

STAC AND SPECIAL AIDS UNIT
 NEW YORK STATE EDUCATION DEPARTMENT
 89 WASHINGTON AVENUE, ROOM 514 EB,
 ALBANY, NY 12234
 TELEPHONE: (518) 474-7116 FAX: (518) 402-5047
 E-MAIL: omsstac@mail.nysed.gov

**HIGH COST STUDENT DATA REPORT FOR STUDENTS WITH
 10-MONTH EDUCATION RATES OF \$94,999+ STARTING IN 2010-11
 (REQUIRED FOR 2009-10 YEAR IF RATE IS \$84,999+)**

CSE DISTRICT: _____

BEDS CODE:

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DIRECTIONS:

For the high cost student listed below, please provide a detailed breakdown of the _____ school year 10-month annualized cost education rate.

Student Name _____

Date of Birth: ____/____/____ **10-Month Education Rate:** \$ _____ **Estimated or Actual (Circle One)**

Month Day Year

STAC ID#:

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Start Date ____/____/____

End Date ____/____/____

Education Provider:

BOCES _____ (Complete Parts I and II)

School District: _____ (Complete Parts I and III)

Attachment for a STAC-1____, STAC-3____, Reapplication List____, or HCSAR_____
(Mark an "X" in 1 of the first 3 choices, or for HCSAR enter the SED Page #.)

PART I. Related Services Detailed Breakdown

Type	Length of Sessions	Cost Per Session	Number of Sessions	Cost
Example- OT	30 minutes	\$30	40	\$1,200.00

Total Cost of Related Services \$ _____

(Report on Part II Line C. or Part III Line E.)

PART II. For BOCES Providers - (Complete Parts I and II)

Title of Program: _____

- A. Basic Tuition \$ _____
- B. Aide (1:1) \$ _____
- C. Related Service Total from Part I. \$ _____
- D. Other (specify) _____ \$ _____

TOTAL \$ _____

PART III. For School District Providers – (Complete Parts I and III)

Program Description: _____

- A. Professional Salary \$ _____
- B. Nonprofessional Salary \$ _____
- C. Supplies and Equipment \$ _____
- D. Fringe Benefits \$ _____
- E. Related Service Total from Part I. \$ _____
- F. Other (specify) _____ \$ _____

TOTAL \$ _____

SIGNATURES REQUIRED:

_____	_____	_____	_____
Business Official or Superintendent	Title	Phone #	Date
_____	_____	_____	_____
CSE Chairperson	Title	Phone #	Date
_____	_____	_____	_____
Person Completing this Form	Title	Phone #	Date