

**Explanation/Correction of Summer 9015 Programs (Half Hour Units > 120 Units)
Verified and Stopped On-Line for Summer Section 4408**

July/Aug _____ (Enter year) CSE District Code: _____ CSE District Name: _____ Date Returned to STAC: _____

Enter 6-digit STAC ID	Last Name, First Name	Education Provider	# of Half-Hour Units Entered and Verified on System	Actual # of Half-Hour Units (As per IEP)

If the number of verified units is 120+ half-hour units, attach a copy of the student's IEP pages indicating the number and length of the service units and whether the services were provided in a group or individual setting.

Signatures of Superintendent/Business Official and CSE Chairperson are required

Superintendent/Business Official Signature Title Telephone # Date

CSE Chairperson Signature Title Telephone # Date

Return by mail to:
Anne Wolfgang
STAC, Special Aids & Medicaid Unit
89 Washington Avenue/Room 514 EB
Albany, New York 12234
or by Fax (518) 402-5047
For questions call (518) 474-7116