

SEDCAR - 1
APPROVED SPECIAL EDUCATION PROGRAM REQUEST FOR IDEA SUB-ALLOCATION
2005-2006

The following types of schools must use this form to request a sub-allocation 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:	<ol style="list-style-type: none"> 1. A completed SEDCAR-1 form, with original signature, is due by March 3, 2005 to each local education agency from which an IDEA sub-allocation for 2005-2006 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, 2011. 5. If you have any questions about this report, please call (518) 486-4678, or (518) 486-4734.
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Section 1: Approved Special Education Program Requesting Sub-Allocation														
(Enter 12-digit SED Code Below)														
<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
SCHOOL NAME														
ADDRESS (include building name, room number, or mail stop information)														
CITY	STATE	ZIP												

Contact Person of Approved Special Education Program Requesting Sub-Allocation	
NAME/TITLE	
TELEPHONE (include Area Code)	FAX

IMPORTANT NOTE: The LEA must receive this form by March 3, 2005; in order to provide a sub-allocation of IDEA funds to approved special education programs for the 2005-2006 school year.

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Section 2: Local Education Agency (LEA) Requested to Issue Sub-Allocation

(Enter 12-digit SED Code Below)

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LOCAL EDUCATION AGENCY NAME

ADDRESS (include building name, room number, or mail stop information)

CITY

STATE

ZIP

Section 3: Child Counts, Pursuant to IDEA Section 611 and 619, For Students Residing in LEA Listed in Section 2. (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.)

A	Students with disabilities, ages 3-5, on December 1, 2004 (please determine enrollment and age as of December 1, 2004.	Count §611	Count §619
1	Count of preschool students (All students who receive preschool special education services pursuant to Section 4410 from this approved provider may be counted, including those preschool students who receive only related services. Please note 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.)		
2	Count of students attending school-age programs		

(Note: Each student eligible to be counted under Section 619 is also eligible to be counted under Section 611*.)

B	Students with disabilities, ages 6-21, on December 1, 2004 (please determine enrollment and age as of December 1, 2004.	Count §611	Count §619
1	Count of students with disabilities, ages 6-21		NA

*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 1, 2004. 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, Tables A and B, will be submitted to the local education agency with this form and marked "confidential".

Original Ink Signature

Date Signed

← **Chief Administrative Officer Must Sign and Date.**

Name of Chief Administrative Officer (Please Type or Print)