The University of the State of New York THE 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 2020-2021 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.

Instructions:	1.	A completed SEDCAR-1 form, with original signature, is due by November 28, 2019 to each local education
		agency from which IDEA vendor funding for the 2020-2021 school year is requested.
	2.	There is no need to submit a copy of this form to the State Education Department.
	3.	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".
	4.	Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required
		retention period ends June 30, 2027
	5.	If you have any questions about this report, please email your questions to datasupport@nysed.gov.

Section 1: Approved Special Education Program Requesting Vendor Funding					
(Enter 12-digit SED Code Below)					
SCHOOL NAME					
ADDRESS (include building name, room number, or mail stop information)					
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 28, 2019, in order to provide accurate vendor funding of IDEA funds to approved special education programs for the 2020-2021 school year.

	ate schools by the courts or State agencies, the LEA is the school district in which the students		
tin	ne of such placement.)		
	(Enter 12-digit SED Code Below)		
LO	CAL EDUCATION AGENCY NAME		
AD	DRESS (include building name, room number, or mail stop information)		
	CITY STATE		ZIP
	ction 3: Child Counts, Pursuant to IDEA Sections 611 and 619, for Students Residing in LEA	who is i	dentified
	Section 2.		
	udents with disabilities, ages 3-5, on October 2, 2019 (please determine enrollment, age, and	type of se	ervice as
of	October 2, 2019.		1
		Count	Count
Α	Students with disabilities, ages 3-4, on October 2, 2019 (please determine enrollment, age,	§611*	§619*
	and type of service provided as of October 2, 2019). Each student should be counted only once in either Line 1, 2 or 3		
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1	once in either Line 1, 2 or 3.		
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IDEA Section 619 flow-through funds are directed to students with disabilities, ages 3-5. Section 611 flow-through funds are directed to students with disabilities, ages 3-21.

Certification and Assurances

I have reviewed the information reported in this form and certify that this is a complete and accurate count of students with disabilities who were placed in this program by the local education agency listed in Section 2 of this form, on October 2, 2019. I certify that such students placed in this school were served in a manner consistent with their respective Individualized Education Programs. A listing of the names of the students reported in Section 3 will be submitted to the local education agency with this form and marked "confidential".

Original Ink Signature

Date Signed

— Chief School Administrative Officer Must Sign and Date.

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