The University of the State of New York THE STATE EDUCATION DEPARTMENT **OFFICE OF P-12 (SPECIAL EDUCATION)** INFORMATION AND REPORTING SERVICES (IRS)

SEDCAR 1

APPROVED SPECIAL EDUCATION PROGRAM REQUEST FOR §4410(b) VENDOR FUNDING FOR 2022-2023 SCHOOL YEAR

The following types of schools use this form to request §4410(b) vendor funding 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 ٠ York State courts or social service agencies.

Instructions:	1.	A completed SEDCAR 1 form, with original signature, is sent to each local education agency (LEA) from which §4410(b) vendor funding for the 2022-2023 school year is requested. NYSED suggests that this form		
		be sent to each LEA by November 26, 2021, however, a subsequent date may be established by each LEA.		
	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, is submitted to the		
		LEA with this form. This listing must be marked "confidential".		
	4.	Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required		
		retention period ends on June 30, 2029		
	5.	If you have any questions about §4410(b) funding, please email your questions to datasupport@nysed.gov.		

5.	If you have any quest	ions about §4410(b) fund	ling, please email you	r questions to	datasupport@nysed.gov.

Section 1: Approved Special Education Program Requesting §4410(b) Vendor Funding					
(Enter 12-digit SED Code Below)					
SCHOOL NAME					
ADDRESS (include building name, room number, or mail stop information)					
СІТҮ	ST	TATE ZIP			

Contact Person of Approved Special Education Program Requesting Vendor Funding NAME/TITLE

TELEPHONE	(include	Area	Code)

FAX

IMPORTANT NOTE: NYSED suggests that LEAs receive this form by November 26, 2021, or subsequent date established by the LEA, in order to provide accurate §4410(b) vendor funding to approved special education programs for the 2022-2023 school year.

in	ction 2: Local Education Agency (LEA) Requested to Issue §4410(b) Vendor Fund out-of-State schools by the courts or State agencies, the LEA is the school district in ided at the time of such placement.)	U ,	-			
	(Enter 12-digit SED Code Below)					
LO	CAL EDUCATION AGENCY NAME					
AD	DRESS (include building name, room number, or mail stop information)					
	СІТҮ	STATE	ZIP			
~						
	Section 3: Child Counts for Students Residing in LEA Identified in Section 2. Students with disabilities, ages 3-5, on October 6, 2021					
A	Students with disabilities, ages 3-4, on October 6, 2021. Enrollment, age, and type of service provided are determined as of October 6, 2021. Each student should be included only once in category 1, 2 or 3.	Count of SWDs Ages 3-21*	Count of SWDs Ages 3-5 *			
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	*Note: Students who are ages 3-5 are eligible to be counted under both Ages 3-5 and Ages 3-21					
В	Students with disabilities, ages 6-21, on October 6, 2021. Enrollment and age are determined as of October 6, 2021.	Count o Ages				

Count of students with disabilities, ages 6-21

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 6, 2021. 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

1

Date Signed

- Chief School Administrative Officer Must Sign and Date.

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