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, 2007 - June 30, 2008 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 instructions 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 IEP mandated individual related services 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 IEP mandated group related services 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				