

PRESCHOOL STAC-1

(Updated February 2014)

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Albany, New York 12234

Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities
Pursuant to Section 4410 of the Education Law

STAC-ID

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Public School District that has Committee on Preschool Special Education Responsibility
County of Child's Current Location (where child resides)
County at Time of Placement in Foster Care or in Temporary Housing or in a residential facility licensed or operated by another State Agency
Service Provider for Special Class, SCIS or SEIT a. _____ b. Is this the same provider that conducted the most recent evaluation for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Program _____

STUDENT INFORMATION		
Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yy)	Student Identification Number (if applicable)	Gender
____/____/____	- -	<input type="checkbox"/> Female <input type="checkbox"/> Male

PLACEMENT TYPE	RACIAL ETHNIC CATEGORY OF STUDENT
Approved Program (DSPRE) <input type="checkbox"/> Special Class <input type="checkbox"/> Special Class Integrated Setting (SCIS) Related Services and/or SEIT (DSSEI) <input type="checkbox"/> Related Services only <input type="checkbox"/> Special Education Itinerant Teacher and/or SEIT plus Related Services	<input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races <i>(see explanation on reverse side)</i>

RELATED SERVICE OR SEIT PROVIDER	TYPE OF RELATED SERVICE	HRS PER DAY	DAYS PER WK

SERVICE INFORMATION	FROM (Mo./Day/Yr.)	TO (Mo./Day/Yr.)	HRS. PER DAY	DAYS PER WEEK	SEIT OR RELATED SERVICES INDIVIDUAL	GROUP	NUMBER OF HALF HOUR SESSIONS	RATE PER HALF HOUR SESSION	TRANSPORTATION
Education or SEIT	____/____/____	____/____/____							Dates of Transportation ____/____/____ ____/____/____ Total Cost of Transportation \$ _____
Related Service 1	____/____/____	____/____/____	Indicate Rel.Serv Type						
Related Service 2	____/____/____	____/____/____	Indicate Rel.Serv Type						
Related Service 3	____/____/____	____/____/____	Indicate Rel.Serv Type						
Related Service 4	____/____/____	____/____/____	Indicate Rel.Serv Type						
Related Service 5	____/____/____	____/____/____	Indicate Rel.Serv Type						

AUTHORIZATION OF PLACEMENT: I certify that the preschool student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Preschool Education and the child is eligible for such placement in accordance with the Regulations of the Commissioner and Section 4410 of the Education Law.

Signature: _____ AUTHORIZED REPRESENTATIVE OF THE BOARD OF EDUCATION-BOU _____ Date of BOE Authorization _____

Racial/Ethnic Groups

All students must be reported as Hispanic/Latino or not Hispanic/Latino. In addition, all students must be reported with at least one race. Students who are reported as Hispanic/Latino, regardless of their race, will be counted as Hispanic or Latino for accountability and other reporting purposes. Students who are reported as not Hispanic/Latino will be counted in the race category in which they are reported for accountability. Non-Hispanic students who are reported with more than one race category will be reported as Multiracial for accountability.

Complete Signature Section

MUNICIPALITY OR CITY OF NEW YORK SIGNATURE SECTION

A. SERVICES PROVIDED PRESCHOOL CHILDREN IN AN APPROVED SED PROGRAM UNDER SECTION 4410 OF THE EDUCATION LAW.

The MUNICIPALITY of _____ has received on _____, 20____ the STAC-1 Authorization of Placement regarding the above-named preschool child requiring educational services as authorized by the Board of Education and served by an agency approved to provide such special educational services by the Commissioner of Education and with whom this municipality has entered into a contract in accordance with the Regulations of the Commissioner of Education and Section 4410 of the Education Laws. Any transportation services provided must be in accordance with Section 4410 and Section 103 of the General Municipal Law.

Signature: _____

Date: _____

B. RELATED SERVICES PROVIDED PRESCHOOL CHILDREN IN ACCORDANCE WITH SECTION 4410 OF THE EDUCATION LAW.

The MUNICIPALITY of _____ has received on _____, 20____ the STAC-1 Authorization regarding the above-named preschool child requiring Related Services as authorized by the Board of Education for an educational rate set by the Municipality in accordance with Section 4410 of the Education Law. Any transportation services provided must be in accordance with Section 4410 and Section 103 of the General Municipal Law.

Signature: _____

Date: _____

PERSON COMPLETING THIS FORM			
Name	Telephone	(Area Code) ()	(Number) - -
Title	Email		

RETURN TO:
NEW YORK STATE EDUCATION DEPARTMENT
STAC & SPECIAL AIDS UNIT
EDUCATION BUILDING ROOM 514W
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234
(518) 474-7116