Print Form

Reset Form

Strategic Evaluation Data Collection, Analysis and Reporting
Approved Special Education Program
Request for IDEA Funding
2013-2014

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 8, 2013 to each local education agency from which IDEA vendor funding for the 2013-2014 school year is requested.**
2. There is no need to send 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 auditing and reference purposes. The required retention period ends June 30, 2020.
5. If you have any questions about this report, please call (718) 935-4789.

Section 1: Approved Special Education Program Requesting Vendor Funding					
SED Number (12 digits)		-		-	
Name					
Address					
City		State		Zip Code	

Contact Person of Approved Special Education Program Requesting Vendor Funding					
Name / Title					
Telephone		Ext:		E-Mail	

IMPORTANT NOTE: The LEA must receive this form by March 8, 2013 in order to provide vendor funding of IDEA funds to approved special education programs for the 2013-2014 school year.

Section 2: Local Educational Agency (LEA) Requested to issue Sub- Allocation. (For students placed in out- of - state schools by the courts or State agencies, the LEA is the school district in which the resided at the time of such placement.)	
LEA SED Number	3000-0001-0000
Name of LEA	New York City Department of Education, Non Public School Payables
Address	65 Court Street, Room 1001, Brooklyn , NY 11201
Attention	IDEA Unit

Section 3: Child counts, Pursuant to IDEA Section 611 and 619, for students residing in LEA who is identified in Section 2. Students with Disabilities, ages 3-5, on October 3, 2012 (please determine enrollment age and type of service as of October 3, 2012).

A	**Students with disabilities, ages 3-4, on October 3, 2012 (please determine enrollment, age and type of service provided as of October 3, 2012). Each student should only be counted once in either Line 1, 2 or 3.**	**Count 611**	**Count 619**
1	Number of preschool students (ages 3-4) provided **related services only.** 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.		

* Note: Students with Disabilities, ages 3-5 are eligible to be counted under both Section 611 and 619

B	**Student with Disabilities, ages 6-21, on October 3, 2012 (please determine enrollment and age as of October 3, 2012)**	**Count 611**	**Count 619**
1	Count of Students with disabilities, ages 6-21		N/A

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 3, 2012. 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 _____ ← *Chief Administrative Officer Must Sign and Date*

Type Name of Chief Administrative Officer _____