



Individuals With Disabilities Education Act (Part B) Exception(s) Documentation

Name of Cooperative/District: _____ LE#: _____ Phone: _____
Name of Person Completing Form: _____ Signature: _____
Date _____

As part of the Part B application approval process, applicants must comply with 34 CFR 300.203, Maintenance of Effort. The U.S. Department of Education determines compliance with this requirement by comparing actual expenditures for the most recent fiscal year to the previous year in which effort was maintained using a particular measure.

The IDEA 2004 and its final regulation 34 CFR 300. 204 Exception to Maintenance of Effort allows for the following exceptions to maintenance of effort:

- a. The voluntary departure, by retirement or otherwise, or departure for just cause, of special education personnel or related services personnel;
- b. A decrease in the enrollment of children with disabilities;
- c. The termination of the obligation of an LEA, consistent with this part, to provide a program of special education to a particular child with a disability that is an exceptionally costly program, as determined by the state educational agency, because the child –
 - i. has left the jurisdiction of the LEA;
 - ii. has reached the age at which the obligation of the LEA to provide a free appropriate public education to the child has terminated;
 - iii. no longer needs such program of special education; or
- d. The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities.

NOTE: When determining figures for maintenance of effort, the Office of Public Instruction checks for decreases in enrollment of children with disabilities, and excludes from the calculation costly expenditures for long- term purchases, such as the acquisition of equipment or the construction of school facilities. Therefore, these exceptions have already been considered by the Office of Public Instruction.

If the cooperative and/or participating districts did not maintain effort and the reason is attributable to any of the following “allowed exceptions,” please check all boxes that apply, provide supportive documentation on the back of this form, and return it to the Office of Public Instruction.

- ☐ The voluntary departure, by retirement or otherwise, or departure for just cause, of special education personnel;
- ☐ A decrease in the enrollment of children with disabilities;
- ☐ The termination of the obligation of an LEA, consistent with the requirements of the Individuals with Disabilities Education Act, to provide a program of special education to a particular child with a disability that is an exceptionally costly program, as determined by the state education agency; or
- ☐ The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities.

Please provide an explanation for the decrease in expenditures. Identify the exact amount of decrease in salaries and benefits for each exception and list the line items in the trustees' report where it can be identified. If the decrease is the result of a student leaving the district, provide the initials and birth date of that student and type of service provided. Differentiate between Local and State funds.

Examples:

Voluntary departure

Reason-Teacher retired

Name Jane Doe Salary \$50,000 Benefits \$10,000

Replaced by Bev Jones Salary \$42,000 Benefits \$8,000

Difference \$8,000 \$2,000

Exception requested \$10,000

Termination of an exceptionally costly program

Student initials JAC BD 03/25/2002

What terminated- JAC required a full-time para that was not rehired

Para name-Jason Olson Salary \$18,000 Benefits \$2,000

Exception requested \$20,000

Voluntary Departure

Reason: _____

Name of Person Departing: _____ Salary: _____ Benefits: _____

Replaced by: _____ Salary: _____ Benefits: _____

Difference: _____ Salary: _____ Benefits: _____

Exception Requested: _____

Termination of an exceptionally costly program:

Students Initials: _____ Birth Date: _____

What terminated?

Para name: _____ Salary: _____ Benefits: _____

Exception Requested: _____

Other Exception Request:

Please return to:

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FAX: 406-444-3924