

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2009 to December 31, 2009*

**SCHEDULE SED-4**  
**Related Service Capacity,**  
**Need and Productivity**

Page \_\_\_\_\_

<b>Agency Name:</b> _____ <b>Agency Code:</b> _____ <b>School Code:</b> _____ <b>Program Code:</b> _____	<b>Contact Person:</b> _____ <b>Phone Number:</b> _____
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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 <b>Individual</b> Related Service Sessions on All Students' IEPs	Annual IEP Mandated <b>Group</b> 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										