

## **Instructions for Schedule RS-2 Need For Related Services**

This schedule is used to determine the need for related services in your school age and preschool special education programs. Complete this schedule for the July 1, 2010 - June 30, 2011 school year for all students enrolled in the following special education programs. **Complete one schedule RS-2 per program, per related service type.**

The following programs (codes) are to be reported. Report each program on a separate schedule:

9000-9009	School Age - Special Class
9010-9014	School Age - Special Class - Half Day
9020-9021	School Age - Children's Residential Project
9030-9038	School Age - Residential Treatment Facility
9100-9109	Preschool - Special Class - over 2.5 hours per day
9115-9119	Preschool - Special Class - 2.5 hours per day
9160-9163	Preschool - Integrated Special Class - over 2.5 hours per day
9165-9169	Preschool - Integrated Special Class - 2.5 hours per day
9180-9185	Preschool - Residential Program
9200-9229	Preschool - Related Services Only
9260	4201 State Supported Education Program
9039	4201 Residential Treatment Facility Program
9315	4201 State Supported Deaf Infant Program

Refer to the CFR manual or the reporting manual for the supplemental schedules of the ST-3 or SA-111 for a definition of each program.

### **Column 1 "Student Name"**

Enter student name. Each student must only be reported once for each service type except in those instances when a student's IEP changes during the year and results in a change in the need for related services.

### **Column 2 "Student ID Number"**

Enter the student's 6 digit identification number from the STAC-3 approval.

### **Column 3 "School District Code or County Code"**

Enter the 12 digit school district code of the school district that placed the student in the special education program or the county code of the county that placed the foster care child in the school age special education program.

For the 12 digit school district code, consult the school district that placed the student. For the county code, select a code from the key at the end of these instructions. Add 10 zeros to the end of each county code (i.e. Albany county's code would be 010000000000).

**Column 4a "Annual IEP Mandated Individual Related Service Sessions Per Week"**

Report all weekly IEP mandated individual related services sessions by type (speech therapy, physical therapy, occupational therapy, counseling, skilled nursing, other). **Use a separate schedule for each related service type.** Sessions are to be reported in ½ hour blocks of time. Prorate as needed (e.g. 45 minutes = 1.5 sessions, etc.)

**Column 4b "Annual IEP Mandated Group Related Service Sessions Per Week"**

Report all weekly IEP mandated group related services sessions by type (speech therapy, physical therapy, occupational therapy, counseling, skilled nursing, other). **Use a separate schedule for each related service type.** Sessions are to be reported in ½ hour blocks of time. Prorate as needed (e.g. 45 minutes = 1.5 sessions, etc.)

**Column 5 "Annual Service Authorization Weeks for the Student in Column 1"**

Based on each student's enrollment period for the IEP mandated service regardless of legal absence or school closing.

**Column 6a "Annual IEP Mandated Related Service Individual Need"**

Column 4a multiplied by column 5.

**Column 6b "Annual IEP Mandated Related Service Group Need"**

Column 4b multiplied by column 5.

**Column 6c "Annual IEP Mandated Related Service Need"**

Sum columns 6a and 6b.

**Column 7a "Annual IEP Mandated Individual Related Service Sessions Provided"**

Report the direct contact ½ hour individual sessions with each student. Report the regularly scheduled individual sessions provided, as well as any make-up individual sessions.

**Column 7b "Annual IEP Mandated Group Related Service Sessions Provided"**

Report the direct contact ½ hour group sessions with each student. Report the regularly scheduled group sessions provided, as well as any make-up group sessions.

**Column 8 "Annual IEP Mandated Related Service Sessions Not Provided"**

Sum columns 9 through 12. Note: This column does not include related service sessions made-up during the school year.

**Column 9 "Annual IEP Mandated Related Service Sessions Not Provided Due to Student Absence"**

Report **all** sessions not provided due to student absence, school field trip, special event or other reasons. This may include absences due to student illness.

**Column 10 "Annual IEP Mandated Related Service Sessions Not Provided Due to Staff Absence"**

Report staff absence for any reason (e.g. illness, vacation, staff development, attendance at IEP meetings, etc.), but not staff vacancies.

**Column 11 "Annual IEP Mandated Related Service Sessions Not Provided Due to School Closings"**

Report **all** sessions not provided due to school closings. This may include holidays, vacations, staff conference days or snow/emergency days.

**Column 12 "Annual IEP Mandated Related Service Sessions Not Provided Due to Staff Shortage"**

Report sessions not provided due to lack of sufficient staff.

## COUNTY CODES

01 Albany	17 Fulton	35 Staten Island	54 Schoharie
02 Allegany	18 Genesee	40 Niagara	55 Schuyler
03 Broome	19 Greene	41 Oneida	56 Seneca
04 Cattaraugus	20 Hamilton	42 Onondaga	57 Steuben
05 Cayuga	21 Herkimer	43 Ontario	58 Suffolk
06 Chautauqua	22 Jefferson	44 Orange	59 Sullivan
07 Chemung	23 Lewis	45 Orleans	60 Tioga
08 Chenango	24 Livingston	46 Oswego	61 Tompkins
09 Clinton	25 Madison	47 Otsego	62 Ulster
10 Columbia	26 Monroe	48 Putnam	63 Warren
11 Cortland	27 Montgomery	49 Rensselaer	64 Washington
12 Delaware	28 Nassau	50 Rockland	65 Wayne
13 Dutchess	31 Manhattan	51 St. Lawrence	66 Westchester
14 Erie	32 Bronx	52 Saratoga	67 Wyoming
15 Essex	33 Brooklyn	53 Schenectady	68 Yates
16 Franklin	34 Queens		