NEW YORK STATE EDUCATION DEPARTMENT
STAC AND SPECIAL AIDS UNIT
REQUEST FOR REIMBURSEMENT FOR
Partial 1:1 AIDE, 1:1 NURSE, 1:1 INTERPRETER

**FOR PRESCHOOL USE ONLY**

STAC ID#__________________ (if known)

Student Name: ________________________ Date of Birth: ________________________

Preschool Provider Name: ________________________

Preschool Program Type/Name: ________________________

Type of 1:1: Partial 1:1 Aide_______ 1:1 Nurse RN______ 1:1 Nurse LPN_______ 1:1 Interpreter_______
(check one)

➢ Is this 1:1 Aide/Nurse/Interpreter Shared? NO_____ YES_____

If YES, Number of Students Sharing the 1:1: __________

1:1 AIDE/NURSE/INTERPRETER--FOR PRESCHOOL EDUCATION:

Start Date of 1:1 Aide/Nurse/Interpreter: ___/___/____ Projected End Date: ___/___/____

Hours Per Day Program Runs: __________

Hours Per Day Student in Program: __________ Days Per Week Student in Prog: __________

1:1 Aide/Nurse/Interpreter Hrs/Day Requested: __________ 1:1 Days/Week Requested: __________

CPSE District of Residence/NYC District of Service Assurance

I have reviewed the above named student’s records and assure that the student’s Individualized Education Plan (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated.

Date _______ CPSE Superintendent of Schools/NYC- Superintendent of Clinical Services

Name of CPSE School District/NYC-District of Service

School District Contact Person: ________________________ Phone#: (_____)___________________

Fax #: (_____)___________________ E-mail Address: ________________________

PRESCHOOL REQUESTS: Submit this form and a signed STAC-1 form to the authorized municipality for signature. The municipality should then forward the 1:1 Aide/Nurse/Interpreter form to the STAC Unit.

NY STATE EDUCATION DEPARTMENT
STAC & SPECIAL AIDS UNIT
89 Washington Avenue - Room 514 EB
Albany, NY 12234
TEL: (518) 474-7116
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07/04
NEW YORK STATE EDUCATION DEPARTMENT
STAC & SPECIAL AIDS UNIT

GUIDE FOR COMPLETING PART-TIME 1:1 AIDE
AND 1:1 RN, 1:1 LPN, 1:1 INTERPRETER REQUEST FORM

STAC ID#: Enter the 6-digit student STAC ID#, if known.

Student Name: Enter the student’s full name. *(Required)*

Date of Birth: Enter the student’s date of birth. *(Required)*

Preschool Provider: Enter the name of the preschool service provider. *(Required)*
(For BOCES, indicate which BOCES.)

Program Name: Enter the name of the program the student attends. Please be specific.
*Examples:* Special Class, Integrated Setting

Type of 1:1: Indicate with a checkmark which type of 1:1 is being requested. *(Required)*

Shared 1:1: Indicate No or Yes with a checkmark. *(Required)* If yes, indicate the number of students sharing
the 1:1.

Start/End Date of 1:1: Enter the date the 1:1 is expected to begin and end service. *(For Online Users, please amend
the start and/or end date Online if different from the original date/s entered on the request).* *(Required)*

Hours Program Runs: Enter the number of hours the program runs per day. *(Required)*

Hrs/ Day - Days/Week
Student Attends: Enter the number of hours per day and days per week the student attends the program. *(Required)*

1:1 Hours Per Day/
Days Per Week: Enter the number of hours per day and days per week the student requires 1:1 services. *(Required)*

Date & Signature: The CPSE district superintendent must sign and date the Request form. *(Required)*

Name of CPSE/
NYC District of Service: Enter the CPSE District Name/NYC District of Service. *(Required)*

School District
Contact Person/
Phone/Fax Number: This section should be completed as a reference source should questions arise.

07/04