The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Vocational and Educational Services for Individuals with Disabilities (VESID) Strategic Evaluation Data Collection, Analysis and Reporting (SEDCAR) One Commerce Plaza – Room 1613 Albany, NY 12234

SEDCAR - 1 APPROVED SPECIAL EDUCATION PROGRAM REQUEST FOR IDEA VENDOR FUNDING FOR 2008-2009 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 March 3, 2008 to each local education |
|---------------|----|--|
| | | agency from which IDEA vendor funding for the 2008-2009 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, 2015. |
| | 5. | If you have any questions about this report, please call (518) 486-4678, or (518) 486-4734. |

| 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) | | | | | | | | |
| | | | | | | | | |
| СІТҮ | | 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 March 3, 2008, in order to provide vendor funding of IDEA funds to approved special education programs for the 2008-2009 school year.

| Section 2: Local Education Agency (LEA) Requested to Issue Vendor Funding. (For students placed in out-of-State schools by the courts or State agencies, the LEA is the school district in which the student resided at the time 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 | g in LEA | who is | | | | |
| | entified in Section 2. | | | | | | |
| | idents with disabilities, ages 3-5, on December 3, 2007 (please determine enrollment, age, a | nd type o | f service | | | | |
| as | of December 3, 2007. | | - | | | | |
| | | Count | Count | | | | |
| Α | Students with disabilities, ages 3-4, on December 3, 2007 (please determine enrollment, age, | §611* | §619* | | | | |
| | and type of service provided as of December 3, 2007). Each student should be counted only | | | | | | |
| | once in either Line 1, 2 or 3. | ļ | | | | | |
| | | | | | | | |
| 1 | Number of preschool students (ages 3-4) provided <u>related services only</u> . Do not report students | | | | | | |
| 2 | 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 | *Note: Students who are ages 3-5 are eligible to be counted under both Section 611 and Section 619 | | | | | | |
| | | Count | Count | | | | |
| B | Students with disabilities, ages 6-21, on December 3, 2007 (please determine enrollment and | §611 | §619 | | | | |
| | age as of December 3, 2007). | | | | | | |
| | | | NA | | | | |
| 1 | Count of students with disabilities, ages 6-21 | 1 | | | | | |

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 December 3, 2007. 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)