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STAC ID

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 STAC & Special Aids Unit

STAC-5
 07/02

Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations

Please Print Clearly

1. NAME OF CHILD (Last)		(First)		(MI)							
2. DATE OF BIRTH		3. GENDER		4. SOCIAL SECURITY NUMBER							
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	5. SIS CHILD ID NUMBER							
6. Racial/Ethnic Category of Child (Definitions on the reverse side of this form)											
<input type="checkbox"/> Amer. Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White											
7. The child named above is:											
<input type="checkbox"/> PD - Preschool Student With a Disability <input type="checkbox"/> ND - Non-Disabled											
8a. School District with CPSE Responsibility											
<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											
b. County of Child's Current Location (where child resides)											
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c. County at time of Placement in Foster Care											
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9. Approved Evaluator											
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12. CERTIFICATION OF EVALUATION: I certify that the preschool child herein named received a multidisciplinary evaluation as indicated above and in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education.											
Signature CPSE Chairperson _____ Date _____											
13. MUNICIPALITY SIGNATURE SECTION:											
The municipality of _____ has received on _____ / _____ / _____ the STAC-5 Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations for the above named child pursuant to Section 4410 of the Education Law.											
Signature of Authorized Representative of the Municipality _____ Date _____											
10. List the date each evaluation component was completed (use four digits to indicate month and year). For bilingual evaluations indicate on line provided.											
EVALUATION COMPONENT			Month / Year	Check if Bilingual							
Physical/Medical	PHY										
Social	SOC										
Psychological	PSY										
Audiological	AUD										
Education	EDU										
Neurological	NEU										
Neuropsychological	NPY										
Occupational Therapy	OCT										
Optometric (visual)	OPT										
Orthopedic	ORT										
Otolaryngology	OTO										
Physical Therapy	PHT										
Psychiatric	PYC										
Speech / Language	SPT										
11. Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only. \$ _____											

PLEASE PRINT THE NAME AND ADDRESS OF THE PERSON COMPLETING THIS FORM IN THE SPACE PROVIDED ON THE BACK OF THE ORIGINAL

Definitions of Racial/Ethnic Categories for Item 6 on reverse side of this form:

1. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
2. **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
3. **Black** – A person having origins in any of the black racial groups of Africa.
4. **Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Cultural or origin, regardless of race.
5. **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

INSTRUCTIONS TO THE PUBLIC SCHOOL DISTRICT WITH CPSE RESPONSIBILITY.

1. Complete items 1 through 8.
2. List the State Education Department Approved Evaluator in Item 9.
3. Provide evaluation dates for the components of the multidisciplinary evaluation in item 10. If any evaluation component was conducted in a language other than English, indicate on the line provided to the right.
4. Item 11 should be completed to identify the costs of translating the summary report, for monolingual evaluations.
5. The CPSE Chairperson must sign and date the STAC-5 in item 12.
6. Keep the "CPSE Copy" and forward copies to the county listed in Item 8b.

INSTRUCTIONS TO THE COUNTY OF CHILD'S CURRENT LOCATION.

1. Complete Item 13.
2. Keep one copy, forward a copy to the approved evaluator and the original to:

NYS Education Department
STAC and Special Aids Unit
514 West Hall, Education Bldg.
Albany, New York 12234

* Electronic filers – Do not send a paper copy to SED.

PERSON COMPLETING THIS FORM

NAME: _____

TITLE: _____

PHONE: _____