

# SBAP Direct Services Cost Worksheet for the 2011-2012 School Year

See reverse for instructions

LEA Name: <sup>1</sup> \_\_\_\_\_

Service Specialty	Salaries <sup>2</sup>	Benefits <sup>3</sup>	Student Service Hours <sup>4</sup>	Contracted Service Costs or Hourly Rate <sup>5</sup>	Contracted Service Hours <sup>6</sup>
Occupational Therapy	\$	\$		\$	
Audiology	\$	\$		\$	
Speech	\$	\$		\$	
Psychology	\$	\$		\$	
Psychiatry	\$	\$		\$	
Nursing – Registered Nurse	\$	\$		\$	
Physician/CRNP*	\$	\$		\$	
Social Work	\$	\$		\$	
Personal Care Assistant	\$	\$		\$	
Physical Therapy	\$	\$		\$	
Orientation and Mobility	\$	\$		\$	
Teacher of Hearing Impaired	\$	\$		\$	
Nursing – Practical Nurse	\$	\$		\$	
	\$	\$		\$	

\*CRNP – Medical Authorization

## Certification and Approval Section <sup>8</sup>

### Contact Information Section <sup>7</sup>

Prepared By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above data is true, correct, and prepared from the books and records of the LEA in accordance with applicable instructions.

Signature: \_\_\_\_\_  
 Superintendent or Designee  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please attach the *Partially Federally Funded Staff Form*, if applicable, to this worksheet and submit both to Leader Services via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201-0058.