

SCHOOL AGE
STAC-1 03/00

**Request for Commissioner's Approval of
Services
for Students with Disabilities**

STAC I.D.

1. NAME OF STUDENT (last) _____ (first) _____ (mi) _____
2. DATE OF BIRTH ____/____/____ 3. SEX: ____ Male ____ Female

4a. SOCIAL SECURITY NUMBER _____ **b. STUDENT IDENTIFICATION NUMBER** _____

5. Racial Ethnic Category of Student (Definitions on the reverse side of this form).
CIRCLE ONE

- Amer. Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- White

6. DISABILITY

- AU Autistic
- ED Emotionally Disturbed
- LD Learning Disabled
- MR Mentally Retarded
- DF Deaf
- HH Hard of Hearing
- SI Speech Impaired
- VI Visually Impaired
- OH Orthopedically Impaired
- OH Other Health Impaired
- DB Deaf-Blindness
- TB Traumatic Brain Injury
- MD Multiply Disabled
- ED/MR
- MR/OHI
- OTHER

7. PLACEMENT TYPE

*** 2 MONTH PLACEMENTS***
 HSSOS 4201 Commissioner Appointment
 HSJMR 4408 July/August Components
 HSSRL 4408 Related Services
 HSCSM Chapter Placements (OMRDD)
 ____ Chapter 47 Group Home
 ____ Chapter 66 Dev Center
 ____ Chapter 721 ICF/IRA

*** 10 MONTH PLACEMENTS***
 HSSSS 4201 Commissioner Appointment
 HSPPRV 4402/4407 Private Placements
 HSPUB High Cost Public Placements
 HSCHP Chapter Placement (OMRDD)
 ____ Chapter 47 Group Home
 ____ Chapter 66 Dev Center
 ____ Chapter 721 ICF/IRA

13. Service Period: From ____/____/____ To ____/____/____

a. Education ____/____/____ To ____/____/____ Number of 1/2-hr. sessions? ____ d. ____

b. Maintenance ____/____/____ To ____/____/____

c. Transportation Cost \$ _____

(NOTE: See items 16 and 17 on the reverse of this form.)

8. State Education Department Use only **Approved** **Disapproved** **One Year Placement**

Comments: _____ Date: ____/____/____ Signature: _____

OFFICIAL NAME _____ **CODES**

9a. Public School District that has C.S.E. Responsibility.

9b. Public School District in which the Student's Parent or Legal Guardian Resides.

9c. County in which the Student's Parent or Legal Guardian Resides.

10. Agency to be Paid by New York State Education.

11a. Name of Approved Education Provider.

11b. Name of the Education Program. Circle if program is Half-Time.

12a. If Maintenance Service is being requested indicate the Residential Facility. (If student is a Chapter 721 Placement indicate the name of the OMRDD Agency and Circle one: ICF or IRA)

12b. Name of the Maintenance Program. (Be specific)

14. ANNUAL COST (Public 10-month Placements only) \$ _____

15. Additional Fiscal Information for Chapter 47, 66 and 721 Placements. (10-month only)
 Other Related Services \$ _____
 Administrative Overhead Charges \$ _____
 CSE Cost \$ _____

Definitions of Racial/Ethnic Categories for Item 5 on reverse side of this form:

1. **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
2. **Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
3. **Black** - A person having origins in any of the black racial groups of Africa.
4. **Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

COMPLETE APPROPRIATE SIGNATURE SECTION

16a. PUBLIC PLACEMENTS: FOR ALL OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (OMRDD) DEINSTITUTIONALIZATION PLACEMENTS UNDER SECTION 3202.5 OF THE EDUCATION LAW (CHAPTER 47,66, OR 721 PLACEMENTS); SECTION 4408 OF THE EDUCATION LAW; OR PUBLIC SCHOOL OR BOCES HIGH COST PLACEMENTS UNDER SECTION 3602(19) OF THE EDUCATION LAW:

I certify that the student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Special Education (CSE) and provided by the Board of Education. The required parental consent has been obtained by the CSE for the two month (July/August) component of a 12 month educational placement and the student is eligible for such placement in accordance with the Regulations of the Commissioner.

Signature – Superintendent of Schools

Date

16b. PRIVATE PLACEMENTS: PRIVATE SCHOOL PLACEMENTS UNDER SECTION 4402 OF THE EDUCATION LAW (INCLUDING OMRDD CHAPTER 47 OR 721 PLACEMENTS); SECTION 4407 OF THE EDUCATION LAW; SECTION 4408 OF THE EDUCATION LAW; SECTION 4204-a OF THE EDUCATION LAW; OR SECTION 4201 OF THE EDUCATION LAW:

The district Committee on Special Education (CSE) has reviewed the information on the student herein named and certified that the review and the recommended placement is in accordance with the Regulations of the Commissioner. The Board of Education has determined that the program of a neighboring district or BOCES is not appropriate for the ten month placement of the student herein named and, therefore, requests approval for the services described. The required parental consent has been obtained by the CSE for the two month (July/August) component of a 12 month educational placement and the student is eligible for such placement in accordance with the Regulations of the Commissioner.

Signature – Superintendent of Schools

Date

17. PERSON COMPLETING THIS FORM:

Name _____ Telephone _____

Title _____ (Area Code) (Number)

Day and In-State Residential Placements, return this form to:

NYS Education Department - STAC & Special Aids Unit
Education Building Room 514 W
Albany, New York 12234
(518) 474-7116 Fax: (518) 402-5047

**In-State Residential - attach copy of Private School Reimbursement Funding Approval Letter.

Out of State Residential Placements, return this form to:

NYS Education Department – VESID
Special Education Quality Assurance (RPS)
Room 1619 One Commerce Plaza
Albany, New York 12234
(518) 486-6260