NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2018 to December 31, 2018

SCHEDULE SED-1
PROGRAM AND
ENROLLMENT DATA
Page

AGENOY CODE: SCHOOL CODE: COLUMN NUMBER No. PROGRAM CODE (PROCRAM CODE INDEX) FROGRAM CODE INDEX FROGRAM CODE I	AGENCY NAME:											
COLUMN NUMBER COLUMN (TITE) COLUMN (TITE	AGENCY CODE:											
Column Number Chief Program Name Chief Progra												
Line PROGRAM NAME												(
### SCHOOL PLANS SCHOOL PARK SUMMER PARK SUMER PARK SUMER PARK SUMMER PARK SUMER PARK SUMMER PARK SUMER PARK SUMER PARK SUMER PARK SUMER PARK SUMER PARK SUMER PAR	Line	PROGRAM NAME										
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100 Non-disable-Other		ENROLLMENT (FTE)						SCHOOL				
101 Non-disabled-Other			SUMMER	YEAR	SUMMER	YEAR	SUMMER	YEAR	SUMMER	YEAR	SUMMER	YEAR
102 Sec.4402 (ALR9) Sch. Dist. Placement												
103 Department of Health Chapter 428												
104 Sec.4409 (A-189) Sech. Disk. Placement 105 Sec.4400 (A-189) Sech. Disk. Placement 106 Lecal Social Services District 107 Ohne 108 Total by Funding Source (Sum Lines 102-107) 109 Number of Days in Session 110 Care Days (Line 108 times Line 109) 111 Mendated SEIS or SEIT Units or Service 111 Agnoroved Classroom Ratio 201 Agnoroved Classroom Ratio 202 Number of Classrooms 203 Student FTE 203 Student FTE 204 Agnoroved Classroom Ratio 205 Number of Classrooms 206 Number of Classrooms 207 Agnoroved Classrooms 208 Student FTE 209 Number of Classrooms 209 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 201 Agnoroved Classrooms 202 Number of Classrooms 203 Student FTE 204 Number of Classrooms 205 Number of Classrooms 206 Number of Classrooms 207 Number of Classrooms 208 Number of Classrooms 209 Number of Classrooms 209 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 201 Number of Classrooms 202 Number of Classrooms 203 Student FTE 204 Number of Classrooms 205 Number of Classrooms 206 Number of Classrooms 207 Number of Classrooms 208 Number of Classrooms 209 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 200 Number of Classrooms 201 Number of Classrooms 202 Number of Classrooms 203 Number of Classrooms 204 Number of Classrooms 205 Number of Classrooms 207 Number of Classrooms 208 Number of Classrooms 209 Number of Classrooms 209 Number of Classrooms 200 Number												
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106 Local Social Services Dilatrict												
107 Other	105	Sec.4410 (3-4 yr.olds) Sch. Dist. Placement										
108 Total by Funding Source (Sum Lines 102-107)	106	Local Social Services District										
109 Number of Days in Session												
110 Care Days (Line 108 times Line 109)	108	Total by Funding Source (Sum Lines 102-107)										
111 Mandated SEIS or SEIT Units of Service	109	Number of Days in Session										
115 Approved Classrooms Ratio	110	Care Days (Line 108 times Line 109)										
201 Approved Classrooms												
202 Number of Classrooms	115	Actual SEIS or SEIT Units Provided										<u>. </u>
202 Number of Classrooms	201	Approved Classroom Ratio										
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 504 Approved Classroom Ratio 505 Number of Classrooms 506 Student FTE 507 Approved Classroom Ratio 508 Student FTE 509 Approved Classroom Ratio 500 Student FTE 509 Approved Classroom Ratio 500 Student FTE 500 Approved Classroom Ratio 501 Student FTE 502 Number of Classrooms 503 Student FTE 504 Approved Classroom Ratio 505 Student FTE 505 Approved Classrooms 506 Student FTE 506 Approved Classrooms 507 Student FTE 507 Approved Classroom Ratio 508 Student FTE 509 Approved Classrooms 509 Student FTE												
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999 Total Student ETF						1						

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2018 to December 31, 2018

SCHEDULE SED-4
Related Service Capacity,
Need and Productivity

ag	e

Agency Code: Phone Number:	Agency Name:	Contact Person:	
	Agency Code:	 Phone Number:	
Program Code:	School Code:		
	Program Code:		

	Capacity			Need					Productivity	
Column 1	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 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 (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										

SED-4 Rev. Dec. 2018