NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE SED-4
Related Service Capacity, Need and Productivity

Page____

Agency Name: _____ **Contact Person:** _____

Agency Code: _____ **Phone Number:** _____

School Code: _____

Program Code: _____

	Capacity			Need					Productivity	
Column 1	**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										