

STAC-1 PRESCHOOL

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8a. Public School District that has Committee on Preschool
 Special Education Responsibility.

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b. County of Child's Current Location (where child resides).

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c. County at Time of Placement in Foster Care or in Temporary Housing or in a
 residential facility licensed or operated by another State Agency.

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9. Service Provider for Center Base or SEIT.

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10. Name of Program.

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11. Related Service or SEIT Provider	Type of Related Service	Hrs per Day / Days per Wk
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

1. Name of Student (last) (first) (m)

2. Date of Birth ____/____/____ 3. Sex of Child ____ Female ____ Male

4. Social Security Number 5. SIS Student Identification Number

____--____--____

6. Racial/Ethnic Category of Child (Definitions on reverse side of this form) Circle one:

Amer. Ind. or Asian or Black Hispanic White
 Alaskan Nat. Pac. Island.

7. Placement Type Check One

Approved Center Based Program (HSPRE) Related Services and/or SEIT (HSSEI)

____ Special Class ____ Related Services only

____ Special Class Integrated Setting ____ Special Education Itinerant
 Teacher and/or SEIT plus
 Related Services

12. Service Information	FROM (Mo./Day/Yr.)	TO (Mo./Day/Yr.)	Hrs. per Day	Days per Week	SEIT or Related Services Individual or Group of	Number of Half Hour Sessions	Rate per Half Hour Session	13. Transportation
Education or SEIT	____/____/____	____/____/____	_____	_____	_____	_____	_____	Dates of Transportation ____/____/____ ____/____/____ Total Cost of Transportation \$ _____
Related Service 1	____/____/____	____/____/____	_____	_____	_____	_____	_____	
Related Service 2	____/____/____	____/____/____	_____	_____	_____	_____	_____	
Related Service 3	____/____/____	____/____/____	_____	_____	_____	_____	_____	
Related Service 4	____/____/____	____/____/____	_____	_____	_____	_____	_____	
Related Service 5	____/____/____	____/____/____	_____	_____	_____	_____	_____	

14. AUTHORIZATION OF PLACEMENT: I certify that the preschool student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Preschool Special Education and the child is eligible for such placement in accordance with the Regulations of the Commissioner and Section 4410 of the Education Law.

AUTHORIZED REPRESENTATIVE OF THE BOARD OF EDUCATION-BOE
 Signature: _____

Date of BOE Authorization _____

