

#### SUPERINTENDENT’S VERIFICATION OF SPED AID Form

**SPED AID - 22**

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAU # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Students with Special Education Aid Cost Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Special Education Costs Reported for District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that, during Fiscal Year 2022 - 2023 the total expenses entered above were incurred by the school district for services provided to the Special Education students who were eligible for Special Education Aid.

I certify that the district is only requesting reimbursement for costs paid by local funds. No reimbursement is being requested for personnel or services paid by IDEA federal funds.

Detailed accounting will be maintained by the school district and will include the invoices, as well as checks and payment vouchers on which the payments were made.

**Please ensure a copy of each student’s current financial summary page is attached.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent of Schools signature Date