

Introduction to Preschool STAC Processing

STAC Homepage: <https://www.oms.nysed.gov/stac/>

STAC

System to Track and Account for Children (STAC)

The STAC and Medicaid Unit is the unit within the NYS Education Department responsible for processing requests for Commissioner's approval for reimbursement.

This includes reimbursement approval for the costs of providing services to preschool and school-age students placed in special education programs at public and SED-approved private schools, special-act school districts, BOCES, and at state-supported and state-operated schools for the deaf and blind.

It also includes reimbursement approvals for students who have been determined to be homeless or runaway youth and for education services provided to incarcerated youth.

Did You Know? STAC Utilizes Two Different Systems

EFRT

STAC Online System

Approvals submitted one at a time, processed immediately.

Used to access real time data.

Used by counties and school districts to verify claims.

Allows submission of data in a consistent, standard format for each placement type.

Used to submit claims for reimbursement

SED FTM

Secure File Transfer Manager

Approvals submitted in large batches, processed overnight.

Used to retrieve reports generated by the STAC/Medicaid Unit.

Used by most counties to submit preschool AVLs.

Provides flexibility to securely submit documentation containing PII in many formats.

STAC ACRONYMS AND COMMON TERMS

- ❑ AVL Automated Voucher Listing
- ❑ CPSE Committee on Preschool Special Education
- ❑ FTE Full Time Equivalent
- ❑ IEP Individualized Education Program
- ❑ LEA Local Educational Agency
- ❑ P-12 NYSED Special Education Office
- ❑ SEIS Special Education Itinerant Teacher Services
- ❑ STAC System to Track and Account for Children
- ❑ SCIS Special Class Integrated Setting

Section 4410 Preschool Reimbursements

■ PRESCHOOL SERVICES:

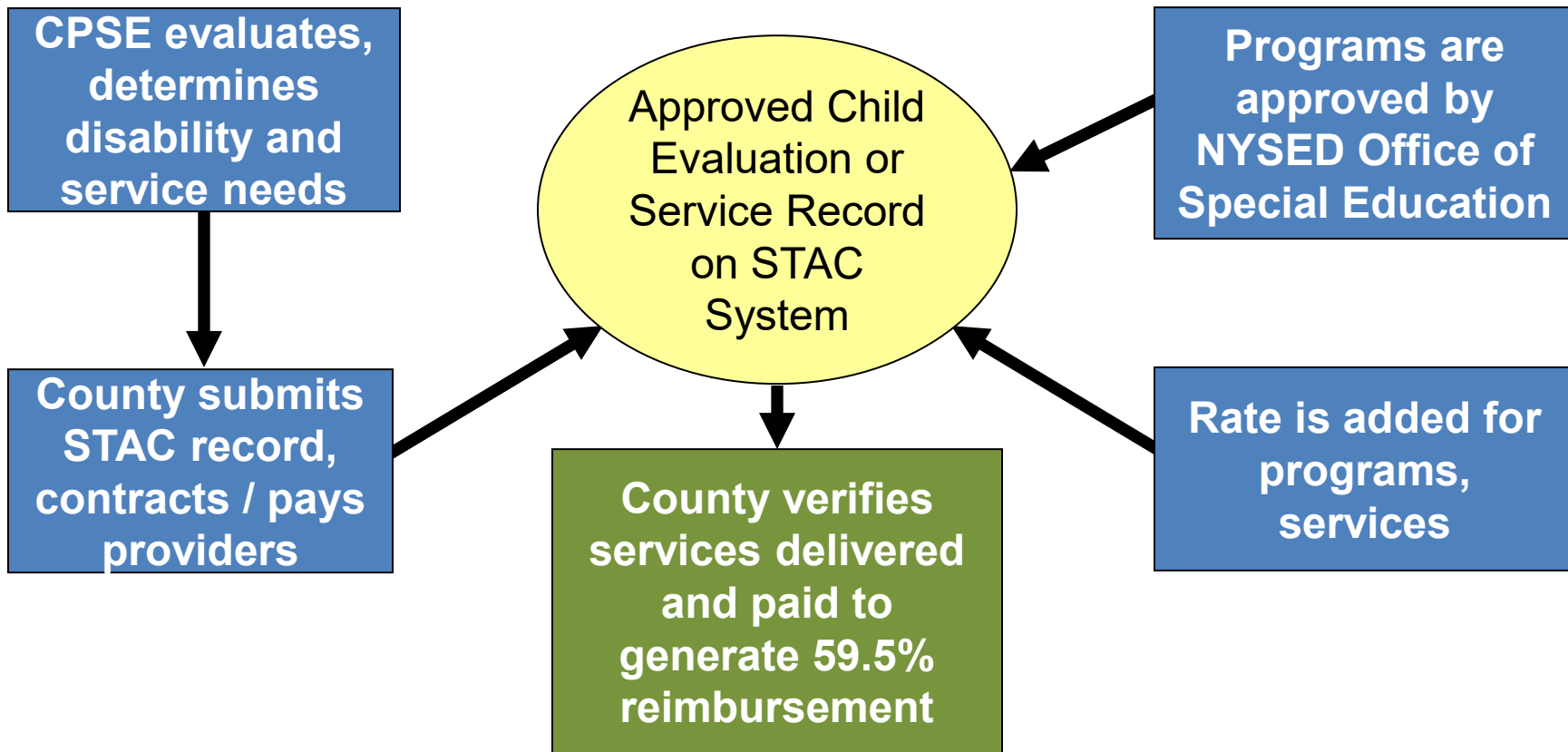
- ❑ CENTER-BASED SERVICES
- ❑ SEIS SERVICES
- ❑ RELATED SERVICES
- ❑ TRANSPORTATION

■ PRESCHOOL EVALUATIONS

■ ADMINISTRATIVE COSTS:

- ❑ CPSE ADMINISTRATIVE COSTS
- ❑ COUNTY ADMINISTRATIVE COSTS

Basic Process – Preschool Services and Evaluations



Electronic Record Access

There are two systems important to STAC reimbursement:

1. STAC Online (EFRT) System

Employee Form: https://www.oms.nysed.gov/stac/forms/stac_access_form.pdf

Consultant Form: https://www.oms.nysed.gov/stac/forms/stac_access_form_consultants.pdf

Review, add, amend or verify approvals (providers review only).

User IDs must be authorized by Municipality Representatives.

User IDs and passwords must not be shared.

STAC Unit can suspend rights when aware of violations.

County Super User can renew or suspend users directly on EFRT.

2. SED Secure File Transfer Manager (FTM)

Authorization Form: https://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf

Submit bulk files – format available on STAC website.

Download STAC-3 amendment reports, summary files, and other reports.

Register and access through SED FTM web client.

Or access through FTP client using SFTP protocol.

Protecting STAC Data and Personally Identifiable Information (PII)

Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), NYS Personal Privacy Protection Law and other statutes all require that PII is kept secure and only shared on a “need to know” basis.

Exchanging student data with the STAC Unit:

- SED FTM is the most secure method for transmitting documentation with PII.
- Fax during business hours and advise recipient when will be sent.
- Emails with PII other than STAC ID need to be encrypted with password sent separately.
- Paper documents sent US Mail 1st class/priority, or other service with tracking (e.g., UPS, FedEx, DHL).
- Use the STAC Online (EFRT) System and FTP site – log out when not active.
- When calling STAC Unit be prepared with your STAC Online User Code and password to confirm authorization to share data.

STAC-703 Form: Child Information Change Form

STAC-703

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Rev. 08/2023

Child Information Change Form

This form is used by representatives of School Districts and Municipalities to request changes in how a child's name or other identifying information is recorded on the STAC Online (EFRT) System. The STAC Unit will apply the change on EFRT.

District forms must be signed by the district superintendent, director of pupil personnel services, or registrar. County forms must be signed by the municipality representative.

Scan and upload completed forms to SED File Transfer Manager (FTM) "inbasket".

Email OMSSTAC@nysed.gov with the SED FTM location and filename.

Do NOT attach completed forms to emails.

CHILD INFORMATION AS CURRENTLY DISPLAYED ON THE STAC ONLINE (EFRT) SYSTEM			
Child's Last Name as listed on EFRT	MI	Child's First Name as listed on EFRT	Gender identity as listed on EFRT <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Child's STAC ID	Date of Birth as listed on EFRT	Race-Ethnicity as listed on EFRT	

Change Child's First Name to:

Change Child's Middle Initial to:

Change Child's Last Name to:

Change Child's Date of Birth to: / /

Change Child's Gender Identity to: Male Female Non-Binary

Change Child's Race-Ethnicity to:

(NYC Only) Change Child's SIS ID to:

Reason for Change:

Information on EFRT was entered incorrectly

Student was adopted on: / /

Student identifies as a different gender

Other: Effective: / /

STAC Use Only Processed By: Date Processed:

I certify that the information on this form is complete and accurate, and that the information has been verified against the appropriate legal documentation.

Signature		Date	
Superintendent/Municipality Representative/Director of PPS/Registrar			
Print Name	Title		
Email Address	Phone	(Area Code)	(Number)

- Located on [STAC](#) website under [Forms](#).
- Submit form to request changes to a child's name or other identifying information.
- Municipality Representative may sign form.
- After form is completed and signed:
 - 1) Upload form to your county's SED File Transfer Manager (SED FTM) inbasket.
 - 2) Send Email notification to OMSSTAC@nysed.gov to request processing.
 - Email should include name of form, SED FTM location and filename.
 - **DO NOT** include personally identifiable information (PII) in email or filename. STAC-ID is acceptable.
- **DO NOT** upload any additional supporting documentation (e.g. adoption paperwork or birth certificates).

STAC Online (EFRT) System – Resource Screens

Screen	Description
DCHSR	STAC Child Search
DQAPP	Approvals List (agency approvals by year, provider, and placement type)
DQEVL	STAC Child Evaluation Profile (list of DSEVL records by STAC-ID)
DQCLD	STAC Child Service Profile (list of DSPRE and DSSEI records by STAC-ID)
DQPR5	STAC Child Evaluation Print Search (list of STAC-5A reports by STAC-ID)
DQPRT	STAC Child Print Search (list of STAC-3 reports by STAC-ID)
DQPRG	Special Education Program Listing (approved programs by provider)
DREVL	STAC Evaluation AVL Information Page (Evaluation AVL Report)
DLEVL	4410 Evaluation Payment Ledger Screen (student specific ledger)
DRPRS	STAC AVL Information Screen (Programs & Services AVL Report)
DLPRS	Preschool Payment Ledger Screen (student specific ledger)
XTEND	EFRT Access Renewal/Suspension Screen (super user access only)

DMNUP - Preschool Reimbursement Menu

Date 05/01/23 GO TO

DMNUP ← Preschool Service Reimbursement Menu

Choice	Description
[S] DMNAC	ADMINSTRATIVE COST SCREENS
[S] DQAPP	APPROVAL LISTS
[S] DCHSR	FIND A STAC ID
[S] DQCLD	VIEW CHILD SERVICE PROFILE
[S] DQEVL	VIEW/ADD/CHG CHILD EVALUATON
[S] DQPRT	VIEW/PRINT CHILD SERVICE STAC APPROVAL
[S] DQPR5	VIEW/PRINT CHILD PRESCHOOL EVAL APPROVAL
[S] DSRWD	WITHDRAW STAC APPROVAL
[S] DSPRE	ADD/CHANGE SERVICE APPROVAL (SPEC CLASS)
[S] DSSEI	ADD/CHANGE SERVICE APPROVAL (SEIT/RS)
[S] DMNVP	PROCESS ONLINE AVLS
[S] DPRES	PRESCHOOL PROGRAM DATE CHANGE
[S] DQPRG	PROVIDER/PROGRAM SEARCH
[S] CHPWD	CHANGE YOUR PASSWORD
[S] BYE	SIGN OFF THE SYSTEM

- This is the Home Menu for county EFRT users.
- The five-character code for the Home Menu is in the upper left-hand corner of the page.
- Enter “DMNUP” into “GO TO” box then press enter to get back to this menu.
- Select “S” or enter five-character code into “GO TO” box to bring up a specific screen.

DMNVP - Preschool Online AVL Processing Menu

Date 05/01/23 GO TO

DMNVP ← PRESCHOOL ONLINE AVL PROCESSING MENU

Choice	Description
[S] DVPRS	SERVICE AVL/UPDATE/DISPLAY
[S] DRPRS	SERVICE AVL INFORMATION SCREEN
[S] DLPRS	SERVICE PAYMENT LEDGER SCREEN
[S] DVEVL	EVALUATION AVL/UPDATE/DISPLAY
[S] DREVL	EVALUATION AVL INFORMATION PAGE
[S] DLEVEL	EVALUATION PAYMENT LEDGER SCREEN
[S]	
[S]	
[S]	
[S]	
[S]	
[S]	
[S]	
[S]	
[S]	
[S]	

- This is the Menu that contains the screens associated with Preschool AVL processing.
- The five-character code for this menu is in the upper left-hand corner of the page.
- Select “S” on DMVUP Home Menu or enter “DMNVP” into “GO TO” box then press enter to bring up this menu.
- Select “S” or enter five-character code into “GO TO” box to open a specific screen.
- Both Online and FTP verification counties should be reviewing processed AVL info via “DR” screens as well as student specific ledger records via “DL” screens.

PRESCHOOL PROCESSING

School District Role

- ❑ STAC approval forms are created by school districts based on the student's IEP.
- ❑ There are separate STAC forms for Preschool Services (STAC-1) and Preschool Evaluations (STAC-5).
- ❑ Paper STAC forms are completed and forwarded to the district's respective county.
- ❑ School district submits a signed STAC-3 to the county for all revisions to preschool approvals.

PRESCHOOL PROCESSING

School District Role

The CPSE is required to report whether service provider also conducted the most recent evaluation.

- ❑ Applies to center-based class (special class and SCIS) and SEIS placements – does not apply to related services.
- ❑ District includes answer on STAC-1 submitted to county.
- ❑ County submits to SED with reimbursement approval request.
- ❑ Answer of “Y” or “N” does not affect approval but must be included.

PRESCHOOL PROCESSING

County Role

- ❑ Counties review and approve STAC forms submitted by school districts.
- ❑ Annually, each county is responsible to receive a signature authorization form from each of their individual school districts. A reminder is sent out by STAC each April.
 - This authorization allows a county to electronically transmit preschool information to STAC and Medicaid Unit (either through the STAC Online (EFRT) System or via electronic file).
- ❑ Counties electronically sign and forward the approved STAC forms either directly on the STAC Online (EFRT) System or through the FTP Batch file processing.
 - STAC Unit reviews and processes certain approvals (assistive technology, nurse, and interpreter).
- ❑ Counties electronically process all preschool amendments submitted to them by the school district.

PRESCHOOL PROCESSING

Provider Role

- ❑ Preschool SED-approved providers and evaluators (with a STAC online user code and password) can VIEW all classroom and SEIS STAC approvals associated with their agency.
- ❑ Preschool SED-approved providers and evaluators (with a STAC online user code and password) cannot ADD or AMEND any STAC approvals on the system.
- ❑ Related Service therapists cannot view approvals on the STAC Online (EFRT) System.
 - The county is listed as the provider for preschool related service approvals in EFRT.

PRESCHOOL PROCESSING

Requests / Notices of Approvals

- ❑ STAC-1 – Request for Reimbursement Approval (education services and transportation)
- ❑ STAC-3 – Notice of Approval (for STAC-1s)
- ❑ STAC-5 – Request for Approval (evaluations)
- ❑ STAC-5A – Notice of Approval (evaluations)

Data Submission to STAC Unit

Online

- Evaluation approvals.
- Service approvals (special class, SCIS, SEIS, related services, and Transportation).
- AVL verification of evaluations and services for payment.

FTP

- Evaluation approvals.
- Service approvals (special class, SCIS, SEIS, related services, and Transportation).
- AVL verification of evaluations and services for payment.

Additional review and manual entry by STAC Unit

- Interpreter, RN, LPN.
- “Other” Evaluations, second psychological or social evaluation.
- Assistive Technology Device (entered in as “Other” related service).
- “Triple” Services.

PRESCHOOL PROCESSING

STAC-5 Evaluations

- Referred for evaluation by Committee on Preschool Special Education (CPSE).
- STAC-5 form generated by school district, authorized by the CPSE Chairperson and sent to municipality for signature.
- Municipality authorizes STAC-5 and forwards info to STAC Unit – either electronically (through the Online or FTP process) or hard copy (as necessary).
- Starting in the 1617 school year, all public school districts are now considered approved evaluators under 4410.
- STAC-5A evaluation approval is available for printing from the STAC Online System using Screen DQPR5.

NOTE: A separate rate is not established for Functional Behavioral Assessment (FBA) and Applied Behavioral Analysis (ABA). Since the specific assessment techniques and components vary based on the identification of an individual student's challenging behavior, the CPSE must determine which evaluation components will be used and enter each component separately on the STAC-5 form.

Preschool Evaluation Rates

- ❑ Preschool Evaluation Rates are developed by the New York State Department of Health.
- ❑ Issued through the NYS Education Department's Rate Setting Unit.
- ❑ Applicable rate is determined by the county of residence of the student, not by the county of the approved evaluator.

STAC-5 Form – Request for Commissioner's Approval of Reimbursement for Evaluations

STAC-5

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
STAC/Medicaid Unit

Rev. 08/2023

Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations

STAC-ID

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List the date each evaluation component was completed (use four digits to indicate month and year).
For bilingual evaluations indicate on line provided.

STUDENT INFORMATION		EVALUATION COMPONENT		MONTH/YEAR	CHECK IF BILINGUAL
Last Name _____ First Name _____ Middle Initial _____		Audiological	AUD	____/____	<input type="checkbox"/>
Date of Birth (mm/dd/yy) _____ Student Identification Number (if applicable) _____		Counseling	CSL	____/____	<input type="checkbox"/>
Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary		Education	EDU	____/____	<input type="checkbox"/>
DISABILITY The child named above is: <input type="checkbox"/> PD - Preschool Student with a Disability <input checked="" type="checkbox"/> ND - Non-Disabled		Functional Vision	FUV	____/____	<input type="checkbox"/>
RACIAL/ETHNIC CATEGORY OF STUDENT <input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input checked="" type="checkbox"/> Two or more Races <i>(see explanation on second page)</i>		Music	MUS	____/____	<input type="checkbox"/>
School District with CPSE Responsibility _____ CPSE District SED (BEDS) Code _____		Neurological	NEU	____/____	<input type="checkbox"/>
County of Child's Current Location (where child resides) _____ County Code _____		Neuropsychological	NPY	____/____	<input type="checkbox"/>
County at time of Placement in Foster Care _____ County Code _____		Occupational Therapy	OCT	____/____	<input type="checkbox"/>
Approved Evaluator _____ Evaluator SED Code _____		Optometric (visual)	OPT	____/____	<input type="checkbox"/>
		Orthopedic	ORT	____/____	<input type="checkbox"/>
		Physical/Medical	PHY	____/____	<input type="checkbox"/>
		Physical Therapy	PHT	____/____	<input type="checkbox"/>
		Psychiatric	PYC	____/____	<input type="checkbox"/>
		Psychological	PSY	____/____	<input type="checkbox"/>
		Social	SOC	____/____	<input type="checkbox"/>
		Speech / Language	SPT	____/____	<input type="checkbox"/>
		Teacher of Visually Impaired	TVI	____/____	<input type="checkbox"/>
		Other: _____		____/____	<input type="checkbox"/>
		Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only.		\$ _____	
PERSON COMPLETING THIS FORM					
Name _____			Title _____		
Phone _____			Email _____		

CERTIFICATION OF EVALUATION: I certify that the preschool child herein named received a multidisciplinary evaluation as indicated above and in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education.

Signature CPSE Chairperson _____ Date ____/____/____

MUNICIPALITY: The municipality of _____ has received on ____/____/____ the STAC-5 Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations for the above named child pursuant to Section 4410 of the Education Law.

Signature of Authorized Representative of the Municipality _____ Date ____/____/____

Processing “OTHER” Evaluations

- ❑ Many “OTHER” evaluations are typically processed as part of a recognized evaluation component listed in our “Glossary of Terms” (see list on following slide).
- ❑ When “OTHER” evaluations are reimbursed as a stand-alone evaluation, these specialty evaluations require a special explanation from the CPSE attached to the STAC-5 (identify type on form).
- ❑ All “OTHER” evaluations are reviewed and processed manually by the STAC Unit.
- ❑ Counseling, Functional Vision, Music Therapy, and an evaluation by a teacher of the blind/visually impaired are no longer considered “Other” Evaluations.

Recognized “OTHER” Evaluation Components

Evaluation for:

Adaptive PE
Art Therapy/Play Therapy
Augmented Communication
Cleft Palate
Physical Coordination & Balance
Developmental Assessment
Ear/Nose/Throat
Feeding
Oral Motor
Orientation and Mobility

Eval by Teacher of the Deaf

May be part of:

Physical/Medical or PT Eval
Psychological Eval
Speech/Language Eval
Physical/Medical Eval
Physical/Medical or PT Eval
Physical/Medical Eval
Physical/Medical Eval
Physical/Medical or Speech/Language
Physical/Medical Eval
Psychiatric, Optometric, OT, PT, or
Audiological Eval
Education Eval

PRESCHOOL PROCESSING

Placement for Educational Services – STAC-1

- ❑ Placement by Committee on Preschool Special Education (CPSE).
- ❑ STAC-1 generated by school district, authorized by Board of Education Representative, and sent to municipality for signature.
- ❑ Municipality authorizes STAC-1 and forwards info to STAC Unit – either electronically (through the Online or FTP process) or hard copy (as necessary).
- ❑ STAC-3 report generated for all approved STAC-1's; approval notices sent to school district, county, and SED-approved provider.

NOTE: Child specific STAC-3 is available to view and print via DQPRT screen, otherwise a summary report is made available inside the SED FTM outbasket once every 4 weeks. The filename begins with EFHMAIL.

PRESCHOOL PROCESSING

Placement for Educational Services – STAC-1

- ❑ Related Services must list begin/end dates, type, number of sessions, group size, and rate (county rate is a cap).
- ❑ Coordination as a related service requires two other related services approved – not allowed if concurrent with SEIS approval (included in SEIS rate).
- ❑ SEIS must list begin/end dates, number of sessions, group size, and rate.
- ❑ Center based program begin/end dates generate an FTE.

Preschool STAC-1 Form - Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities Pursuant to Section 4410 of the Education Law

PRESCHOOL STAC-1

(Updated July 2023)

 The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Albany, New York 12244

 Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities
 Pursuant to Section 4410 of the Education Law

STAC-ID

STUDENT INFORMATION			
Last Name		First Name	Middle Initial
Date of Birth (mm/dd/yy)	Student Identification Number (if applicable)		Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary

PLACEMENT TYPE	RACIAL/ETHNIC CATEGORY OF STUDENT
Approved Program (DSPRE) <input type="checkbox"/> Special Class <input type="checkbox"/> Special Class Integrated Setting (SCIS)	<input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races <i>(see explanation on next page)</i>
Related Services and/or SEIS (DSSEI) <input type="checkbox"/> Related Services only <input type="checkbox"/> Special Education Itinerant Teacher and/or SEIT plus Related Services	

Public School District that has Committee on Preschool Special Education Responsibility	
County of Child's Current Location (where child resides)	
County at Time of Placement in Foster Care or in Temporary Housing or in a residential facility licensed or operated by another State Agency	
Service Provider for Special Class, SCIS or SEIS	
a. Is this the same provider that conducted the most recent evaluation for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Program	Program Code

RELATED SERVICES OR SEIS PROVIDER	TYPE OF RELATED SERVICE	HRS PER DAY	DAYS PER WEEK

SERVICE INFORMATION	FROM Mo./Day/Year	TO Mo./Day/Year	HRS. PER DAY	DAYS PER WEEK	SEIS OR RELATED SERVICES INDIVIDUAL	GROUP	NUMBER OF HALF HOUR SESSIONS	RATE PER HALF HOUR SESSION	TRANSPORTATION
Education or SEIS									Dates of Transportation From:
Related Service 1									To:
Related Service 2									
Related Service 3									
Related Service 4									
Related Service 5									Total Cost of Transportation \$

AUTHORIZATION OF PLACEMENT: I certify that the preschool student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Preschool Education and the child is eligible for such placement in accordance with the Regulations of the Commissioner and Section 4410 of the Education Law.

Signature of Board of Education Representative:

Date:

DSPRE Screen – Center Based Programs

Date 04/05/23
Time 01:44

New York State Education Department
CPSE Preschool Service Request (4410)

Go to

STAC ID	Name	Date of Birth	Mode Inquiry
<input type="text"/>	<input type="text"/>		
School Year	Record Number	<input type="button" value="Inquire"/>	
<input type="text"/>	<input type="text"/>		

County of Residence

CPSE District

Foster Care Placement County

Education Provider

Is this the same provider that conducted the most recent evaluation for this child?

Start Date	End Date	Hours	Days	Aide Percentage	Educ Rate	Educ Aid Rate	Total Rate			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		0	0			
						Total Rate	X	FTE	=	Total Cost
						0				

Transportation Cost Includes cost of aide on bus Total Cost

Multiple Services Variance Enter Update User

Required for Inquiry

DSSEI Screen – SEIS and Related Services

Date: 04/05/23 Time: 01:47 New York State Education Department Go to Menu

SEIT/Related Service Approval Request (4410)

STAC ID **Name** **Date of Birth** **Mode Inquiry**

School Year **Record Number**

County of Residence **CPSE District**

Foster Care Placement County

Education **Provider**

Is this the same provider that conducted the most recent evaluation for this child?

Start Date	End Date	Group	Sessions	Rate	Cost	Withdrawn
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			

Related Services **Provider**

Act	Type	Start Date	End Date	Group	Sessions	Rate	Cost	Withdrawn
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		

Transportation Cost
Includes cost of aide on bus

Total Cost

Multiple Services Variance Enter User

[Required for Inquiry](#)

For STAC approval, County is provider for all Related Services

SEIS Services

Multiple Service STAC's

- ❑ Dual services are a combination of two concurrent placements. Examples include:
 - Two half-time center-based placements (possibly one special class combined with a second integrated class).
 - Half-time center-based placement and SEIS services.
 - Half-time center-based placement and an additional related services not included as part of the center-based placement.

Note: Both placements not to exceed 5 hours/day.

- ❑ A STAC-1 needs to be completed for each placement. Each STAC-1 needs to be clearly marked as a “Multiple Service.”

Requesting 1:1 Aides

- ❑ With the addition of the Aide Percentage field in EFRT, 1:1 Aide forms are no longer required for full time aides nor partial 1:1 aides (including shared 1:1 aides).
- ❑ Users may enter an aide percentage from 1 to 100 percent (whole numbers only).
- ❑ Leave Aide Percentage field blank, if a student does not require an aide. Zero will not be accepted and will result in an error message.
- ❑ 1:1 aide as a related service may be entered into EFRT via the DSSEI screen without special processing by STAC.

STAC- 812 Form - Request for Reimbursement for Student-Specific Nurses and Interpreters ****For Preschool Use Only****

STAC-812 The University of the State of New York THE STATE EDUCATION DEPARTMENT Rev. 09/2020

Request for Reimbursement for Student-Specific Nurses and Interpreters
****For Preschool Use Only****

STAC-ID

Do NOT submit this form for:
 > Education Aides
 (Enter aide percentage on EFRT service approval screen)

A completed and signed Preschool STAC-1 form should be submitted along with this form.
 Scan and upload both completed forms to SED File Transfer Manager (FTM) "inbasket".
 Email OMSSTAC@nysed.gov with the SED FTM location and filenames. Do NOT attach completed forms to emails.

STUDENT, COUNTY, AND SCHOOL DISTRICT INFORMATION	
Student Name:	Date of Birth (mm/dd/yyyy):
County of Residence Name:	
Name of School District with CPSE Responsibility:	School District SED Code:

AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS				
<input type="checkbox"/> Aide	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ students
<input type="checkbox"/> RN	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ students
<input type="checkbox"/> LPN	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ students
<input type="checkbox"/> Interpreter	Requested Start: _____ to Requested End: _____	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ students

PRESCHOOL EDUCATION PLACEMENT	
Education Provider Name:	Education Provider SED Code:
Program Name:	Program Code:
Program Runs: Hours/Day _____ Days/Week _____	Student Attends: Hours/Day _____ Days/Week _____

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 above.

Signature: CPSE Superintendent of Schools/NYC Superintendent of Clinical Services Date _____

PERSON COMPLETING THIS FORM	
Name	Phone
Fax	Email

- To be used for RN/LPN/Interpreters in a Preschool Special Class (or SCIS) setting.
- Costs are calculated based on enrollment through the DSPRE screen in EFRT.
- EXCEPTION:** RN/LPN/Interpreters may be entered in as a related service under specific conditions. Each of the following must be true:
 1. Student's IEP lists the use of an RN/LPN/Interpreter.
 2. Student is NOT enrolled in a Special Class (or SCIS) program.
 3. Student is receiving SEIS and/or related services.

Age Eligibility for 4410 Preschool

DATE OF BIRTH *	RECOMMENDED DATE FIRST ELIGIBLE FOR PRESCHOOL EVALUATION	DATE FIRST ELIGIBLE FOR PRESCHOOL SERVICES	DATE LAST ELIGIBLE FOR PRESCHOOL SERVICES	SCHOOL AGE ELIGIBLE
Jan - June 2020	September 2022	January 2, 2023	Summer 2025	September 2025
Jul - Dec 2020	March 2023	July 1, 2023	Summer 2025	September 2025
Jan - June 2021	September 2023	January 2, 2024	Summer 2026	September 2026
Jul - Dec 2021	March 2024	July 1, 2024	Summer 2026	September 2026
Jan - June 2022	September 2024	January 2, 2025	Summer 2027	September 2027
Jul - Dec 2022	March 2025	July 1, 2025	Summer 2027	September 2027
Jan - June 2023	September 2025	January 2, 2026	Summer 2028	September 2028
Jul - Dec 2023	March 2026	July 1, 2026	Summer 2028	September 2028
Jan - June 2024	September 2026	January 2, 2027	Summer 2029	September 2029
Jul - Dec 2024	March 2027	July 1, 2027	Summer 2029	September 2029
Jan - June 2025	September 2027	January 2, 2028	Summer 2030	September 2030
Jul - Dec 2025	March 2028	July 1, 2028	Summer 2030	September 2030

* DOB's of December 2-31 are reviewed on an individual basis (see NYS Education Law § 4410. i. below)

NYS Education Law § 4410. i. "Preschool child" means a child with a disability as defined in section forty-four hundred one of this article who is first eligible for services as defined in paragraph f of this subdivision but who will not have become five years of age on or before December first of the school year, or a later date if a board establishes such later date for eligibility to attend school. A child shall be deemed a preschool child through the month of August of the school year in which the child first becomes eligible to attend school pursuant to section thirty-two hundred two of this chapter.

- ❑ This chart is an extension of the information contained in the [Policy memo on Evaluation of 3 and 4 year olds.](#)
- ❑ The memo is posted on the STAC website under Pre-school / Preschool Policy.
- ❑ STACs submitted for evaluations of children entering kindergarten in September must indicate evaluation dates prior to August in order to be reimbursed via the STAC process.

PRESCHOOL PROCESSING

Rate Sources

- ❑ Evaluation (DOH)
- ❑ Related Service (County)
- ❑ Special Education Itinerant Service (RSU)
- ❑ Center Based Program (RSU)
- ❑ Aide (DOB)
 - Nurse
 - 1:1 Aide
 - Interpreter
- ❑ Transportation (DOB)

STAC-710 Form – County List of Approved Rates for Preschool Related Services

STAC-710

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Rev. 04/2019

COUNTY LIST OF APPROVED RATES FOR PRESCHOOL RELATED SERVICES						
County Name: <input type="text"/>			School Year: <input type="text"/>			
Service	Maximum Individual Rate Per Half Hour	Maximum Group Rate Per Half Hour	Maximum Coordinator Rate Per Half Hour	List of Approved 4410 Providers contracted with during the school year listed above.		
AIDE - 1:1 RELATED SERVICES						
ASSISTIVE TECHNOLOGY SERVICES						
AUDIOLOGY						
COORDINATION						
COUNSELING SERVICES						
SCHOOL HEALTH SERVICES/NURSE						
INTERPRETER						
MUSIC THERAPY						
ORIENTATION AND MOBILITY						
OCCUPATIONAL THERAPY						
OCCUPATIONAL THERAPY ASSISTANT						
PLAY THERAPY						
PARENT COUNSELING AND TRAINING						
PSYCHOLOGICAL SERVICES						
PHYSICAL THERAPY						
PHYSICAL THERAPY ASSISTANT						
SCHOOL SOCIAL WORK						
SPEECH THERAPY						
TEACHER OF HEARING IMPAIRED						
TEACHER OF VISUALLY IMPAIRED						

I, as representative of this county, duly certify that all providers contracted with are appropriately certified and/or licensed and are providing services in accordance with the student's Individualized Education Program.

Signature

Title

Date

PRESCHOOL PROCESSING

Claiming

- ❑ Counties are responsible for claiming costs associated with preschool services provided.
- ❑ Automated Voucher Listings (AVLs) are created by the STAC Unit for counties to use for claiming.
 - Center based programs – verify enrollment (FTE) and costs paid.
 - SEIS and Related Services – verify sessions and costs paid.
 - Transportation – verify actual cost.
 - Claim via FTP file or directly on the STAC Online (EFRT) System, using the DVPRS screen.
- ❑ Once preschool services have been delivered and paid, a county may claim costs.

DVPRS – 4410 Preschool Service Verification

Date 04/08/23 New York State Education Department Go to
 Time 08:09 **4410 AVL/Update/Display** Menu

Year County

AVL Number 0

First 4 Letters of Last Name (Optional)

STAC ID	Rec No	Name	App Sess	App Cost	Available	Claimed	Rate	Claimed	
Service Typ	Approved Dates		YTD/FTE	YTD Cost	Sessions	Sessions	Avail Amt	Amount	Selection
			0	0	0	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="button" value="Service Ledger"/>
			0	0	0	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="button" value="Service Ledger"/>
			0	0	0	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="button" value="Service Ledger"/>
			0	0	0	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="button" value="Service Ledger"/>
			0	0	0	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="button" value="Service Ledger"/>

AVL Claim Total (*)FINAL CLAIM

Required For Inquiry

PRESCHOOL PROCESSING

Statute of Limitations

- ❑ All preschool service and evaluation approvals have a three-year statute of limitations.
- ❑ 2021-22 school year will close out June 30, 2025.
- ❑ Final AVLs for 2021-22 school year will be prepared in mid-May 2025 and MUST be submitted to STAC for processing by close of business June 30, 2025.
- ❑ Change in tuition rate supersedes the Statute of Limitations.
 - Reductions recovered without county action.
 - County must claim additional amounts made available by close of school year following the school year in which the rate change was applied.

PRESCHOOL PROCESSING

Payments

- ❑ STAC Unit processes the returned AVL (FTP file or Online version) completed by the county.
- ❑ State reimbursement rate is 59.5%.
- ❑ STAC Unit collects proper signatures through separate online system.
 - Individual authorized to sign for municipality should be a different person than who processes the AVL.
 - Registration and use instructions are posted on STAC website under Preschool AVL page:
 - ❑ [Electronic Signature for Preschool AVL memo](#)
 - Electronic Signatures should be submitted as follows:
 - ❑ FTP Verifications – after receiving email notification to proceed.
 - ❑ Online Verifications – immediately after claim submission.

PRESCHOOL PROCESSING

AVL Schedule

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK
System to Track and Account for Children (STAC) and Medicaid Unit
AVL Schedule – Section 4410 – Preschool
April 2024 – March 2025

Evaluations	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020-21		#12 Final										
2021-22				#09				#10			#11	
2022-23		#05				#06			#07			#08
2023-24	#01			#02			#03				#04	
Services												
2020-21		#12 Final			*				*			
2021-22			#09				#10			#11		
2022-23	#05			#06				#07			#08	
2023-24			#02			#03				#04		
2024-25												#01
Back years					*				*			
Administration												
2022-23 County	Child Count											
2023-24 County											Report Costs	
2022-23 CPSE			Costs Closed		ACL/ AVL							

* Rate Change Only

- Schedule lists claiming opportunities by school year and type, as well as important timeframes for the administrative cost processes.
- “Back years” notates when tuition rate change AVLs will be made available for school years that are beyond the statute of limitations.
- Posted on STAC website under Pre-school / Preschool AVL.

AVL Adjustments

❑ 4408 Chargeback

- 10% of verified July/August Special Education service costs for children ages 5-21 (multiple years initial/adjustment chargeback).
- Deducted from AVL #01 and additional current year AVLs until recovered.

❑ Medicaid Payments

- Non-federal share of Preschool Supportive Health Services Program (PSHSP) services and evaluations reimbursement is recouped from 4410 funds.
- Recent payments adjusted on each current year AVL.

AVL Adjustments, continued

❑ Transportation Cap

- Actual cost is reported, but total reimbursed cost cannot exceed (trips x rate).
- Trips generated by verified services.

❑ Foster Care

- Local 40.5% share of costs charged back to county of origin, on the following AVL after servicing county is reimbursed at 100%.

❑ State Operated Schools

- Rome Preschool costs paid by NYS; 40.5% local share charged back to county of origin.

ANNUAL PRESCHOOL PROCESSES

County Administrative Costs

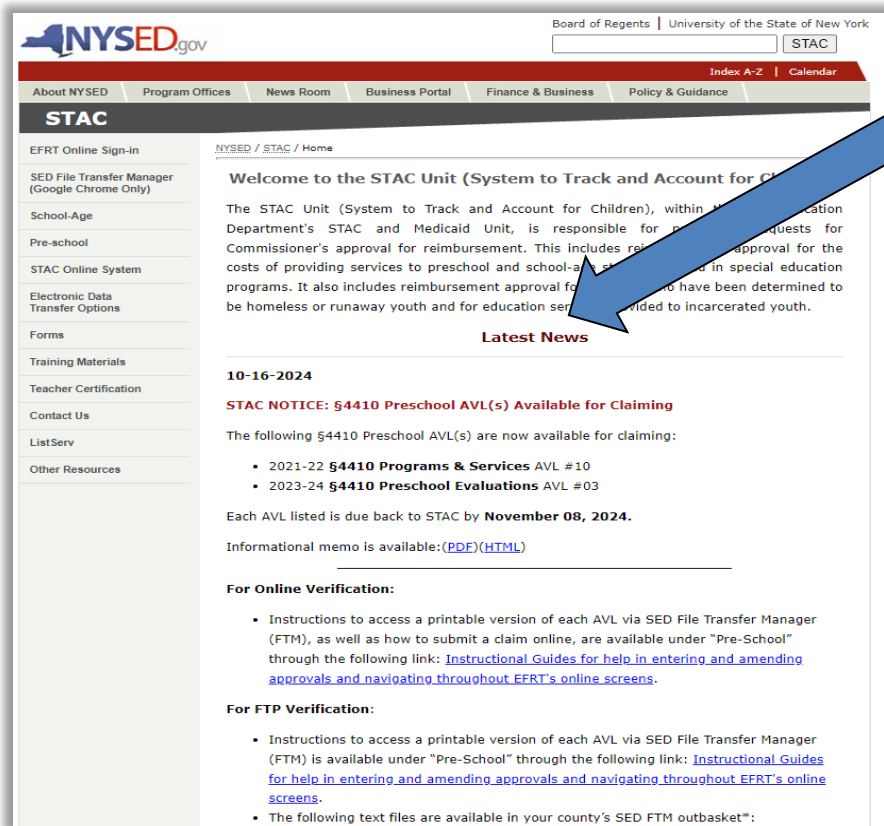
- ❑ Each county reports administrative costs associated with running its Preschool program in March.
- ❑ Report containing unduplicated count of Preschoolers Generating Administrative Costs is generated in April.
- ❑ Counties receive lesser of reported costs or \$75 per child.

ANNUAL PRESCHOOL PROCESSES

CPSE Administrative Costs

- ❑ State Aid provides CPSE costs submitted by districts through the State Aid Management System (SAMS) – Supplemental Schedules 31-34.
- ❑ Same report containing unduplicated count of Preschoolers Generating Administrative Costs generated for County Administrative Costs is also used for CPSE Administrative Cost reimbursement calculation.
- ❑ Per pupil cost calculated and approved by SED.
- ❑ Administrative Cost Listing (ACL) prepared for districts to voucher counties for reimbursement of their CPSE costs.
- ❑ County submits matching AVL to STAC Unit for CPSE costs they have paid to a district (59.5% aid rate).

STAC Unit - Preschool News



Board of Regents | University of the State of New York

NYSED.gov

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STAC

EFRT Online Sign-in

SED File Transfer Manager (Google Chrome Only)

School-Age

Pre-school

STAC Online System

Electronic Data Transfer Options

Forms

Training Materials

Teacher Certification

Contact Us

ListServ

Other Resources

NYSED / STAC / Home

Welcome to the STAC Unit (System to Track and Account for Children)

The STAC Unit (System to Track and Account for Children), within the Education Department's STAC and Medicaid Unit, is responsible for processing requests for Commissioner's approval for reimbursement. This includes requests for approval for the costs of providing services to preschool and school-age children enrolled in special education programs. It also includes reimbursement approval for services provided to homeless or runaway youth and for education services provided to incarcerated youth.

Latest News

10-16-2024

STAC NOTICE: §4410 Preschool AVL(s) Available for Claiming

The following §4410 Preschool AVL(s) are now available for claiming:

- 2021-22 **§4410 Programs & Services** AVL #10
- 2023-24 **§4410 Preschool Evaluations** AVL #03

Each AVL listed is due back to STAC by **November 08, 2024**.

Informational memo is available: [\(PDF\)](#) [\(HTML\)](#)

For Online Verification:

- Instructions to access a printable version of each AVL via SED File Transfer Manager (FTM), as well as how to submit a claim online, are available under "Pre-School" through the following link: [Instructional Guides for help in entering and amending approvals and navigating throughout EFRT's online screens.](#)

For FTP Verification:

- Instructions to access a printable version of each AVL via SED File Transfer Manager (FTM) is available under "Pre-School" through the following link: [Instructional Guides for help in entering and amending approvals and navigating throughout EFRT's online screens.](#)
- The following text files are available in your county's SED FTM outbasket**:

- STAC Unit routinely posts updates to the STAC website. Postings are listed on the main page under the "Latest News" section. Each post is dated with the most recent post at the top and an archive is available.
- Every individual that works on Preschool for a municipality should subscribe to the STACPRE LISTSERV to receive preschool postings as they occur.

Subscribe to the STAC LISTSERV

Register to Receive Information from the STAC and Medicaid Unit

You can receive notification by electronic mail of the latest memoranda and other updates by subscribing to one or more of our LISTSERVs:

- **PRESCHOOL (ages 3-5)**
https://www.oms.nysed.gov/stac/listserv/listserv_preschool_registration.html
- **SCHOOL-AGE** (ages 5-21)
https://www.oms.nysed.gov/stac/listserv/listserv_schoolage_registration.html
- **PROVIDER** (SED-Approved Education Providers)
https://www.oms.nysed.gov/stac/listserv/listserv_provider_registration.html
- **MEDICAID IN EDUCATION (P/SSHSP)**
https://www.oms.nysed.gov/medicaid/listserv_registration.html

To Subscribe to the Preschool ListServ:

- To begin a subscription, please send an e-mail message to LISTSERV@LISTSERV.NYSED.GOV
- The **body** of the message must read:
SUBSCRIBE STACPRE firstname lastname
- You will receive a welcome message when you subscribe. Please save this message for future reference, especially if this is the first time you are subscribing to an electronic mailing list.
- Many Spam Filters and Virus software may block messages from LISTSERVs. Once you have subscribed, please notify your technical support staff that these notices with attachments will be coming from STACPRE@LISTSERV.NYSED.GOV.

To Unsubscribe:

- If at any time you want to stop receiving announcements, you may be removed from the list by sending the following command to LISTSERV@LISTSERV.NYSED.GOV
- The **body** of the message must read:
SIGNOFF STACPRE GLOBAL

STACPRE Listserv: Preschool AVL Available for Claiming

10-16-2024

STAC NOTICE: §4410 Preschool AVL(s) Available for Claiming

The following §4410 Preschool AVL(s) are now available for claiming:

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For FTP Verification:

- Instructions to access a printable version of each AVL via SED File Transfer Manager (FTM) is available under "Pre-School" through the following link: [Instructional Guides for help in entering and amending approvals and navigating throughout EFRT's online screens](#).
- The following text files are available in your county's SED FTM outbasket™:

[§4410 Programs & Services AVL 2122 #10](#)
CCCC_2122_AVL_20241015.txt

[§4410 Preschool Evaluations AVL 2324 #03](#)
CCCC_2324_EVAL-AVL_20241015.txt

*Note - "CCCC" represents the first four letters of a county's name, except for New York City (NEWY) and Saint Lawrence (STLA).

More information on the SED File Transfer Manager (FTM) is available [here](#). For questions on this notice, or the AVLs listed, please email OMSSTAC@nysed.gov.

This type of message advises:

- A list of each AVL available for claiming.
- Due date back to STAC.
- Informational memo.
- Link to the Instructional Guides posted on the STAC webpage.
- (For FTP verification users only)
 - The name of AVL text file uploaded to a county's SED FTM outbasket.

STACPRE Listserv: Preschool Payments Posted to SED FTM

10-10-2024

STAC NOTICE: New Preschool Payment Reports Posted to SED File Transfer Manager (FTM)

The NYSED STAC and Medicaid Unit has placed 3,54410 Preschool Payment Reports in county folders on the [SED File Transfer Manager \(FTM\)](#).

The [Preschool Payment Reports Released to the SED File Transfer Manager \(FTM\)](#) listing has been updated with these Payment Reports, dated **10/10/24**.

Counties will receive an Approved Payment Listing (APL) for each payment, however the other report types listed will only be available when applicable.

Payments will be distributed when funding becomes available.

More information on the SED File Transfer Manager (FTM) is available [here](#). For questions on this notice, or the AVLs listed, please email OMSSTAC@nysed.gov.

- This type of message advises:
- Number of Preschool Payment Reports posted to a county's SED FTM outbasket.
- Upload date(s)
- Includes a link to the list of Preschool Payment Reports Released to the SED FTM.
- Also available under the Preschool AVL page of STAC website.

Preschool Payment Reports Released to SED FTM in Calendar Year 2024

Preschool Payment Reports Released to the SED File Transfer Manager (FTM) in Calendar Year 2024

School Year	AVL Type	Report Type	SED FTM File Name Begins With*	SED FTM File Date
2023-24	§4410 Preschool Programs & Services	Approved Payment Listing with Adjustments	CCCC_EFH391_2324_03_APL_20241010	10/10/24
2023-24	§4410 Preschool Programs & Services	§4410 Medicaid Summary	CCCC_EFH391_2324_03_MA_20241010	10/10/24
2023-24	§4410 Preschool Programs & Services	State Operated Schools Chargeback Summary	CCCC_EFH391_2324_03_ROME_20241010	10/10/24
2023-24	§4410 Preschool Programs & Services	Approved Payment Listing	CCCC_EFH322_2324_03_APL_20241009	10/9/24
2023-24	§4410 Preschool Programs & Services	§4410 Placements Serviced in Other Municipalities	CCCC_EFH322_2324_03_FOSTER_20241009	10/9/24
2023-24	§4410 Preschool Programs & Services	§4410 Transportation Summary	CCCC_EFH322_2324_03_TRANS_20241009	10/9/24
2022-23	§4410 Preschool Evaluations	Approved Payment Listing	CCCC_EFH381_2223_06_APL_20241009	10/9/24
2022-23	§4410 Preschool Evaluations	§4410 Evaluations in	CCCC_EFH381_2223_06_FOSTER_20241009	10/9/24

*Note - "CCCC" represents the first four letters of a county's name, except for New York City (NEWY) and Saint Lawrence (STLA).

Preschool payments released to the SED File Transfer Manager in calendar year:

[2023](#)
[2022](#)
[2021](#)
[2020](#)
[2019](#)

- Calendar of Payment Reports is organized by JAN-DEC, calendar year.
- Other calendar years are available at the bottom of the screen.
- Most recent reports are listed at the top of the list.
- Information may be used to locate specific reports inside a county's SED FTM outbasket.

STACPRE Listserv: Preschool Payments Posted to SED FTM

07-11-2024

STAC NOTICE: Preschool Payments

The Division of the Budget (DOB) approved disbursement of the following Preschool payment(s):

- 2021/2022 AVL #08 §4410 Programs & Services
- 2023/2024 AVL #01 §4410 Programs & Services
- 2020/2021 AVL #11 §4410 Evaluations
- 2021/2022 AVL #08 §4410 Evaluations
- 2022/2023 AVL #04 §4410 Evaluations
- 2022/2023 AVL #01 §4410 County Administration
- 2020/2021 AVL #07 §4410 CPSE Administration
- 2021/2022 AVL #03 §4410 CPSE Administration

For questions on this notice, or the AVLs listed, please email OMSSTAC@nysed.gov.

This type of message advises:

- NYS Division of the Budget (DOB) has approved disbursement of the following Preschool payment(s).
- Payments are processed through another SED office.
- Generally, counties should begin to receive funds within 2-3 weeks of this notice.

Preschool Resources

■ STAC Unit

- ❑ Main Telephone Number | (518) 474-7116
- ❑ General Email Address | OMSSTAC@nysed.gov

All documentation containing personally identifiable information (PII) for students must be transmitted to the STAC and Medicaid Unit using the SED File Transfer Manager.

❑ **Preschool/Medicaid Coordinator**

- ❑ Robert Wojtkiewicz | Robert.Wojtkiewicz@nysed.gov

❑ **Preschool Supervisor**

- ❑ Nicholas Thayer | Nicholas.Thayer@nysed.gov

❑ **Preschool STAC & AVL Process**

- ❑ Kathleen Mahar | Kathleen.Mahar@nysed.gov
- ❑ Cameron Reynolds | Cameron.Reynolds@nysed.gov

■ **Office of Special Education – Preschool Policy Unit**

- ❑ Main Telephone Number | (518) 473-6108
- ❑ Email Address | SPECED@nysed.gov

Preschool Resources

■ Evaluation Policy Memo

- ❑ <https://www.oms.nysed.gov/stac/preschool/policy/eval3-4yr803.pdf>

■ SEIT / Related Service Policy Memo

- ❑ https://www.oms.nysed.gov/stac/preschool/correspondence/SEIS_Data_Collection_Guidance.pdf

■ Transportation Policy Memo

- ❑ https://www.oms.nysed.gov/stac/preschool/policy/transportation_memo.html

■ STAC Online System Request for Access Form

- ❑ https://www.oms.nysed.gov/stac/forms/stac_access_form.pdf
- ❑ https://www.oms.nysed.gov/stac/stac_online_system/stac_access_notice_consultants.html

■ SED File Transfer Manager Access Form

- ❑ https://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf

Thank you for attending this training.

A downloadable version of this presentation is available on the STAC website:

https://www.oms.nysed.gov/stac/training_materials/