

NEW YORK STATE
CONSOLIDATED FISCAL REPORT 1
For the Period: July 1, 2009 to June 30, 2010

SCHEDULE SED-1
PROGRAM AND
ENROLLMENT DATA

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: _____

| Line No. | COLUMN NUMBER | | | | | | | | | | |
|----------|---|--------|-------------|--------|-------------|--------|-------------|--------|-------------|--------|-------------|
| | PROGRAM NAME | | | | | | | | | | |
| | PROGRAM CODE (PROGRAM CODE INDEX) | () | () | () | () | () | () | () | () | () | |
| | ENROLLMENT (FTE) BY FUNDING SOURCE | SUMMER | SCHOOL YEAR | SUMMER | SCHOOL YEAR | SUMMER | SCHOOL YEAR | SUMMER | SCHOOL YEAR | SUMMER | SCHOOL YEAR |
| 100 | Non-disabled-UPK | | | | | | | | | | |
| 101 | Non-disabled-Other | | | | | | | | | | |
| 102 | Sec.4402 (Art.89) Sch. Dist. Placement | | | | | | | | | | |
| 103 | Department of Health Chapter 428 | | | | | | | | | | |
| 104 | Sec.4408 (Art.89) Sch. Dist. Placement | | | | | | | | | | |
| 105 | Sec.4410 (3-4 yr olds) Sch. Dist. Placement | | | | | | | | | | |
| 106 | Local Social Services District | | | | | | | | | | |
| 107 | Other | | | | | | | | | | |
| 108 | Total by Funding Source (Sum Lines 102-107) | | | | | | | | | | |
| 109 | Number of Days in Session | | | | | | | | | | |
| 110 | Care Days (Line 108 times Line 109) | | | | | | | | | | |
| 115 | Actual SEIS or SEIT Units Provided | | | | | | | | | | |
| 201 | Approved Classroom Ratio | | | | | | | | | | |
| 202 | Number of Classrooms | | | | | | | | | | |
| 203 | Student FTE | | | | | | | | | | |
| 301 | Approved Classroom Ratio | | | | | | | | | | |
| 302 | Number of Classrooms | | | | | | | | | | |
| 303 | Student FTE | | | | | | | | | | |
| 401 | Approved Classroom Ratio | | | | | | | | | | |
| 402 | Number of Classrooms | | | | | | | | | | |
| 403 | Student FTE | | | | | | | | | | |
| 501 | Approved Classroom Ratio | | | | | | | | | | |
| 502 | Number of Classrooms | | | | | | | | | | |
| 503 | Student FTE | | | | | | | | | | |
| 601 | Approved Classroom Ratio | | | | | | | | | | |
| 602 | Number of Classrooms | | | | | | | | | | |
| 603 | Student FTE | | | | | | | | | | |
| 701 | Approved Classroom Ratio | | | | | | | | | | |
| 702 | Number of Classrooms | | | | | | | | | | |
| 703 | Student FTE | | | | | | | | | | |
| 801 | Approved Classroom Ratio | | | | | | | | | | |
| 802 | Number of Classrooms | | | | | | | | | | |
| 803 | Student FTE | | | | | | | | | | |
| 901 | Approved Classroom Ratio | | | | | | | | | | |
| 902 | Number of Classrooms | | | | | | | | | | |
| 903 | Student FTE | | | | | | | | | | |
| 999 | Total Student FTE | | | | | | | | | | |

Note: Line 108 must reconcile to line 999.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2009 to June 30, 2010

SCHEDULE SED-4
Related Service Capacity,
Need and Productivity

Page _____

| | |
|---|--|
| Agency Name: _____ Agency Code: _____ School Code: _____ Program Code: _____ | Contact Person: _____ Phone Number: _____ |
|---|--|

| Column 1 | Capacity | | | Need | | | | Column 4e | Productivity | |
|----------------------|--|---|---|--|---|---------------------------------------|--|--|---|---|
| | Column 2a | Column 2b | Column 3 | Column 4a | Column 4b | Column 4c | Column 4d | | Column 5 | Column 6 |
| Related Service | Annual Related Service Employee FTE Allocated to Program | Annual Contracted Related Service Hours | Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x 25 program hours per week x 2) + (Column 2b x 2) | Annual IEP Mandated Individual Related Service Sessions on All Students' IEPs | Annual IEP Mandated Group Related Service Sessions on All Students' IEPs | Average # of Students Served in Group | Annual Group Sessions (Column 4b divided by Column 4c) | Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d) | Annual IEP Mandated Half-Hour Related Service Sessions Provided (from RS-2 col 7) | Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3) |
| Speech Therapy | | | | | | | | | | |
| Physical Therapy | | | | | | | | | | |
| Occupational Therapy | | | | | | | | | | |
| Counseling | | | | | | | | | | |
| Skilled Nursing | | | | | | | | | | |
| Other | | | | | | | | | | |