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 - 2

APPROVED PRIVATE SCHOOL NOTICE OF DESIGNATED LOCAL EDUCATION AGENCY FOR IDEA FUNDS

(To be used by Approved Private Schools located in New York State)
For IDEA Funds to be Sub-allocated During 2020-2021

This form is to be completed by approved private schools located in New York State that provide special education services to students with disabilities pursuant to Article 81 of the Education Law (not including Special Act School Districts). Please designate a local education agency (LEA) from whom to receive IDEA funds for students with disabilities provided special education services pursuant to Article 81 of the Education Law and send the completed form to the address in the letterhead and to the designated LEA, by November 29, 2018.

In order to receive an allotment based on IDEA funding calculations for 2020-2021 for students with disabilities who are placed in your school by public school districts, you must also complete a SEDCAR-1 form and send it to each school district that placed students in your program as of October 2, 2019. The SEDCAR-1 form should be submitted to each school district by November 28, 2019

Instructions:	1.	The completed ASEP-2 form, with original signature, must be received by the State Education Department at the
		above address by November 28, 2019.
	2.	Submit a copy of this form to the LEA designated to receive the IDEA flow-through funds for students with
		disabilities provided special education services pursuant to Article 81. The amount of funds you will receive will
		be based upon formulas prescribed in IDEA, Sections 611 and 619.
	3.	Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required
		retention period ends June 30, 2027.
	4.	If you have any questions about this report, please email your questions to <u>datasupport@nysed.gov</u> .

Section 1-Approved Private School Program Information (Non-Special Act School District)									
••	(Enter 12-digit S								
SCHOOL NAME									
ADDRESS (include building name, room number,	or mail stop information)								
СІТУ			STATE	ZIP					
Section 2- Approved Private School Contact Person for Information									
NAME/TITLE									
TELEPHONE (include Area Code)		FAX							

IMPORTANT NOTE: This form must be received by the State Education Department and by the designated LEA, by November 28, 2019

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Section	on 3 Designated Local Educat	tion Agency Informatio (Enter 12-digit SED C			
		(Enter 12-digit SED C	ode Below)		
LOCAL	EDUCATION AGENCY NAME				
ADDRE	SS (include building name, room number,	or mail stop information)			
CITY			STATE	ZIP	
Section	on 4: Status of Designated Lo	ocal Education Agency			
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Please	place a check ($\sqrt{\ }$) in Column .	A in the appropriate line	to indicate the status of the	LEA designated by the	
	ved Special Education Program				
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2	Continuation - The LEA designate Revision - The LEA designate	<u> </u>	<u> </u>		_
3	Initial - This is the first year i				
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	, unless a revised form is subn	nitted to SED for the de	signation of another LEA for	the 2021-2022 school	
year.					
			← Chief Administrative C	Officer Must	
C	Original Ink Signature	Date Signed	Sign and Date.		
Name (of Chief Administrative Office	er (Please Type or Print)			
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