

NYC Department of Education
IDEA Grant Sub–Allocation
Related Services (only) Reporting Form for SEDCAR 1

ASEP Name: _____ ASEP SED Code: _____

Instructions: List Preschool students who were first attended by this ASEP to receive related services (only) on, or before, December 1, 2005 and continue to be enrolled as of this date. Do not include students who receive SEIT services or students whose related services are coordinated by another agency.

Student First & Last Name	Student's NYC ID #	Type of Related Service	Name of Related Service Provider	CPSE District #

Total Number of (unduplicated) students listed: _____

Today's Date: _____

Signature of the person completing this form: _____

Print the name of the person completing this form: _____

Make additional copies of this form as necessary