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

## HE STATE EDUCATION DEPARTMENT OFFICE OF P-12 (SPECIAL EDUCATION)

INFORMATION AND REPORTING SERVICES (IRS) 89 Washington Avenue – Rm 860 EBA

Albany, NY 12234

## SEDCAR - 1 APPROVED SPECIAL EDUCATION PROGRAM REQUEST FOR IDEA VENDOR FUNDING FOR 2019-2020 SCHOOL YEAR

The following types of schools must use this form to request vendor funding of IDEA funds from school districts that have Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE) responsibility for students with disabilities:

- Approved private schools for students with disabilities (preschool and school-age).
- BOCES that operate an approved preschool special education program.
- School districts that operate an approved preschool special education program and enroll students from other school districts.
- Approved out-of-state schools in which students with disabilities are placed by New York State school districts.
- Approved out-of-state schools that provide educational services to students with disabilities placed by New York State courts or social service agencies.

## A completed SEDCAR-1 form, with original signature, is due by November 29, 2018 to each local education agency from which IDEA vendor funding for the 2019-2020 school year is requested. There is no need to submit a copy of this form to the State Education Department. A listing of the names of students comprising the counts reported in Section 3, Tables A and B, must be submitted to the LEA with this form, and marked "confidential". Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required retention period ends June 30, 2026 If you have any questions about this report, please email your questions to datasupport@nysed.gov.

<b>Section 1: Approved Special Educ</b>	cation Program Re	equesting Vendo	or Funding			
	(Enter 12-digit S	SED Code Below)				
SCHOOL NAME						
ADDRESS (include building name, room num	ber, or mail stop informat	ion)				
CITY			STATE	ZIP		
Contact Person of Approved Special Education Program Requesting Vendor Funding						
NAME/TITLE						
TELEPHONE (include Area Code)		FAX				
IMPORTANT NOTE: The LEA must receive this form by November 29, 2018, in order to provide accurate vendor						

funding of IDEA funds to approved special education programs for the 2019-2020 school year.

Sta	ection 2: Local Education Agency (LEA) Requested to Issue Vendor Funding. (For students attes schools by the courts or State agencies, the LEA is the school district in which the studenthe of such placement.)	-		
	(Enter 12-digit SED Code Below)			
LO	CAL EDUCATION AGENCY NAME			
ADI	DRESS (include building name, room number, or mail stop information)			
	CITY STATE		ZIP	
in	ction 3: Child Counts, Pursuant to IDEA Sections 611 and 619, for Students Residing in LEA Section 2.			
	idents with disabilities, ages 3-5, on October 3, 2018 (please determine enrollment, age, and October 3, 2018.	type of se	ervice as	
A	Students with disabilities, ages 3-4, on October 3, 2018 (please determine enrollment, age, and type of service provided as of October 3, 2018). Each student should be counted only once in either Line 1, 2 or 3.	Count §611*	Count §619*	
1	Number of preschool students (ages 3-4) provided <u>related services only</u> . Do not report students in this line if they are also receiving other preschool special education programs.			
2	Number of preschool students (ages 3-4) provided a preschool special education program, which includes Special Education Itinerant Teacher (SEIT) services and/or full or part-time special class or special class in an integrated setting services. These students may also be receiving related services. Please note that if students receive services from more than one provider, only the provider that is designated as the "coordinating provider" may report the student on this form.			
3	Count of school-age students (ages 4-5) attending programs for school-age children.			
*N	ote: Students who are ages 3-5 are eligible to be counted under both Section 611 and Section 619			
В	Students with disabilities, ages 6-21, on October 3, 2018 (please determine enrollment and age as of October 3, 2018).	Count §611	Count §619	
1	Count of students with disabilities, ages 6-21		NA	
	A Section 619 flow-through funds are directed to students with disabilities, ages 3-5. Section 611 fl lirected to students with disabilities, ages 3-21.	ow-throug	gh funds	
	Certification and Assurances			
who stude	re reviewed the information reported in this form and certify that this is a complete and accurate count of stude were placed in this program by the local education agency listed in Section 2 of this form, on October 3, 2018 ents placed in this school were served in a manner consistent with their respective Individualized Education Programs of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the students reported in Section 3 will be submitted to the local education agency with this form and management of the section of the students reported in Section 3 will be submitted to the local education agency with this form and management of the section	B. I certify to ograms. A	that such listing of	
Original Ink Signature  Date Signed  Chief School Administrative Officer Must Sign and Date.				

Name of Chief School Administrative Officer (Please Type or Print)