

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2007 to June 30, 2008

SCHEDULE SED-4
Related Service Capacity,
Need and Productivity

Page_____

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

| Column 1 | Capacity | | | Need | | | | | Productivity | |
|----------------------|---|---|---|---|--|---|---|---|---|--|
| | Column 2a | Column 2b | Column 3 | Column 4a | Column 4b | Column 4c | Column 4d | Column 4e | 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 | | | | | | | | | | |