

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 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 Appropriate Signature Section

PUBLIC PLACEMENTS:

For placements pursuant to section 3202.5 of the Education Law by the Office for People With Developmental Disabilities (OPWDD) (Chapter 47, 66, or 721); section 4408 of the Education Law; or Public School or BOCES High Cost pursuant to section 3602(19) of the Education Law:

I certify that the student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Special Education (CSE) and provided by the Board of Education. The required parental consent has been obtained by the CSE for the two month (July/August component) of a 12-month educational placement and the student is eligible for such placement in accordance with the Regulations of the Commissioner.

Signature – Superintendent of Schools

Date

APPROVED PRIVATE SCHOOL PLACEMENTS:

Approved private school placements pursuant to section 4402 of the Education Law (including OPWDD Chapter 47 or 721); section 4408 of the Education Law; or section 4201 of the Education Law:

I certify that the Committee on Special Education (CSE) has reviewed the information on the student herein named and that the review and the recommended placement is in accordance with the Regulations of the Commissioner. The Board of Education has determined that the program of the public school, a neighboring district or BOCES is not appropriate for the ten month placement of the student herein named and, therefore, requests approval of State Reimbursement for the services described.

Signature – Superintendent of Schools

Date

PERSON COMPLETING THIS FORM	
Name	Telephone (Area Code) (Number)
Title	Email

Day and In-State Residential Placements Return this form to:	§4201/State Supported, State-Operated, Out of State, and CRP Residential Placements Return this form to:
New York State Education Department STAC/Medicaid Unit 89 Washington Avenue, Room EB 25 Albany, NY 12234 Submit via SED File Transfer Manager: 1. Upload to school district "inbasket" 2. Send notification email to: OMSSTAC@nysed.gov	New York State Education Department Office of Special Education Nondistrict Unit 89 Washington Avenue, Room 309 EB Albany, New York 12234 Dedicated Mailboxes: Out of State & CRP: OOSAPP@nysed.gov §4201/State Supported: StateSup4201@nysed.gov State Operated: NYSSBNYSSD@nysed.gov