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|  | ***Special Education Planning and Policy Development Office***  ***Proportionate Share Carryover Questionnaire***  ***FY: 2022*** |

**Introduction:** Proportionate share is the amount of IDEA Part B Federal funds the LEA must set aside to provide special education services to parentally-placed private, parochial, and home schooled students who have been evaluated and determined eligible for special education services.

Proportionate share carryover funds are proportionate share funds the LEA did not spend in the first year of obligation. These unspent funds carry over to the next year and must be budgeted and spent on proportionate share expenditures before any of the proportionate share current year obligation amount is spent. If the LEA cannot completely spend the carryover funds during the second year having met all requirements in 34 CFR §300.130-148, the LEA may use the unexpended funds to pay for other allowable IDEA Part B expenditures for that same LEA. This situation should be the exception.

**Instructions: Please complete this form and email it along with documentation of refused services (if applicable) and your detailed general ledger of proportionate share expenditures for FY22 and FY23 to** [**IDEAEquitableServices@mass.gov**](mailto:IDEAEquitableServices@mass.gov) **for review and approval. We may select a sample of expenditures to test and will request additional documentation.**

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| **LEA Name:** |  | ***LEA Code:*** |  |
| **Contact Name:** |  | ***Title:*** |  |
| **Email:** |  | ***Phone:*** |  |

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| **FY22 IDEA Part B Obligation:** | $ |
| **FY22 IDEA Part B Funds Expended:** | $ |
| **FY22 IDEA Part B Funds to be reverted:** | $ |

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| **FY22 ARP IDEA Obligation:** | $ |
| **FY22 ARP IDEA Funds Expended:** | $ |
| **FY22 ARP IDEA Funds to be reverted:** | $ |

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| **Select Yes or No for each option to indicate the rational for unexpended prior school year proportionate share carryover funds.** *At least one option must have Yes selected.* | | |
| **Rational** | **Yes** | **No** |
| Student(s) no longer attend private/parochial or home school within the district. |  |  |
| Student(s) aged out/graduated from private/parochial or home school. |  |  |
| Private/parochial school(s) refused services. |  |  |
| Parents refused services. |  |  |
| Proportionate Share carryover funds exceeded the amount needed for services. |  |  |
| Other (describe below) |  |  |
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| 1. Please describe how you plan to spend the carryover funds? |
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| 1. Did you have at least 3 timely and meaningful consultation meetings throughout the year? (Y/N) Please provide dates of each meeting. 34 CFR § 300.134-135 |
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| 1. Did you receive signed affirmations from all attendees at each meeting? (Y/N) If No did you notify DESE by emailing IDEAEquitableServices@mass.gov that signed affirmation(s) were not received within a reasonable amount of time? 34 CFR § 300.134-135 |
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| 1. Did you conduct Child Find to locate and identify parentally placed private/parochial or home school students? (Y/N) 34 CFR § 300.131 |
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| 1. Were Services Plans developed for each eligible student receiving proportionate share services? (Y/N) If No please provide a brief explanation for not developing services plans. 34 CFR § 300.138(b) |
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| **The questionnaire has been prepared by the LEA, all information documented by the LEA is true and is attested by the signing of the LEA’s authority or designee.** | |
| **Signature:** |  |
| **Date:** |  |