


Special Education Expenditure Project (SEEP)
Sponsored by the U.S. Department of Education

Contact information	
<i>Please complete the required information before returning this questionnaire</i>	
School (required)	_____
District (required)	_____
State (required)	_____
Respondent Name (optional)	_____
Phone (optional)	_____
Email (optional)	_____

State Director of Special Education

 Once completed, please return this questionnaire with all other SEEP forms to the American Institutes for Research.

INFORMATION ABOUT REPORTING BURDEN

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0629. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-2731. If you have comments or concerns regarding your individual submission of this form, write directly to: Scott Brown, Office of Special Education Programs, U.S. Department of Education, 400 Maryland Ave., SW, Washington, D.C. 20202.

OMB Number 1820-0629

Expiration Date: 02/28/2003

Thank you for your participation!



AMERICAN INSTITUTES FOR RESEARCH

I. State Level Administration and Support for Special Education

1. What was the total amount of IDEA funds your state received for the 1999-2000 school year?

Total funds received	
IDEA Part B – Basic Grant funds:	\$ _____
IDEA Part B – Preschool Grant funds:	\$ _____

2. Allocation and Uses of Federal and State Administration Funds for 1999-2000

In the table below, please do the following:

- (a) Indicate the total federal and state amounts allocated within the three major categories of activities.
- (b) Indicate whether funds were used for each of the “allowable cost” activities under IDEA regulations 300.620-621 by checking “yes” or “no” in the boxes.
- (c) Indicate the amounts spent on each of the sub-activities (e.g., I-a, I-b, etc.).

Note: If you do not have information for 1999-2000, please estimate by using 1998-99 budget information.

If you cannot provide data for the specific categories provided, please send any available information regarding the allocation and uses of federal and state funds for state administration and related purposes.

Table I-1 Allocation and Uses of Federal and State Administration Funds

State Special Education Administration and Support Activities	Federal IDEA Part B Funds		State Funds			
	Were federal funds used for this activity?		How much federal funding was allocated for each activity? <i>Write “N” if there is no way to provide or estimate this amount.</i>	Were state funds used for this activity?		How much state funding was allocated for each activity? <i>Write “N” if there is no way to provide or estimate this amount.</i>
	YES	NO		YES	NO	
I. Funds for direct state administration (retained under 300.602 and used for “allowable costs” under 300.621)	TOTAL ▶		\$ _____	TOTAL ▶		\$ _____
a. Administration of state activities under Part B and planning at the state level	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. Approval, supervision, monitoring, and evaluation of local programs	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. Technical assistance to LEAs regarding the requirements of Part B	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. Leadership services for program supervision and management	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
e. Other state leadership activities and consulting services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Table I-1 Allocation and Uses of Federal and State Administration Funds (continued)

State Special Education Administration and Support Activities	Federal IDEA Part B Funds			State Funds		
	Were federal funds used for this activity?		How much federal funding was allocated for each activity? <i>Write "N" if there is no way to provide or estimate this amount.</i>	Were state funds used for this activity?		How much state funding was allocated for each activity? <i>Write "N" if there is no way to provide or estimate this amount.</i>
	YES	NO		YES	NO	
II. IDEA funds retained under 300.602, but <i>not used for administration</i> under 300.620 (i.e., SEA allocations under 300.370) and state funds used for the types of activities below	TOTAL		\$ _____	TOTAL		\$ _____
a. Support and direct services, including technical assistance and personnel development and training	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. Administrative costs of monitoring and complaint investigation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. To establish and implement the mediation process	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. To assist LEAs in meeting personnel shortages	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
e. To develop State Improvement Plan under subpart 1 of Part D	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
f. Activities at state and local levels to meet state performance goals and support implementation of the State Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
g. To supplement other amounts used to develop and implement a statewide coordinated services system	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
h. For subgrants to LEAs for local capacity building	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
III. Other State Special Education Administration and Support Activities (Please specify.)	TOTAL		\$ _____	TOTAL		\$ _____
a. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
e. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
f. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
g. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

II. Special Education Funding and Enrollment Data for School Districts and Other Agencies for 1999-2000.

3. **Request for data file.** Please provide a data file containing special education enrollments by disability and by district.

4. **Please provide the information shown in Table II-1** for all local education agencies providing special education services to your state's students. These should include regular school districts and special education cooperatives, regional agencies, or other intermediate educational units involved in special education in your state. Please include all agencies that receive any federal or state funding for the provision of special education services, even if the agency does not provide direct services to students and has no enrollment. You may complete the form on the following page, rather than sending an electronic file or an existing report. Please make enough copies of the form to list all of the districts in your state. Specifically, we would like the following information:

Agency type. For each of the school districts or agencies receiving funds, please identify the type of district: elementary, high school, unified, special education cooperative, intermediate education unit, non-public school, out-of-state school, or other LEA.

Special education funding for 1999-2000. Please provide the amount of state and federal special education funds allocated to each school district and other agency in your state. We are not asking for disbursements or obligations, but rather, for the amount of funds the state plans to provide to each *subgrantee* over the entire period that the funds are available. State funding should be reported in column 4. Federal IDEA funding should be reported in columns 5a (Part B-Basic Grant, school age), 5b (Part B-preschool grant, section 619 funds), and 5c (other IDEA funds received by the district).

Enrollment and number of special education children for 1998-99. For each school district, please provide the total number of students and the number of special education students (under Part B of IDEA) enrolled in the district and for which state funding was provided for the 1999-2000 school year. The total of all the district enrollments in column 6a should equal the total enrollment in your state. In column 6b, provide the number of special education students served for which the state provides special education funding in each district.

NOTE: We would prefer an electronic file if possible.

Once completed, please return this questionnaire to the American Institutes for Research.

Special Education Expenditure Project (SEEP)
Attn. James Van Campen
American Institutes for Research
John C. Flanagan Research Center
1791 Arastradero Road
Palo Alto, CA 94304

Thank you for your participation!

IDENTIFICATION

All responses provided for this study are kept confidential; however, sometimes we need to follow up to clarify a response. To help us make this contact, we request that you please fill in the information below. We probably will not need the information but would appreciate having it, just in case. Once the survey data are all entered, we will delete all identifying information from our files.

Respondent Name: _____

Phone: (____) ____ - _____ ext. _____

Best Day and Times to Reach You

Days: M T W Th F between ____: ____ AM or PM (circle) and ____: ____ AM or PM (circle)