

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

STAC-ID

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

EVALUATION COMPONENT	MONTH / YEAR	CHECK IF BILINGUAL
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: _____		____/____

DISABILITY	RACIAL ETHNIC CATEGORY OF STUDENT
The child named above is: <input type="checkbox"/> PD - Preschool Student With a Disability <input type="checkbox"/> ND - Non-Disabled	<input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races <i>(see explanation on second page)</i>

School District with CPSE Responsibility	CPSE District SED (BEDS) Code
County of Child's Current Location (where child resides)	
County at time of Placement in Foster Care	
Approved Evaluator	

Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only. \$ _____

PERSON COMPLETING THIS FORM	
Name	Title
Phone	Email

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.

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 CPSE Chairperson _____ Date ____/____/____

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 - 514W
89 Washington Avenue
Albany, NY 12234
- * Electronic filers – Do not send a paper copy to SED.