

STAC and Special Aids Unit

STAC-1 PRESCHOOL FORM

DATA ITEM	DESCRIPTION
STAC CHILD ID	If known, enter the (6) digit unique child code assigned by the STAC and Special Aids Unit. Each child is assigned a STAC ID that stays with that child and will identify the child throughout his/her STAC history.
1. Name of Child <ul style="list-style-type: none">Change in Name	<p>Please be accurate and consistent: Elizabeth Smith and Beth Smith would most likely be assigned different ID numbers.</p> <p>If a child has been adopted, a copy of the adoption order should be submitted to the STAC Unit so the child's name can be changed on the system.</p>
2. Date of Birth <ul style="list-style-type: none">Eligibility Requirements	<p>A change in date of birth requires a copy of the child's birth certificate.</p> <p>A child becomes eligible under Section 4410 of the Education Law in the calendar year in which the child becomes three (3) years old. Children born January 1 through June 30 are eligible on January 2. Children born July 1 through December 31 are first eligible July 1.</p>
3. Sex of Child	The sex of the child should be indicated by checking the appropriate line (male or female).
4. Social Security Number	Indicate the child's SSN if known.
5. SIS child ID	Indicate Student Information System Child ID if known.
6. Racial/Ethnic Category	Indicate the racial/ethnic category by checking the appropriate box (see definitions on reverse side of form).

7. Placement Type - Section 4410	<p>Indicate the type of program or services approved by the Board of Education for the child.</p> <p>HSPRE Placements</p> <p>Check either "Special Class" or "Special Class Integrated Class" if the child is in an SED approved special class or in an integrated setting.</p> <p>HSSEI Placements</p> <p>Check "Related Services Only" if the child is receiving related services only. Check "Special Education Itinerant Teacher" if the child is receiving SEIT services only. Check "Special Education Itinerant Teacher plus Related Service" if the child is receiving both services.</p>
8a. Public School District that has CPSE Responsibility	<p>Indicate the public school district of the child's current location (where the child resides).</p>
8b. County of Child's Current Location (where the child resides)	<p>Indicate the county of the child's current location. This is the county that will be reimbursed by SED.</p>
8c. County of Time of Child's Placement in Foster Care or in Temporary Housing by DSS	<p>Indicate the county where the child lived at the time the child was placed in foster care or temporary housing by social services or at the time the child became a resident in a facility licensed or operated by another state agency. This county will be assessed a chargeback by SED. This should be left blank if not applicable.</p>
9. Service Provider for Special Class or SEIT Provider	<p>Refer back to item 7:</p> <ul style="list-style-type: none"> • If "Special Class" or "Special Class in an Integrated Setting," enter the name of the agency providing the program in which the child is enrolled. • If "Special Education Itinerant Teacher" or "Special Education Itinerant Teacher plus Related Services," enter the name of the SEIT provider.

<p>10. Name of Program</p>	<p>If a "Special Class" or "Special Class in an Integrated Setting" placement, enter the <u>specific name</u> of the program (not just "preschool"). For example: Special class with the site name (if there is more than one site).</p> <p>If "Special Education Itinerant Teacher" or "Special Education Itinerant Teacher plus Related Services," indicate "SEIT" as the program name.</p>
<p>11. Related Service Providers</p>	<p>Use these lines for the name(s), type(s) and length of therapy sessions for children receiving related service(s).</p> <p>(Note: Speech is the only related service which must meet a minimum requirement of one hour (two 1/2-hr sessions per week.)</p> <p>*Also use these lines for the number of hours per week for SEIT services. The total number of 1/2-hour sessions (which includes both direct and indirect services) the child is to receive from the special education teacher as addressed in the IEP must be indicated. SEIT services require a minimum of 2 hours per week.</p>
<p>12. Service Information</p> <p>"From" and "To" lines</p>	<p>Complete "From" and "To" dates for all preschool services: an SED approved program, an SED approved SEIT provider, or for each related service.</p> <p>Other data items in the Service Information section which require completion according to the program and/or services for the child are:</p> <p>Special Class and Special Class Integrated Setting</p> <p>Please complete "Hours per Day" and "Days per Week."</p> <p>(Items entitled "Individual or Group," "Number of Half Hour Sessions" and "Rate Per Half Hour Session" do <u>not</u> apply to centerbased placements.)</p>

12. Service Information (cont.)

Special Education Itinerant Services

Please complete **"Individual"** or **"Group of."** The **number** of children in the group must be shown under "Group of." (Note: STAC will divide the SED approved rate by the group size when calculating costs for the issuance of a STAC-3.) Also complete **"Number of Half Hour Sessions"** for the total number of half-hour sessions delivered during the **"From"** and **"To"** dates.

Related Services Only

For **each** related service:

Complete the **"Indicate Rel Serv Type"** (speech); **"Individual"** or **"Group of,"** **"Number of Half Hour Sessions,"** (this is the total number of half hour sessions during the From and To service period) and **"Rate Per Half Hour Session,"** for **each** provider indicated in item 11 using the related services lines Section 12.

Coordination

Reimbursement for coordination is allowed when a child is receiving two or more related services (and no SEIT services) for a given time period. The coordinator must be one of the therapists serving the child. "Coordination" should be listed on one of the **"Indicate Rel Serv Type"** lines. Please indicate the number of ½ hour sessions under **"Number of Half Hour Sessions"** and list the rate for coordination under **"Rate Per Half Hour Session."** Note that coordination is reimbursable for no more than ten (10) half-hour sessions during the school year (September-June) and two (2) half hour sessions during the summer.

Reimbursement for coordination is not allowed with SEIT services. In this instance, the SEIT provider serves as the coordinator.

13. Transportation	<p>"Dates of Transportation" are generally required by the county for use in arranging a preschooler's transportation.</p> <p>Transportation cost information is completed by the county. Transportation for the child is to be provided as determined by the Board of Education to and from the special services or program.</p>
14. Authorization of Placement	<p>Signature of the authorized representative of the Board of Education must be completed.</p>
15. Municipality or City of New York Signature Section (Back of SED Copy Only)	<p>This section must be completed by a representative of the county of the child's current location (line 8b) <u>before</u> it is submitted to the STAC and Special Aids Unit.</p>
16. Person Completing This Form (Back of SED Copy Only)	<p>A name and telephone number will allow STAC Unit staff to resolve any problems or questions about the STAC-1 in the most timely manner.</p>