

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
For the Period: July 1, 2017 to June 30, 2018

**SCHEDULE 8F (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	Column 2a	Column 2b	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5 Productivity	Column 6
Related Service	Annual Related Service Employee FTE Allocated to Program <b>Capacity</b>	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 <b>Need</b> All Students' IEPs (RS-2 col 6a)	Annual IEP Mandated <b>Group</b> Related Service Sessions on All Students' IEPs (RS-2 col 6b)	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 [RS-2 col 7a + (RS-2 col 7b/ SED-4 col 4c)]	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy										
Physical Therapy										
Occupational Therapy										
Counseling										
Skilled Nursing										
Other										