



2004-05 SPECIAL EDUCATION CATASTROPHIC OCCURRENCE CLAIM WORKSHEET

1. Student's Name

2. Student Identification Number

3. Student's Primary Disability Code

4. Provide a dollar estimate through the end of the 2004-05 school year of the TOTAL costs associated with this Catastrophic Occurrence claim.

5. Provide a dollar estimate through the end of the 2004-05 school year of the Medicaid reimbursements for this Student that offset this Catastrophic Occurrence claim.

6. Provide a dollar estimate through the end of the 2004-05 school year of the Title VI-B expenditures for this Student that offset this Catastrophic Occurrence claim.

7. Provide a dollar estimate through the end of the 2004-05 school year of any other revenue received specifically for this Student that offset this Catastrophic Occurrence claim (e.g., from restricted state special education sources or from a third party).

8. After offsetting the amounts in Items 5-7 above, provide a dollar estimate through the end of the 2004-05 school year of the cost of this Catastrophic Occurrence (must be at least \$15,000).

9. Indicate the portions of the amount shown in Item 8 that are instructional costs.

a) Special Education Teacher

b) Teacher's Name

c) Speech Language Pathologist

d) SLP's Name



2004-05 SPECIAL EDUCATION CATASTROPHIC OCCURRENCE CLAIM WORKSHEET

- e) Special Education Aide
- f) Aide's Name
- g) Other
- h) Specify
- i) Other
- j) Specify

10. Indicate the portions of the amount shown in Item 8 that are **related service** costs.

- a) Speech Therapy
- b) Physical Therapy
- c) Occupational Therapy
- d) Private Duty Nurse
- e) Personal Care Assistant
- f) Educational Interpreter
- g) Mental Health Services
- h) Transportation
- i) Other
- j) Specify
- k) Other
- l) Specify

11. Indicate the portions of the amount shown in Item 8 that are **other direct service** costs. Amounts shown in this Item may cover both 2003-04 and 2004-05 costs if the Student was or is enrolled during 2004-05 AND if the amounts were not reimbursed in 2003-04.

- a) Durable Medical Equip/Supplies
- b) Specify
- c) Assistive Technology
- d) Specify



2004-05 SPECIAL EDUCATION CATASTROPHIC OCCURRENCE CLAIM WORKSHEET

e) Alternative Communication

f) Specify

g) Training

h) Specify

i) Other

j) Specify

k) Other

l) Specify

12. The School District Superintendent certifies that:

a) This Special Education Catastrophic Occurrence claim is submitted as defined by Arkansas Code Annotated 6-20-2303(20)

and

b) The amounts entered in Items 9-11 have been verified and add up to the total amount indicated in Item 8.

Yes

No

Save

Exit

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