**Instructions for Schedule RS-2 Need For Related Services**

This schedule is used to determine the need for related services in your school age and preschool special education programs. Complete this schedule for the July 1, 2015 - June 30, 2016 school year for all students enrolled in the following special education programs. **Complete one schedule RS-2 per program, per related service type.**

The following programs (codes) are to be reported. Report each program on a separate schedule:

* 1. School Age - Special Class

9010-9014 School Age - Special Class - Half Day

9020-9021 School Age - Children's Residential Program (CRP)

9030-9038 School Age – RTF Education

9100-9109 Preschool - Special Class - over 2.5 hours per day

9115-9119 Preschool - Special Class - 2.5 hours per day

9160-9163 Preschool - Integrated Special Class - over 2.5 hours per day

9165-9169 Preschool - Integrated Special Class - 2.5 hours per day

9180-9185 Preschool - Residential Program

* 1. Preschool - Related Services Only
1. 4201 State Supported Education Program
2. 4201 Residential Treatment Facility Program

Refer to the CFR manual or the reporting manual for the supplemental schedules of the ST-3 or SA-111 for a definition of each program.

**Column 1 "Student Name"**

Enter student name. Each student must only be reported once for each service type except in those instances when a student’s IEP changes during the year and results in a change in the need for related services.

**Column 2 "Student ID Number"**

Enter the student's 6 digit identification number from the STAC-3 approval.

**Column 3 "School District Code or County Code"**

Enter the 12 digit school district code of the school district that placed the student in the special education program or the county code of the county that placed the foster care child in the school age special education program.

For the 12 digit school district code, consult the school district that placed the student. For the county code, select a code from the key at the end of these instructions. Add 10 zeros to the end of each county code (i.e. Albany county's code would be 010000000000).

**Column 4a "Annual IEP Mandated Individual Related Service Sessions Per Week**

Report all weekly IEP mandated individual related services sessions by type (speech therapy, physical therapy, occupational therapy, counseling, skilled nursing, other). **Use a separate schedule for each related service type.** Sessions are to be reported in ½ hour blocks of time. Prorate as needed (e.g. 45 minutes = 1.5 sessions, etc.)

**Column 4b "Annual IEP Mandated Group Related Service Sessions Per Week"**

Report all weekly IEP mandated group related services sessions by type (speech therapy, physical therapy, occupational therapy, counseling, skilled nursing, other). **Use a separate schedule for each related service type.** Sessions are to be reported in ½ hour blocks of time. Prorate as needed (e.g. 45 minutes = 1.5 sessions, etc.)

**Column 5 "Annual Service Authorization Weeks for the Student in Column 1"**

Based on each student's enrollment period for the IEP mandated service regardless of legal absence or school closing.

**Column 6a "Annual IEP Mandated Related Service Individual Need"**

Column 4a multiplied by column 5.

**Column 6b "Annual IEP Mandated Related Service Group Need"**

Column 4b multiplied by column 5.

**Column 6c "Annual IEP Mandated Related Service Need"**

Sum columns 6a and 6b.

**Column 7a "Annual IEP Mandated Individual Related Service Sessions Provided"**

Report the direct contact ½ hour individual sessions with each student. Report the regularly scheduled individual sessions provided, as well as any make-up individual sessions.

**Column 7b "Annual IEP Mandated Group Related Service Sessions Provided"**

Report the direct contact ½ hour group sessions with each student. Report the regularly scheduled group sessions provided, as well as any make-up group sessions.

**Column 8 "Annual IEP Mandated Related Service Sessions Not Provided"**

Sum columns 9 through 12. Note: This column does not include related service sessions made-up during the school year.

**Column 9 "Annual IEP Mandated Related Service Sessions Not Provided Due to Student Absence"**

Report **all** sessions not provided due to student absence, school field trip, special event or other reasons. This may include absences due to student illness.

**Column 10 "Annual IEP Mandated Related Service Sessions Not Provided Due to Staff Absence"**

Report staff absence for any reason (e.g. illness, vacation, staff development, attendance at IEP meetings, etc.), but not staff vacancies.

**Column 11 "Annual IEP Mandated Related Service Sessions Not Provided Due to School Closings"**

Report **all** sessions not provided due to school closings. This may include holidays, vacations, staff conference days or snow/emergency days.

**Column 12 "Annual IEP Mandated Related Service Sessions Not Provided Due to Staff Shortage"**

Report sessions not provided due to lack of sufficient staff.

**COUNTY CODES**

1. Albany 17 Fulton 35 Staten Island 54 Schoharie

02 Allegany 18 Genesee 40 Niagara 55 Schuyler

03 Broome 19 Greene 41 Oneida 56 Seneca

04 Cattaraugus 20 Hamilton 42 Onondaga 57 Steuben

05 Cayuga 21 Herkimer 43 Ontario 58 Suffolk

06 Chautauqua 22 Jefferson 44 Orange 59 Sullivan

07 Chemung 23 Lewis 45 Orleans 60 Tioga

08 Chenango 24 Livingston 46 Oswego 61 Tompkins

09 Clinton 25 Madison 47 Otsego 62 Ulster

10 Columbia 26 Monroe 48 Putnam 63 Warren

11 Cortland 27 Montgomery 49 Rensselaer 64 Washington

12 Delaware 28 Nassau 50 Rockland 65 Wayne

13 Dutchess 31 Manhattan 51 St. Lawrence 66 Westchester

14 Erie 32 Bronx 52 Saratoga 67 Wyoming

15 Essex 33 Brooklyn 53 Schenectady 68 Yates

16 Franklin 34 Queens