/Deductions Specify _____	01-3-0825		_____

01-3-0000 Deductions - Total

01-3-9999	(Sum of Lines 01-3-0725, 01-3-0750, 01-3-0775, 01-3-0800 and 01-3-0825)	01-3-9999	\$	=====
-----------	---	-----------	----	-------

01-4-0000 IDEA Funding

01-4-0900	IDEA (Enrollment/Poverty) Funding Received	01-4-0900	\$	_____
-----------	--	-----------	----	-------

ALLOCATE IDEA FUNDING TO ONE OR MORE OF THE FOLLOWING CATEGORIES:

School Age Special Education Program (Ages 5 to 21)

01-4-0910	Allocated IDEA Funding to the increase of existing School Age SPED program allowable excess costs over the previous school year. (Costs included in sections 01-1-xxxx and 01-2-xxxx and allowable/reimbursable per 92NAC51.)	01-4-0910	\$	_____
01-4-0920	Allocated IDEA Funding to new and/or expanded School Age SPED program allowable excess costs or continuation of previous school year IDEA funded School Age SPED programs. (Costs included in sections 01-1-xxxx and 01-2-xxxx and allowable/reimbursable per 92NAC51)	01-4-0920	\$	_____
01-4-0930	Allocated IDEA Funding to allowable School Age SPED Program costs, however not allowable per 92NAC51. (Costs not included in sections 01-1-xxxx and 01-2-xxxx and allowable/but not reimbursable per 92NAC51) Include a description of the expenditures reported on line 01-4-1930: _____ _____ _____	01-4-0930	\$	_____

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

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987

SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

NDE (06-008)
Revised 08/01
Date Due: October 31

County Name	County/District Number	District Name
-------------	------------------------	---------------

Below Age Five Special Education Program (Ages 0 through 4)

01-4-0940	Apply IDEA Funding to the increase of existing Below Age Five SPED program allowable costs over the previous school year, new and/or expanded Below Age Five SPED program costs or continuation of previous school year IDEA funded Below Age Five SPED programs, or allowable Below Age Five SPED program costs, however not allowable per 92NAC51. (The IDEA Funding section of the Final Financial Report For Children With Disabilities Birth To Age Five must be completed to reflect this allocation.)	01-4-0940	\$ _____
-----------	---	-----------	----------

Special Education Transportation

01-4-0950	Apply IDEA Funding to the increase of existing School Age SPED Transportation allowable costs over the previous school year, new and/or expanded School Age SPED Transportation Costs or continuation of previous school year IDEA funded School Age SPED Transportation, or allowable School Age SPED Transportation costs, however not allowable per 92NAC51. (The IDEA Funding section of the Final Financial Claim Form For Transportation Expenses For Students With Disabilities must be completed to reflect this allocation.)	01-4-0950	\$ _____
-----------	--	-----------	----------

01-4-0960	Apply IDEA Funding to the increase of existing Below Age Five SPED Transportation allowable costs over the previous school year, new and/or expanded Below Age Five SPED Transportation costs or continuation of previous school year IDEA funded Below Age Five SPED Transportation, or Allowable Below Age Five SPED Transportation costs, however not allowable per 92NAC51. (The IDEA Funding section of the Final Financial Claim Form For Transportation Expenses For Students With Disabilities must be completed to reflect this allocation.)	01-4-0960	\$ _____
-----------	--	-----------	----------

01-4-9999	Sub-Total of Lines 01-4-0910 through 01-4-1960 (Line 01-4-9999 must equal Line 01-4-0900)	01-4-9999	\$ _____
-----------	---	-----------	----------

01-0-0000 Special Education Program

01-0-9999	(01-1-9999 plus 01-2-9999 minus 01-3-9999) (Owned and Operated Total plus Contracted Total minus Deduction = Total)	01-0-9999	\$ _____
-----------	---	-----------	----------

02-0-0000 Support Services

Your school district or approved cooperative must have an approved Support Services project (Flexible Funding Option) application and final report to claim costs on Line 02-0-9999.

02-0-0000 Support Services – Total

02-0-9999	(Actual costs of your School District or Approved Cooperative Support Service Project based on expenditure report submitted to to the Special Populations Office.)	02-0-9999	\$ _____
-----------	--	-----------	----------

03-0-0000 SUMMARY - Allowable Excess Costs

03-1-0000	Totals as reported on 01-0-9999.	03-1-0000	\$ _____
-----------	----------------------------------	-----------	----------

03-2-0000	Total of line (p) from FINAL FINANCIAL REPORT SCHOOL AGE SPECIAL EDUCATION FOR ACTUAL COSTS WITH MOBILE LEARNING UNITS (If applicable)	03-2-0000	\$ _____
-----------	--	-----------	----------

03-3-0000	Totals as reported on 02-0-9999.	03-3-0000	\$ _____
-----------	----------------------------------	-----------	----------

03-4-0000	Add Lines 03-1-0000, 03-2-0000, 03-3-0000	03-4-0000	\$ _____
-----------	---	-----------	----------

03-5-0000	Maximum percentage reimbursement approved by the State for Support Services. (See attached label Page 1.)	03-5-0000	_____ . _____ %
-----------	---	-----------	-----------------

03-6-0000	Line 03-4-0000 multiplied by Line 03-5-0000	03-6-0000	\$ _____
-----------	---	-----------	----------

03-7-0000	Enter the smaller of Line 02-0-9999 and Line 03-6-0000	03-7-0000	\$ _____
-----------	--	-----------	----------

03-0-0000 Total Special Education and Support Services Eligible for Reimbursement

03-0-9999	Add Lines 03-1-0000, 03-2-0000 and 03-7-0000	03-0-9999	\$ _____
-----------	--	-----------	----------

Special Education including Support Services reimbursement is dependent on available funds appropriated for Special Education and total allowable costs claimed statewide for Special Education, including Support Services. Actual school district approved cooperative reimbursement will be determined by the total (Line 03-0-9999) multiplied by the statewide proration. (Special Education appropriation divided by total statewide special education and support services costs.)

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

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987

NDE (06-008)
Revised 08/01
Date Due: October 31

SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

County Name	County/District Number	District Name
-------------	------------------------	---------------

SECTION 04-0-0000: CONTRACTED SERVICE AGENCIES AND INDIVIDUAL PROVIDERS

(Attach billings; failure to do so may jeopardize payment.)

[illegible]

(Make copies of this page as necessary)

Return to:
Nebraska Department of Education
Financial Services
P.O. Box 94987
Lincoln, NE 68509-4987

SPECIAL EDUCATION
AND SUPPORT SERVICES
FINAL FINANCIAL REPORT
FOR SCHOOL AGE STUDENTS (AGES 5 TO 21)
School Year _____

NDE (06-008)
Revised 05/00
Date Due: October 31

County Name and Number	County/District Number	District Name
------------------------	------------------------	---------------

SECTION 05-0-0000 - SUPPLEMENTARY REPORT OF EXPENDITURES

SECTION 06-0-0000 - TUITION RECEIVED FROM CONTRACTING DIST.

- Complete this section if an entry was made on Line 01-3-0750.

A Social Security Number	B List Names of Personnel Paid (Last name first, first name and middle initial)	C FTE	D Indicate Type of Staff According to Following Identification: 1. Professional 2. Paraprofessional 3. Clerical 4. Substitutes 5. Cert Sign Lang Interpreters	E Identify Amount of Salary Paid to Each Individual (Sub-Total for each type of Service	Nebraska Contracting Districts County No./District No.	Total	
						FTE	Tuition Amount
					Total		