The University of the State of New York

THE STATE EDUCATION DEPARTMENT

OFFICE OF P-12 (SPECIAL EDUCATION)
INFORMATION AND REPORTING SERVICES (IRS)

89 Washington Avenue – Rm 881 EBA Albany, NY 12234

SEDCAR - 1 APPROVED SPECIAL EDUCATION PROGRAM REQUEST FOR IDEA VENDOR FUNDING FOR 2012-2013 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 November 28, 2011 to each local
		education agency from which IDEA vendor funding for the 2012-2013 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, 2019
	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)	tion)					
CITY		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 November 28, 2011, in order to provide vendor funding of IDEA funds to approved special education programs for the 2012-2013 school year.

tin	time of such placement.)								
	(Enter 12-digit SED Code Below)								
LOCAL EDUCATION AGENCY NAME									
ADDRESS (include building name, room number, or mail stop information)									
ADDITION (Metade Standing name, from number, or man stop internation)									
	CITY STATE		ZIP						
Se	Section 3: Child Counts, Pursuant to IDEA Sections 611 and 619, for Students Residing in LEA who is								
	entified in Section 2.	, III LLA	wiio is						
	idents with disabilities, ages 3-5, on October 5, 2011 (please determine enrollment, age, and	nd type of	f service						
	of October 5, 2011.	31							
		Count	Count						
A	Students with disabilities, ages 3-4, on October 5, 2011 (please determine enrollment, age,	§611*	§619*						
	and type of service provided as of October 5, 2011). Each student should be counted only once in either Line 1, 2 or 3.								
	once in cities 1, 2 or 3.								
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 shildren								
	Count of school-age students (ages 4-5) attending programs for school-age children.								
*Note: Students who are ages 3-5 are eligible to be counted under both Section 611 and Section 619									
	Count	Count							
В	Students with disabilities, ages 6-21, on October 5, 2011 (please determine enrollment and age as of October 5, 2011).	§611	§619						
	age as of October 5, 2011).		NA						
1	Count of students with disabilities, ages 6-21		1111						
	-								
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>y</i>								
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 5, 2011. 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 Must Sign and Date.								
	Name of Chief School Administrative Officer (Diago Type or Brief)								
Name of Chief School Administrative Officer (Please Type or Print)									

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