

## Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations

STAC-ID

--	--	--	--	--	--

List the date each evaluation component was completed (use four digits to indicate month and year).  
For bilingual evaluations indicate on line provided.

STUDENT INFORMATION			EVALUATION COMPONENT	MONTH/YEAR	CHECK IF BILINGUAL				
Last Name	First Name	Middle Initial	Audiological	AUD	____/____/____				
			Counseling	CSL	____/____/____				
			Education	EDU	____/____/____				
			Functional Vision	FUV	____/____/____				
			Music	MUS	____/____/____				
			Neurological	NEU	____/____/____				
			Neuropsychological	NPY	____/____/____				
			Occupational Therapy	OCT	____/____/____				
			Optometric (visual)	OPT	____/____/____				
			Orthopedic	ORT	____/____/____				
			Physical/Medical	PHY	____/____/____				
			Physical Therapy	PHT	____/____/____				
			Psychiatric	PYC	____/____/____				
			Psychological	PSY	____/____/____				
			Social	SOC	____/____/____				
			Speech / Language	SPT	____/____/____				
			Teacher of Visually Impaired	TVI	____/____/____				
			Other: _____		____/____/____				
<b>DISABILITY</b> The child named above is: PD - Preschool Student with a Disability  ND - Non-Disabled			<b>RACIAL/ETHNIC CATEGORY OF STUDENT</b> Hispanic or Latino  <b>Not of Hispanic Origin:</b> American Indian or Alaskan Native Asian or Pacific Islander Black or African American Native Hawaiian or other Pacific Islander White Two or more Races <i>(see explanation on second page)</i>						
School District with CPSE Responsibility		CPSE District SED (BEDS) Code	Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only. \$ _____						
County of Child's Current Location (where child resides)		County Code	<b>PERSON COMPLETING THIS FORM</b> <table border="1"> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Phone</td> <td>Email</td> </tr> </table>			Name	Title	Phone	Email
Name	Title								
Phone	Email								
County at time of Placement in Foster Care		County Code							
Approved Evaluator		Evaluator SED Code							

CERTIFICATION OF EVALUATION: I certify that the preschool child herein named received a multidisciplinary evaluation as indicated above and in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education.

Signature CPSE Chairperson \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MUNICIPALITY: The municipality of \_\_\_\_\_ has received on \_\_\_\_/\_\_\_\_/\_\_\_\_ the STAC-5 Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations for the above named child pursuant to Section 4410 of the Education Law.

Signature of Authorized Representative of the Municipality \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Definitions of Racial/Ethnic Categories on first page of this form:

**Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

1. **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **ASIAN OR PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
4. **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

### INSTRUCTIONS TO THE PUBLIC SCHOOL DISTRICT WITH CPSE RESPONSIBILITY

1. Complete the left half of the form.
2. List the State Education Department Approved Evaluator in the Approved Evaluator space.
3. Provide evaluation dates for the components of the multidisciplinary evaluation in the top section on the right. **If any evaluation was component was conducted in a language other than English, indicate on the line provided to the right.**
4. Identify the costs of translating the summary report, for monolingual evaluations.
5. The CPSE Chairperson must sign and date the STAC-5 at the bottom.
6. Keep the "CPSE Copy" and forward copies to the County of Child's Current Location.

### INSTRUCTIONS TO THE COUNTY OF CHILD'S CURRENT LOCATION

1. The Authorized Representative of the Municipality must complete the Municipality section in the bottom-right corner of the form.
  2. Keep one copy, forward a copy to the approved evaluator and the original to:  
  
NYS Education Department  
STAC and Medicaid Unit  
Education Building - Room EB 25  
89 Washington Avenue  
Albany, NY 12234
- \* Electronic filers – Do not send a paper copy to SED.