

Special Education Claim and Claim Verification Form

Park Rapids Area Schools

Independent School District #309

Name: _____
 Address: _____

Date	Claim Description	Amount
Total Amount of Claim		

Attach receipts if required

1. In the absence of special education needs, would this cost exist? _____
2. Is this cost also generated by students without disabilities? _____
3. If it is a child specific service, program, supply or equipment, is the need documented in the student IEP? If yes, enter students MARSS number. If expense is for special education program, enter several MARSS numbers.

4. Will this item, service or project expand and enhance the direct instruction of students with disabilities?

I, the undersigned do solemnly swear that the within amount is just and true; that the services therein were rendered and of the value charged; that the goods therein contained were delivered of the value therein charged and that no part of the same has been paid.

Signature of Claimant _____ Date _____

Signature of Supervisor _____ Date _____

Code _____ Amount _____

Code _____ Amount _____