

Schedule RS-2 Need For Related Services

Agency Name: _____
 Agency Code: _____
 School Code: _____
 Program Code: _____

Reporting Period: July 1, 2009 - June 30, 2010

Complete a separate page for each discipline:

Speech Therapy ____ Physical Therapy ____ Skilled Nursing ____
 Occupational Therapy ____ Counseling ____ Other ____

Page # ____

Column 1	Column 2	Column 3	Column 4a	Column 4b	Column 5	Column 6a	Column 6b	Column 6c	Column 7 a	Column 7b	Column 8	Column 9	Column 10	Column 11	Column 12
Student Name	Student ID Number	School District Code or County Code	Annual IEP Mandated Individual Related Service Sessions Per Week	Annual IEP Mandated Group Related Service Sessions Per Week	Annual Service Authorization Weeks for the Student in Column 1	Annual IEP Mandated Related Service Individual Need (Column 4a Multiplied by Column 5)	Annual IEP Mandated Related Service Group Need (Column 4b Multiplied by Column 5)	Annual IEP Mandated Related Service Need (Sum Columns 6a and 6b)	Annual IEP Mandated Individual Related Service Sessions Provided	Annual IEP Mandated Group Related Service Sessions Provided	Annual IEP Mandated Related Service Sessions Not Provided (Sum Col 9 - 12)	Annual IEP Mandated Related Service Sessions Due To Student Absence	Annual IEP Mandated Related Service Sessions Due To Staff Absence	Annual IEP Mandated Related Service Sessions Due To School Closings	Annual IEP Mandated Related Service Sessions Due To Staff Shortage
1						0.00	0.00	0.00			0.00				
2						0.00	0.00	0.00			0.00				
3						0.00	0.00	0.00			0.00				
4						0.00	0.00	0.00			0.00				
5						0.00	0.00	0.00			0.00				
6						0.00	0.00	0.00			0.00				
7						0.00	0.00	0.00			0.00				
8						0.00	0.00	0.00			0.00				
9						0.00	0.00	0.00			0.00				
10						0.00	0.00	0.00			0.00				
11						0.00	0.00	0.00			0.00				
12 Totals			0.00	0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00