

FLORIDA DEPARTMENT OF EDUCATION



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K12: 2005-06

MEMORANDUM

TO: Exceptional Student Education Directors

FROM: Bambi J. Lockman

DATE: February 15, 2005

SUBJECT: 2004-2005 Report of Residential Contract Costs (Form #ESE085)

In support of the Florida Department of Education's goal to ensure quality and efficient services, Rule 6A-6.0361(7)(f), Florida Administrative Code (FAC), requires school districts that contract with a nonpublic residential school or community facility program to provide special education and related services to a student with disabilities to submit a copy of the contract to the Department of Education. Please complete the enclosed Report of Residential Contract Costs (Form ESE 085) for each contract for residential placement, and return the form(s) with a copy of the contract to Eileen L. Amy, Administrator, ESE Program Administration and Quality Assurance, by March 31, 2005.

When contracts with nonpublic residential schools are used, please remember the following:

1. Annually, a copy of the contract(s) signed by all participating parties must be filed with the Bureau of Exceptional Education and Student Services.
2. When a contract with a nonpublic residential school is terminated prior to the anticipated end of the contract period, the contract termination section of ESE 085 must be completed and submitted to the Bureau.

Districts are also required to submit to the Bureau, as specified in Rule 6A-6.0361(7)(f), FAC, a copy of contracts for educational services for students with disabilities served by nonpublic schools or community agencies in nonresidential programs.

BAMBI J. LOCKMAN

Chief

Bureau of Exceptional Education and Student Services

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This also includes, but is not limited to, contracts with agencies for the provision of special education and related services to prekindergarten children with disabilities. This **does not include** interagency agreements, or cooperative agreements related to the placement of school district staff in community facilities; nor does it include contractual agreements related to services provided to students (nondisabled and disabled) in juvenile justice facilities.

Should you need assistance, you may contact Eileen Amy, Administrator, Program Administration and Quality Assurance, or Dr. Bill Parker, Program Specialist, at (850) 245-0476 or by electronic mail at Eileen.Amy@fldoe.org or Bill.Parker@fldoe.org. Your continued cooperation in implementing these procedures is appreciated.

BJL/blp

Enclosure

cc: District School Superintendents
District School Finance Officers

Please return annually to:

Administrator, Program Administration
and Quality Assurance
Bureau of Exceptional Education and
Student Services

Florida Department of Education
325 West Gaines Street, Room 614
Tallahassee, Florida 32399-0400
(850) 245-0476, SunCom 205-0476

FLORIDA DEPARTMENT OF EDUCATION
STUDENT ACHIEVEMENT AND ARTICULATION
BUREAU OF EXCEPTIONAL EDUCATION AND
STUDENT SERVICES



**REPORT OF RESIDENTIAL
CONTRACT COSTS**

2004-2005

1. School District:		Date:	
2. Contracted school:			
3. Address of Contracted School: _____ _____ _____		4. Name of Student (Last, First, MI):	
5. Florida Student Number Identifier:		6. Date of Birth:	
7. Primary Exceptionality: _____, Other Areas of Eligibility: _____, _____			
8. School District Cost of Contract With Nonpublic School: \$ _____			
9. Matrix Cost Factor: (circle one) 254 255 Not Applicable			
10. Does Another Agency Participate in the Cost of Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. If Yes, List Cost to Each Agency and Name of Agency: Cost: \$ _____ Agency: _____ Cost: \$ _____ Agency: _____			
12. Is Any Insurance Paying Part of Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. If Yes, List Amount Paid and Name of Insurance Company: \$ _____			
14. Certifying Signature: _____		_____	
ESE Administrator or Designee		Date Signed	

REPORT OF RESIDENTIAL CONTRACT TERMINATION

1. Date of Termination: _____	
2. FTE Count(s) Used During the Contract Period: <input type="checkbox"/> October <input type="checkbox"/> February	
3. Reason for Termination: _____	
4. Present Location of Student: _____	
5. Amount of Actual Expenditure by School District: \$ _____	
Agency _____	\$ _____
Agency _____	\$ _____