

Guide to Online Entry of Private Placement Pre-Approval Data
Assurance of Required Evaluations for Private School Reimbursement
Online Screen: **DOSES**

This screen is used by school district personnel to submit information for providing “Assurance of Required Evaluations for Private School Reimbursement.” **Regulations require that this request be submitted within six school days after the CSE review date.** This information must be completed for:

- 1) Initial placements in private schools;
- 2) Change from day to residential or residential to day placement;
- 3) Change in CSE;
- 4) Change in approved private school;
- 5) Change from in-state to out-of-state or out-of-state to in-state placement; or
- 6) Change from preschool to school age.

Go to the online screen named DOSES (OSSES Pre-approval Data).

- Enter the **STAC ID**, the first 3 letters of the student’s last name and your district’s 12-digit BEDS Code (if not already displayed).
- Click **Inquire**.

The student’s full name will be displayed for you to verify that you have selected the correct student. You may now add your record. The required fields are listed below. All date fields must be entered in the format **mm/dd/yy**. For example, May 30, 3011 should be entered as 05/30/11.

Note: If an existing OSSES record displays, delete the Effective Date, enter the current data elements, and Click on Add to enter the new record.

* Required Field

Field	Description of Information
Effective Date	Leave Blank. This date will be automatically filled in by the system.
Day/Res*	Select the type of placement - Day or Residential.
Date of CSE Review*	Enter the date the CSE meeting was held to review this student’s needs. This date must be within one year of today’s date.
Pendency Date	Enter the date the student moved into your district. For use <u>only</u> when a student is already placed in a private placement by a previous school district and the student has moved into your school district.
Number of Evaluators*	Enter the number of individuals who conducted the multi-disciplinary evaluation. (Must be at least 2.)
Psychological Date*	Enter the date of the most recent psychological evaluation. This date must be within 3 years prior to the CSE review date.
Psychologist*	Select whether the psychological evaluation was completed by a Licensed School Psychologist or a Certified School Psychologist.
Assessment of Needs*	Enter the date of Assessment of Specific Educational Needs. This date must be within 6 months prior to the CSE review date.
Completed By (Initial Referrals Only)	If Initial Referral, select one of the following to indicate whether the Physical Evaluation was completed by: Medical Doctor - Physician Assistant - Licensed Nurse Practitioner

DOSES

Date of Physical (Initial Referrals Only)	Enter the date of the physical evaluation. This date must be within 3 years prior to the CSE review date. This field is required for students who have had no prior school-age special education, making this their initial referral.
Date of Social History (Initial Referrals Only)	Enter the date the social history was completed. This date must be within 3 years prior to the CSE review date. This field is required for initial referrals only.
Date of Classroom Observation (Initial Referrals Only)	Enter the date the observation of the student in their current educational setting was completed. This date must be within 6 months prior to the CSE review date. This field is required for initial referrals only.
Most Restrictive Public Placement Considered or Tried*	Select one: In-District BOCES Neighboring District
Class Size*	Enter the class size/ratio of the specific public program that was tried or considered for this student.
Number of Goals Not Achieved*	Enter the number of goals on the student's IEP that have not been achieved, and the total number of IEP goals.
Related Services*	Select the type of related services that were tried or considered as additions to the program. <ul style="list-style-type: none"> • Counseling • Aide • Psychological • Occupational Therapy • Physical Therapy • Speech Therapy • Consultant Teacher • Other or any combination of the above
Lack of Progress Not Relevant Because:	Select one: No Prior School Age Special Education- <i>The student was not previously in any school age special education setting.</i> Referral result from Hosp/Arrest/Assault- <i>The CSE referral was made as a result of a hospitalization, arrest or assault.</i> Continuation- <i>The student is currently in a day or residential placement and the CSE is recommending continuation of current placement from an approved private day or residential school to another approved school.</i>
Number of Goals Requiring 24 HR (Complete For Residential Placements)	Enter the number of goals on the IEP that could not be met without placement in a 24-hour program. This field is required for residential placements only.
CSE Timetable for return to district program. (Complete for Residential Placements)	At least one item must be completed for residential placements. Next CSE Review Date; Date of Return to District; or Transitioning to Adult Services.

When all the required data elements have been entered, click **Add** to complete your transaction. If no errors occur, SUCCESSFUL ADD will be displayed at the bottom of the screen.

Presentation Client - OSES Pre-Approval Data (4402) - (efrttest) - [DOSES]

File Edit View System Options Help

Date 07/22/05 Time 01:30

New York State Education Department

OSSES Pre-Approval Data (4402)

Go to Menu

STAC	Name	DOB	DISTRICT	Change
927193	STEWART MARY	03/20/89	010100010000 ALBANY CITY SD	
Effective Date	Day/Res	Date of CSE Review	Pendency Date	Number of Evaluators
07/08/05	Day <input type="radio"/> Res <input checked="" type="radio"/>	07/08/05		3
Psychological Date	Psychologist License	Assessment of Needs		
04/10/04	School <input checked="" type="radio"/>	07/01/05		
Initial Referrals Only	Not Applicable	Date of Physical	Date of Social History	Date of Classroom Observation
Completed By	Medical Doctor <input type="radio"/> Physician Assistant <input type="radio"/> Nurse Practitioner <input type="radio"/>	08/07/04	09/13/04	04/04/05
Most Restrictive Public Placement Considered or Tried	In District <input checked="" type="radio"/> BOCES <input type="radio"/> Neighboring District <input type="radio"/>	Class Size	Number of Goals not achieved	Related Services:
	8 :1: 1	7	OUT OF 9	Counseling <input type="radio"/> Aide <input checked="" type="radio"/> Psychological <input type="radio"/> Occupational Therapy <input type="radio"/> Physical Therapy <input type="radio"/> Speech Therapy <input type="radio"/> Consulting <input type="radio"/> Other <input type="radio"/>
Lack of Progress Not Relevant Because	Not Applicable <input checked="" type="radio"/> No Prior School Age Spec Ed <input type="radio"/> Referral result from Hosp/Arrest/Assault <input type="radio"/> Continuation <input type="radio"/>			
Complete for Residential Placements	Num of Goals Requiring 24 HR	Return To District	Next CSE Review Date	Transitioning to Adult Services <input type="checkbox"/>
	6		07/01/06	
Required for Inquiry	Inquire	Add	Change	

13:30:20.03 INPUT REQUEST 0.00

To view a summary of DOSES records (Assurance of Required Evaluations) for a specific student:

Go to the **DQHOS** screen:

- Enter the **STAC ID**
- Click on **Get History**

A summary of DOSES records in the STAC database will be displayed. Click **Select** to view a record.