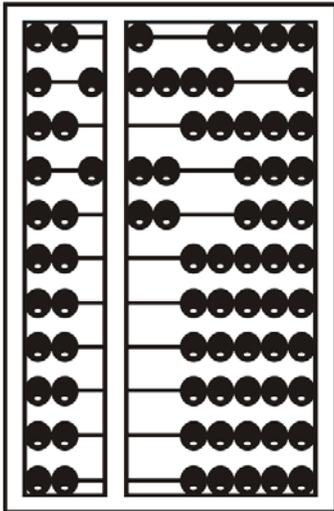


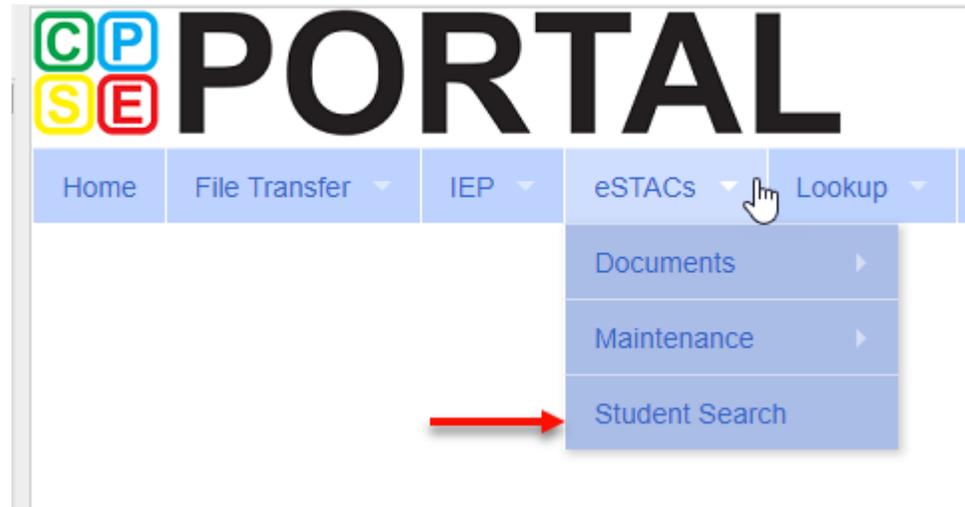
JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



eSTACs Entering Students

eSTACs Student

- * Click the Student Search option under the eSTACs menu



View Student Details

- * Search for student
- * Click “Details” to get to student details page with evaluations, services, documents, etc.

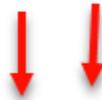
Filters

Last Name First Name DOB

District

County

Add New Student



Last Name	First Name	DOB	Gender	CIN	STACID		
Balmudo	Leo	03/19/16	M			Edit	Details
Carrington	Michael	04/04/16	M			Edit	Details
Chisum	Tom	12/31/16	M			Edit	Details
Del Fuego	Peter	05/15/15	M			Edit	Details
DelFuego	Anthony	03/12/16	M			Edit	Details
DeltoroFuego	Maria	09/12/16	F			Edit	Details
DiGregorio	Charlene	02/22/16	F			Edit	Details
DiMucci	Louis	12/15/16	M			Edit	Details

Adding a new CB placement STAC-1

- * Select IEP Placements tab on student details
- * Click Add CB Placement

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **DeFuego** First Name: **Anthony** DOB: **3/12/2016** Eligibility: **1/1/2019 - 8/31/2021**
STACID: CIN: [Edit](#)

[Evaluations](#) [STAC-5s](#) [IEP Placements](#) [IEP Mandates](#) [STAC-1s](#) [Documents](#)

School Year Session

School Year Session	Placement	District	County	Foster Care County
No Placements				

[Add CB Placement](#) [Add SEIT/RS Placement](#)

Entering Program information

- * Select the Program tab
- * Specify the school year session and provider to get a list of programs
- * Select the appropriate program
- * Enter the specific dates, hours and days for this child

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Carrington** First Name: **Michael** DOB: **4/4/2016** Eligibility: **1/1/2019 - 8/31/2021**
STACID: CIN: Edit

Program Aide / Nurse / Interpreter Related Services Transportation

Click if this is a multiple service STAC (two or more concurrent STACs)

School Year Session 2019 - 2020 Summer ▾

Is this student placed in Foster Care? Yes No

Provider ACDS, INC. ▾

Same as Evaluation Provider? Yes No

Program 9100(A) 07/08/19 - 08/14/19 J/A-PRESCHOOL SPECIAL CLASS OVER 2.5 ▾

	Start Date	End Date	Hours Per Day	Days per Week
Program	07/08/2019	08/14/2019	5.00	5
This Child	07/08/2019	08/14/2019	5.00	5 ▾

Save

Return to Student Details

The fields on the program tab

1. Check this box if the child has multiple STACs for the same time period (CB + SEIT/RS, CB morning + CB afternoon)
2. Specify school year / session
3. Indicate if the child is placed in foster care
4. Choose the Provider
5. Indicate whether the Provider is the same provider that performed the most recent evaluation
6. Select the specific program the child will attend
7. This populates with the dates and hours the selected program runs
8. Enter the dates and hours that this student will attend this program

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **DelFuego** First Name: **Anthony** DOB: **3/12/2016** Eligibility: **1/1/2019 - 8/31/2021**
STACID: CIN: [Edit](#)

Program Aide / Nurse / Interpreter Related Services Transportation

1 Click if this is a multiple service STAC (two or more concurrent STACs)

2 School Year Session

3 Is this student placed in Foster Care? Yes No

4 Provider

5 Same as Evaluation Provider? Yes No

6 Program

	Start Date	End Date	Hours Per Day	Days per Week
7 Program	<input type="text" value="07/08/2019"/>	<input type="text" value="08/14/2019"/>	<input type="text" value="5.00"/>	<input type="text" value="5"/>
8 This Child	<input type="text" value="07/08/2019"/>	<input type="text" value="08/14/2019"/>	<input type="text" value="5.00"/>	<input type="text" value="5"/>

Aides / Nurse / Interpreter

Type	Sharing	Hours Per Day	Days Per Week			
Aide 1	1:1 (No Sharing) 2	5.00 3	5 4	Add 5		

Type

- Aide
- Aide
- RN
- LPN
- Interpreter

Sharing

- 1:1 (No Sharing)
- 1:1 (No Sharing)
- Shared with 1 other student
- Shared with 2 other students
- Shared with 3 other students
- Shared with 4 other students

- * To add an aide / nurse or Interpreter
 1. Select the type (Aide, LPN, RN, or Interpreter)
 2. Select whether this service is shared with another student
 3. Indicate the hours per day this service is provided
 4. Indicate the days per week this service is provided
 5. Click Add

Comparison to Paper form

Program		Aide / Nurse / Interpreter		Related Services		Transportation	
Type	Sharing	Hours Per Day	Days Per Week				
Aide 1	1:1 (No Sharing) 2	5.00 3	5 4	Add	5		

NEW YORK STATE EDUCATION DEPARTMENT
 STAC AND SPECIAL AIDS UNIT
REQUEST FOR REIMBURSEMENT FOR
Partial 1:1 AIDE, 1:1 NURSE, 1:1 INTERPRETER

****FOR PRESCHOOL USE ONLY****

STAC ID# _____ (if known)

Student Name: DelFuego, Anthony Date of Birth: 03/12/16

Preschool Provider Name: HEBREW ACAD FOR SPEC CHLDRN

Preschool Program Type/Name: 9101

1 **Type of 1:1:** Partial 1:1 Aide 1:1 Nurse RN _____ 1:1 Nurse LPN _____ 1:1 Interpreter _____
 (check one)

2 ➤ Is this 1:1 Aide/Nurse/Interpreter Shared? NO YES _____

If YES, Number of Students Sharing the 1:1: _____

1:1 AIDE/NURSE/INTERPRETER--FOR PRESCHOOL EDUCATION:

Start Date of 1:1 Aide/Nurse/Interpreter: 7 / 8 / 19 Projected End Date: 8 / 14 / 19

Hours Per Day Program Runs: 5.00

Hours Per Day Student in Program: 5.00 Days Per Week Student in Prog: 5

1:1 Aide/Nurse/Interpreter Hrs/Day Requested: 5.00 **3** 1:1 Days/Week Requested: 5 **4**

Adding Related Services included in Tuition

Program	Aide / Nurse / Interpreter	Related Services	Transportation								
Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location				
Occupational Therapy	07/08/2019	08/14/2019	I	2	30	WEEKLY	Therapy Room	Edit	Delete	Amend	
Physical Therapy Group	07/08/2019	08/14/2019	G	3	45	WEEKLY	Gym	Edit	Delete	Amend	
Speech Therapy	07/08/2019	08/14/2019	I	3	30	WEEKLY	Classroom	Edit	Delete	Amend	
AID 1 ▼	07/08/2019 2	08/14/2019 3	4 ▼	5	6	7 ▼	8 ▼	Add			

1. The type of service
2. The start date of this particular service
3. The end date for this particular service
4. Whether the service is Individual (I) or Group (G)
5. The number of sessions per period
6. The number of minutes for each session
7. The period of time for this service
8. Location where service will be performed

Transportation

1. A list of types of transportations indicated in IEP (Bus, Parent reimbursement, Wheelchair / modified bus)
2. Section to upload new transportation documents (TRF)
3. List of documents that have been uploaded for this placement

Service	Start Date	End Date			
Bus	07/08/2019	08/14/2019	Edit	Delete	Amend
Bus ▼	07/08/2019	08/14/2019	Add		

Upload Transportation Document

Document Type: Effective Date: Comment:

No file chosen

Transportation Files

Uploaded	DocumentType	Comments	Effective Date
03/20/2019	Transportation Request Form		07/01/19
03/20/2019	Transportation Change Form	New drop off address	08/01/19