

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2014 to December 31, 2014*

**SCHEDULE SED-1**  
**PROGRAM AND**  
**ENROLLMENT DATA**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: \_\_\_\_\_

Line No.	COLUMN NUMBER										
	PROGRAM NAME										
	PROGRAM CODE (PROGRAM CODE INDEX)	( )		( )		( )		( )		( )	
	ENROLLMENT (FTE) BY FUNDING SOURCE	SUMMER	SCHOOL YEAR								
100	Non-disabled-UPK										
101	Non-disabled-Other										
102	Sec.4402 (Art.89) Sch. Dist. Placement										
103	Department of Health Chapter 428										
104	Sec.4408 (Art.89) Sch. Dist. Placement										
105	Sec.4410 (3-4 yr olds) Sch. Dist. Placement										
106	Local Social Services District										
107	Other										
108	Total by Funding Source (Sum Lines 102-107)										
109	Number of Days in Session										
110	Care Days (Line 108 times Line 109)										
115	Actual SEIS or SEIT Units Provided										
201	Approved Classroom Ratio										
202	Number of Classrooms										
203	Student FTE										
301	Approved Classroom Ratio										
302	Number of Classrooms										
303	Student FTE										
401	Approved Classroom Ratio										
402	Number of Classrooms										
403	Student FTE										
501	Approved Classroom Ratio										
502	Number of Classrooms										
503	Student FTE										
601	Approved Classroom Ratio										
602	Number of Classrooms										
603	Student FTE										
701	Approved Classroom Ratio										
702	Number of Classrooms										
703	Student FTE										
801	Approved Classroom Ratio										
802	Number of Classrooms										
803	Student FTE										
901	Approved Classroom Ratio										
902	Number of Classrooms										
903	Student FTE										
999	Total Student FTE										

Note: Line 108 must reconcile to line 999.

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**SCHEDULE SED-4**  
**Related Service Capacity,**  
**Need and Productivity**

Page \_\_\_\_

<b>Agency Name:</b> _____ <b>Agency Code:</b> _____ <b>School Code:</b> _____ <b>Program Code:</b> _____	<b>Contact Person:</b> _____ <b>Phone Number:</b> _____
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Column 1	Capacity			Need				Productivity		
	Column 2a	Column 2b	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x 25 program hours per week x 2) + (Column 2b x 2)	Annual IEP Mandated <b>Individual</b> Related Service Sessions on All Students' IEPs	Annual IEP Mandated <b>Group</b> Related Service Sessions on All Students' IEPs	Average # of Students Served in Group	Annual Group Sessions (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions Provided (from RS-2 col 7)	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy										
Physical Therapy										
Occupational Therapy										
Counseling										
Skilled Nursing										
Other										