

# Schedule RS-2 Need For Related Services

Agency Name: \_\_\_\_\_  
 Agency Code: \_\_\_\_\_  
 School Code: \_\_\_\_\_  
 Program Code: \_\_\_\_\_

Reporting Period: July 1, 2016 - June 30, 2017

Complete a separate page for each discipline:

Speech Therapy \_\_\_ Physical Therapy \_\_\_ Skilled Nursing \_\_\_  
 Occupational Therapy \_\_\_ Counseling \_\_\_ Other \_\_\_

Page # \_\_\_\_\_

| Column 1         | Column 2          | Column 3                            | Column 4a  | Column 4b   | Column 5   | Column 6a  | Column 6b   | Column 6c  | Column 7 a   | Column 7b   | Column 8   | Column 9  | Column 10   | Column 11   | Column 12  |
|------------------|-------------------|-------------------------------------|--|---|--|--|---|--|--|---|--|---|---|---|--|
| Student Name     | Student ID Number | School District Code or County Code | Annual IEP Mandated Individual Related Service Sessions Per Week | Annual IEP Mandated Group Related Service Sessions Per Week | Annual Service Authorization Weeks for the Student in Column 1 | Annual IEP Mandated Related Service Individual Need (Column 4a Multiplied by Column 5) | Annual IEP Mandated Related Service Group Need (Column 4b Multiplied by Column 5) | Annual IEP Mandated Related Service Need (Sum Columns 6a and 6b) | Annual IEP Mandated Individual Related Service Sessions Provided | Annual IEP Mandated Group Related Service Sessions Provided | Annual IEP Mandated Related Service Sessions Not Provided (Sum Col 9 - 12) | Annual IEP Mandated Related Service Sessions Due To Student Absence | Annual IEP Mandated Related Service Sessions Due To Staff Absence | Annual IEP Mandated Related Service Sessions Due To School Closings | Annual IEP Mandated Related Service Sessions Due To Staff Shortage |
| 1                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 2                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 3                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 4                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 5                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 6                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 7                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 8                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 9                |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 10               |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| 11               |                   |                                     |  |   |  | 0.00   | 0.00  | 0.00   |  |   | 0.00   |   |   |   |  |
| <b>12 Totals</b> |                   |                                     | 0.00   | 0.00  |  | 0.00   | 0.00  | 0.00   | 0.00   |   | 0.00   | 0.00  | 0.00  | 0.00  | 0.00   |