

Schedule SED-4 Related Service Capacity, Need and Productivity

Agency Name: _____ Agency Code: _____ School Code: _____ Program Code: _____	Reporting Period: July 1, 2015 - June 30, 2016 Contact Person: _____ Phone Number: _____ Email Address: _____
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Column 1	Column 2a	Column 2b	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5 Productivity	Column 6
Related Service	Annual Related Capacity 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 Individual Related Service Sessions on All Students' IEPs	Annual IEP Mandated Group 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 (RS-2 col 7a + (RS-2 col 7b / SED-4 col 4c))	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy			0.00	Need				0.00		#DIV/0!
Physical Therapy			0.00					0.00		#DIV/0!
Occupational Therapy			0.00					0.00		#DIV/0!
Counseling			0.00					0.00		#DIV/0!
Skilled Nursing			0.00					0.00		#DIV/0!
Other			0.00					0.00		#DIV/0!