

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2016 to December 31, 2016

SCHEDULE SED-4
Related Service Capacity,
Need and Productivity

Page ____

Agency Name: _____ Agency Code: _____ School Code: _____ Program Code: _____	Contact Person: _____ Phone Number: _____
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Column 1	Capacity			Need				Productivity		
	Column 2a	Column 2b	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x 25 program hours per week x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students' IEPs	Annual IEP Mandated Group Related Service Sessions on All Students' IEPs	Average # of Students Served in Group	Annual Group Sessions (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions Provided (from RS-2 col 7)	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy										
Physical Therapy										
Occupational Therapy										
Counseling										
Skilled Nursing										
Other										