

# PRESCHOOL STAC-1

(Updated June 2020)

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Albany, New York 12234

Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities  
Pursuant to Section 4410 of the Education Law

**STAC-ID**

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|---|
| Public School District that has Committee on Preschool Special Education Responsibility   |
| County of Child's Current Location (where child resides)  |
| County at Time of Placement in Foster Care or in Temporary Housing or in a residential facility licensed or operated by another State Agency  |
| Service Provider for Special Class, SCIS or SEIT<br>a. _____<br>b. Is this the same provider that conducted the most recent evaluation for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Program _____   |

| STUDENT INFORMATION                        |  |   |
|--|--|---|
| Last Name                                  | First Name                                       | Middle Initial  |
| Date of Birth (mm/dd/yy)<br>____/____/____ | Student Identification Number<br>(if applicable) | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male |

| PLACEMENT TYPE   | RACIAL ETHNIC CATEGORY OF STUDENT  |
|--|--|
| <b>Approved Program (DSPRE)</b><br>Special Class<br>Special Class Integrated Setting (SCIS)  | Hispanic or Latino   |
| <b>Related Services and/or SEIT (DSSEI)</b><br>Related Services only<br>Special Education<br>Itinerant Teacher and/or SEIT plus Related Services | <b>Not of Hispanic Origin:</b><br>American Indian or Alaskan Native<br>Asian or Pacific Islander<br>Black or African American<br>Native Hawaiian or Other Pacific Islander<br>White<br>Two or More Races |

| RELATED SERVICE OR SEIT PROVIDER | TYPE OF RELATED SERVICE | HRS PER DAY | DAYS PER WEEK |
|----------------------------------|-------------------------|-------------|---------------|
|                                  |                         |             |               |
|                                  |                         |             |               |
|                                  |                         |             |               |
|                                  |                         |             |               |
|                                  |                         |             |               |

| SERVICE INFORMATION | FROM Mo./Day/Year | TO Mo./Day/Year | HRS. PER DAY | DAYS PER WEEK | SEIT OR RELATED SERVICES INDIVIDUAL | GROUP | NUMBER OF HALF HOUR SESSIONS | RATE PER HALF HOUR SESSION | TRANSPORTATION   |
|---------------------|-------------------|-----------------|--------------|---------------|-------------------------------------|-------|------------------------------|----------------------------|--|
| Education or SEIT   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            | Dates of Transportation<br>____/____/____ ____/____/____<br><br>Total Cost of Transportation<br>\$ _____ |
| Related Service 1   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            |  |
| Related Service 2   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            |  |
| Related Service 3   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            |  |
| Related Service 4   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            |  |
| Related Service 5   | ____/____/____    | ____/____/____  |              |               |                                     |       |                              |                            |  |

**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 Education and the child is eligible for such placement in accordance with the Regulations of the Commissioner and Section 4410 of the Education Law.

Signature of Board of Education Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## Racial/Ethnic Groups

All students must be reported as Hispanic/Latino or not Hispanic/Latino. In addition, all students must be reported with at least one race. Students who are reported as Hispanic/Latino, regardless of their race, will be counted as Hispanic or Latino for accountability and other reporting purposes. Students who are reported as not Hispanic/Latino will be counted in the race category in which they are reported for accountability. Non-Hispanic students who are reported with more than one race category will be reported as Multiracial for accountability.

### Complete Signature Section

#### MUNICIPALITY OR CITY OF NEW YORK SIGNATURE SECTION

**A. SERVICES PROVIDED PRESCHOOL CHILDREN IN AN APPROVED SED PROGRAM UNDER SECTION 4410 OF THE EDUCATION LAW.**

The MUNICIPALITY of \_\_\_\_\_ has received on \_\_\_\_\_ the STAC-1 Authorization of Placement regarding the above-named preschool child requiring educational services as authorized by the Board of Education and served by an agency approved to provide such special educational services by the Commissioner of Education and with whom this municipality has entered into a contract in accordance with the Regulations of the Commissioner of Education and Section 4410 of the Education Laws. Any transportation services provided must be in accordance with Section 4410 and Section 103 of the General Municipal Law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. RELATED SERVICES PROVIDED PRESCHOOL CHILDREN IN ACCORDANCE WITH SECTION 4410 OF THE EDUCATION LAW.**

The MUNICIPALITY of \_\_\_\_\_ has received on \_\_\_\_\_ the STAC-1 Authorization regarding the above-named preschool child requiring Related Services as authorized by the Board of Education for an educational rate set by the Municipality in accordance with Section 4410 of the Education Law. Any transportation services provided must be in accordance with Section 4410 and Section 103 of the General Municipal Law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### PERSON COMPLETING THIS FORM

|              |  |
|--------------|--|
| <b>Name</b>  | <b>Telephone</b> (Area Code) (Number: 555-5555) (ext.) |
| <b>Title</b> | <b>Email</b>   |

**RETURN TO:  
NEW YORK STATE EDUCATION DEPARTMENT  
STAC & SPECIAL AIDS UNIT  
EDUCATION BUILDING ROOM 514W  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234  
(518) 474-7116**