

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 04-09-2019

Name: Dr. Jan Osborn

Are you representing: Yourself Yes <sup>and</sup> Organization Ohio Coalition for the Education of Children w/ Disabilities

Organization (If Applicable): \_\_\_\_\_

Position/Title: Superintendent - Putnam County Educational Service Center

Address: 124 Putnam Parkway

City: Ottawa State: Ohio Zip: 45875

Best Contact Telephone: 419-523-5951 (W) Email: jan.osborn@putnamcountyesc.org  
419-890-9852 (C)

Do you wish to be added to the committee notice email distribution list? Yes  No \_\_\_\_\_

Business before the committee

Legislation (Bill/Resolution Number): \_\_\_\_\_

Specific Issue: Special Education Funding

Are you testifying as a: Proponent \_\_\_\_\_ Opponent \_\_\_\_\_ Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes  No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 10-12 minutes

Please provide a brief statement on your position:

First, I believe that we need a new special education formula based on a new special education costs <sup>study</sup> which identifies revenue sources and how much money is spent on special education as well as study the actual revenue needed to pay for special education. Secondly, we believe that a

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new comprehensive funding formula must be funded for 100 percent funding.