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 860 EBA

Albany, NY 12234

SEDCAR - 2

APPROVED PRIVATE SCHOOL NOTICE OF DESIGNATED LOCAL EDUCATION AGENCY FOR IDEA FUNDS

(To be used by Approved Private Schools located in New York State) For IDEA Funds to be Sub-allocated During 2018-2019

This form is to be completed by approved private schools located in New York State that provide special education services to students with disabilities pursuant to Article 81 of the Education Law (not including Special Act School Districts). Please designate a local education agency (LEA) from whom to receive IDEA funds for students with disabilities provided special education services pursuant to Article 81 of the Education Law and send the completed form to the address in the letterhead and to the designated LEA, by November 22, 2017.

In order to receive a sub-allocation of IDEA funds for 2017-2018 for students with disabilities who are placed in your school by public school districts, you must also complete a SEDCAR-1 form and send it to each school district that placed students in your program as of October 4, 2017. The SEDCAR-1 form should be submitted to each school district by November 22, 2017.

Instructions:	ructions: 1. The completed ASEP-2 form, with original signature, must be received by the State Education D				
		above address by November 22, 2017.			
	2.	Submit a copy of this form to the LEA designated to receive the IDEA flow-through funds for students with			
		disabilities provided special education services pursuant to Article 81. The amount of funds you will receive will			
		be based upon formulas prescribed in IDEA, Sections 611 and 619.			
	3.	Retain one copy (and supporting documentation) in your school for reference and audit purposes. The required			
		retention period ends June 30, 2025.			
	4.	If you have any questions about this report, please email your questions to <u>datasupport@nysed.gov</u> .			
Castion 1 A		and Driverte Calcal Dragger of Information (Non-Consider Act Calcal District)			

Section 1-Approved Private School Program Information (Non-Special Act School District)								
(Enter 12-digit S	t SED Code Below)							
SCHOOL NAME								
ADDRESS (include building name, room number, or mail stop information)								
СІТУ	STATE ZIP							
Section 2- Approved Private School Contact Person for Information								
NAME/TITLE								
TELEPHONE (include Area Code)	FAX							

IMPORTANT NOTE: This form must be received by the State Education Department and by the designated LEA, by November 22, 2017

Section	on 3 Designated Local Educa			
		(Enter 12-digit SED Code Belo	ow)	
LOCAL	EDUCATION AGENCY NAME			
ADDDE	SS (*- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
ADDKE	SS (include building name, room number,	, or mail stop information)		
			·	
CITY			STATE ZIP	
Section	on 4: Status of Designated Lo	ocal Education Agency		
Scotto	it is status of Besignatea Be	year Zamearron Higeney		
Please	place a check (√) in Column	A in the appropriate line to inc	licate the status of the LEA designated	by the
	ved Special Education Program		neate the status of the LLM designated	by the
1 Ippio	rea special Education Frogran	ii iisted iii Section 3.		
				A
1	Continuation - The LEA desi	ignated for 2018-2019 was also	o designated for 2017-2018	
2			than the LEA designated for 2017-2013	3
3			gnated by this approved special educat	
	program (ASEP)			
		Certification and Assura	ances	
			d by this ASEP to be allocated IDEA S	
	•	•	Department, based on the December 1	
			81 of the Education Law, as reported t	
			, for appropriate allotment to this AS	
unders	tand that the LEA designated	in Section 3 will receive such	IDEA funds for the 2018-2019 year, a	nd will
continu	e to receive IDEA allocations	s for subsequent years, to be a	llotted to this school, unless a revised	form is
submit	ted to SED for the designation	n of another LEA for the 2018-	2019 school year.	
			Chief Administrative Officer Must Sign and Date.	
C	Original Ink Signature	Date Signed	Sign una Daie.	
Name 4	of Chief Administrative Office	er (Please Type or Print)		
i tuille t	or emer rummistiative Office	or (Freuse Type of Filme)		