



YOLO COUNTY SELPA AB 602 RESERVE REQUEST

DISTRICT: _____ **DATE OF REQUEST:** _____

SSID: _____ **DATE OF BIRTH:** _____

PRIMARY HANDICAPPING CONDITION: _____

DISPOSITION OF CASE: _____

TOTAL AMOUNT OF LEGAL FEES FOR LEA: _____

TOTAL AMOUNT OF LEGAL FEES REIMBURSED TO PARENT/GUARDIAN(S): _____

BEGINNING: _____ **ENDING DATE OF LEGAL PROCEEDINGS:** _____

DATE OF EMERGENCY: _____

DATE OF FACILITATED IEP: _____

DATE OF ALTERNATIVE DISPUTE RESOLUTION: _____

DATE OF FORMAL RESOLUTION SESSION: _____

DATE OF HEARING: _____

BRIEF NARRATIVE OF NEED OR CASE: (INCLUDE EXTRAORDINARY DISTRICT ISSUE & OUTCOME)

Placement Resulted From Due Process or Mediation Decision: Yes ___ No ___

**YOLO COUNTY SELPA
Request for Reimbursement from AB 602 Reserve**

LEA _____
Requested by _____

Date _____
Fiscal Year _____

Expenditures for Reimbursement:

<u>Description</u>	<u>Amount</u>	<u>SELPA Use Only:</u>		
		<u>70% of Amount</u>	<u>Date Approved</u>	<u>Date Paid</u>
_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals	\$ _____	\$ _____		

Please submit invoice with actual costs to SELPA by July 31st.