

JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants

Orange County eSTACs Getting Started - Entering Children and STAC-5

Orange County Timeline

- * **January 31, 2025:**

- * McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

- * **February 3, 2025:**

- * Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
- * School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

- * **February 10, 2025:**

- * Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.

- * **All prior year STAC-1's** (23/24, 22/23 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

What is eSTACs

- * eSTACs is part of our CPSE Portal website (<https://www.cpseportal.com>).
- * It is a series of screens to facilitate the communication of STAC related information from the school district to the County.
- * The goal is to eliminate sending paper between from the district to the County (or at least get very close).

Types of Information

- * The following information can be sent to the County via eSTACs
 - * Evaluation information (eliminating need for STAC-5)
 - * Service information (eliminating need for STAC-1)
 - * Supporting documentation including
 - * Medicaid Parental Consents
 - * Transportation forms
 - * IEP
 - * Aide / Nurse forms
 - * Birth certificate, passport, adoption papers, legal name change document
 - * More....

District Designation of Digital Signatories for eSTACs Form

- * Each school district completes a District Designation of Digital Signatories for eSTACs form.
 - * This form will designate the CPSE Chair and all staff who will have access to eSTACs, and will be marked as to **who can** sign & submit STAC-1 & STAC-5's for the school district.
 - * McGuinness will enter all staff listed on the form and invite them to the Portal.
 - * Once the school district staff accepts the invitation, and sets up their Portal account, then McGuinness will give the staff the necessary permissions to each staff to sign according to what is marked on the form.
 - * If you want staff to do entry work, but **NOT** sign & submit STAC's, then do not check off any of the boxes.
- * If the school district has a change in staff or needs to add staff signing privileges, a new form should be completed, and sent to McGuinness.

District Designation of Digital Signatories for eSTACs

District Designation of Digital Signatories for eSTACs

District _____

CPSE Chairperson _____

I authorize of the following individuals to use a digital signature to submit electronic STAC records the eSTACs system on behalf of our district.

| Name | eMail | Position / Title | STAC-5 | STAC-1 |
|------|-------|------------------|--------------------------|--------------------------|
| | | CPSE Chairperson | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

We certify that for any STAC-5 that the above individuals electronically sign and submit through the eSTACs system, the child has received the submitted multidisciplinary evaluation in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

We certify that for any STAC-1 that the above individuals electronically sign and submit through the eSTACs system, the preschool student with a disability is being provided the educational services submitted and that such services have been recommended by the Committee on Preschool Education and that the child is eligible for such placement in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

Name

Title

Signature

Date

Please fax the completed form to
(518) 393-9938 attention eSTACs.

School Districts Who Are Also Providing Preschool Services

- * If you are a district who also provides services to Preschool students, you will have two logins for the Portal.
 - * One login will be your district login. Under your district username you will have access to eSTACs.
 - * The second login will be your provider login. Under your provider username login you will have access to all students assigned to your district, billing etc.
 - * This will be discussed in the CPSE Portal trainings.

Getting Started

Home Page of Portal

- * You will be using the eSTACs tab on your home page.
- * You will also see News Feed articles on the right side of your home page.

CPSE PORTAL

Hello, DemoCPSEChair . You are currently logged in for **CLARKSTOWN CSD** (Logout)

JAMES MCGUINNESS & ASSOCIATES INC. Consultants

Home | File Transfer | IEP | **eSTACs** | Lookup | Documents | Reports | Medicaid | People | My Account | Knowledge Base

Hide

User Profile

Username: **DemoCPSEChair**
First Name: **Demo**
Last Name: **CPSEChair**
Email: **tframent@jmcguinness.com**

[Edit User Account](#)

News Feed

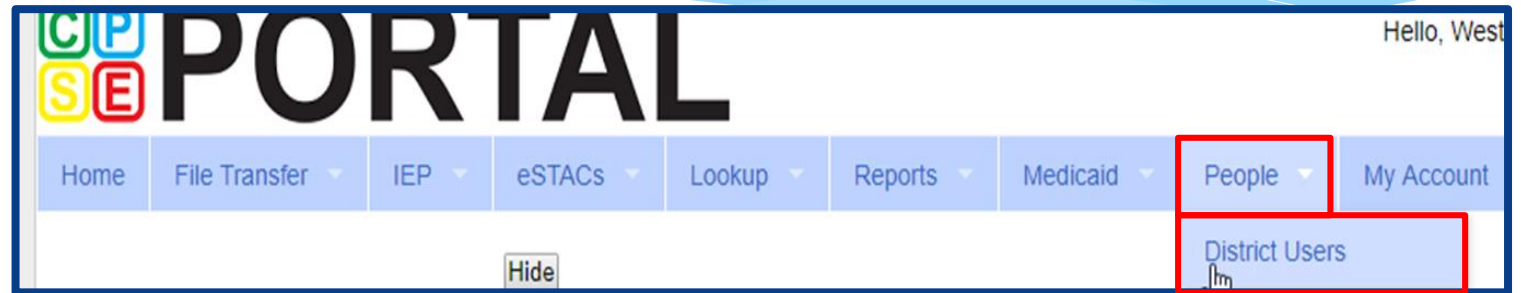
[View All Your Articles](#)

No news

Getting Started

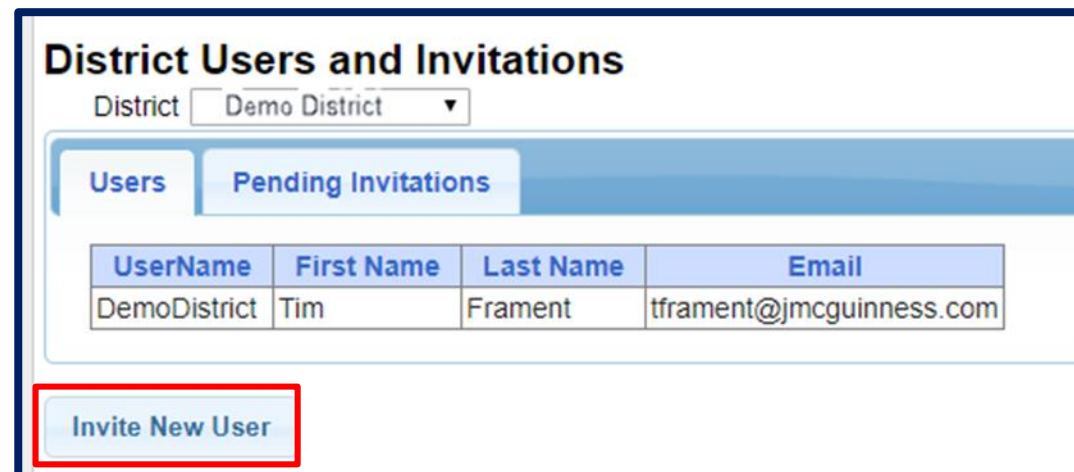
- * Each district staff member has a login to the CPSE Portal.
- * That single login can “invite” additional users from their district.
- * Every individual that logs in for a district should have their own username & password.
- * When a person receives an invite, they can then click a link to accept the invitation and create a username and password.

Inviting New Users



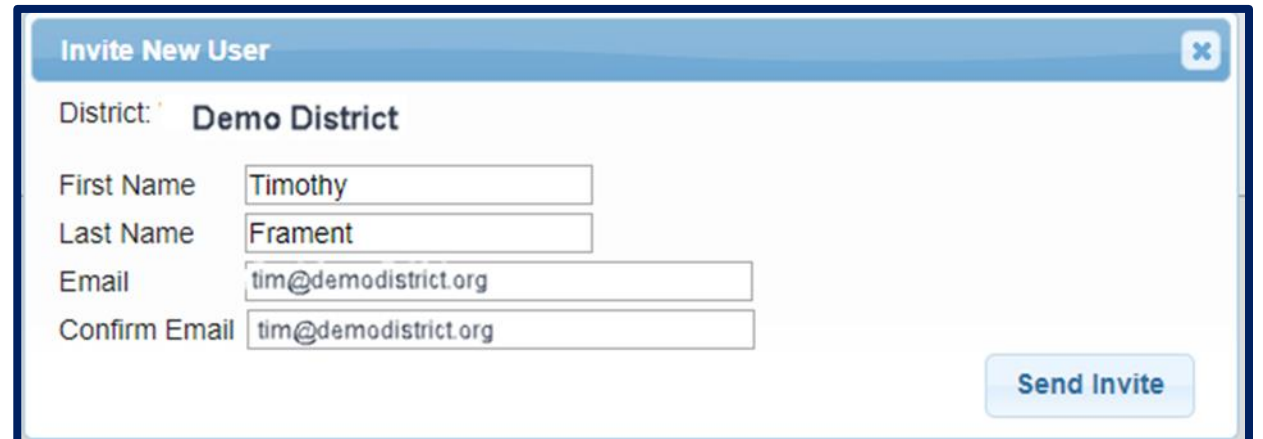
* Go to *People* -> *District Users*

* Click “*Invite New User*”.



Inviting New Users

- * Enter First Name, Last Name & Email address of new user, and click “Send Invite”.
- * CPSE Portal will send an email inviting the new user to join the Portal.
- * The email will come from noreply@jmcguinness.com.



The screenshot shows a web form titled "Invite New User" with a close button (X) in the top right corner. The form contains the following fields and values:

| | |
|---------------|----------------------|
| District: | Demo District |
| First Name | Timothy |
| Last Name | Frament |
| Email | tim@demodistrict.org |
| Confirm Email | tim@demodistrict.org |

A "Send Invite" button is located at the bottom right of the form.

Accepting the Invitation

- * The new user will receive the below email containing a link to join the Portal.
- * The link will come from noreply@CPSEPortal.com.
- * Check your spam or junk mail if you do not receive the email.

From: noreply@CPSEPortal.com
Sent: Thursday, January 31, 2019 9:56 PM
Subject: User Invitation

Timothy Frament,

You have been invited to be associated with the district DEMO DISTRICT in the CPSEPortal system. Please follow the link below to confirm this invitation, and associate yourself with this district.

<http://localhost/CPSEPortal/People/Invites/DistrictInvitationResponse.ashx?code=db7d8f7ab79a4ddebd037d9c855e36fc>

NOTE: This is an automated email and should not be replied to.

Choosing Username and Password

- * The confirmation page allows the user to choose a username and password, and “Accept Invitation”.
- * When the individual enters their choice for a username the screen will display whether that name is available or not.

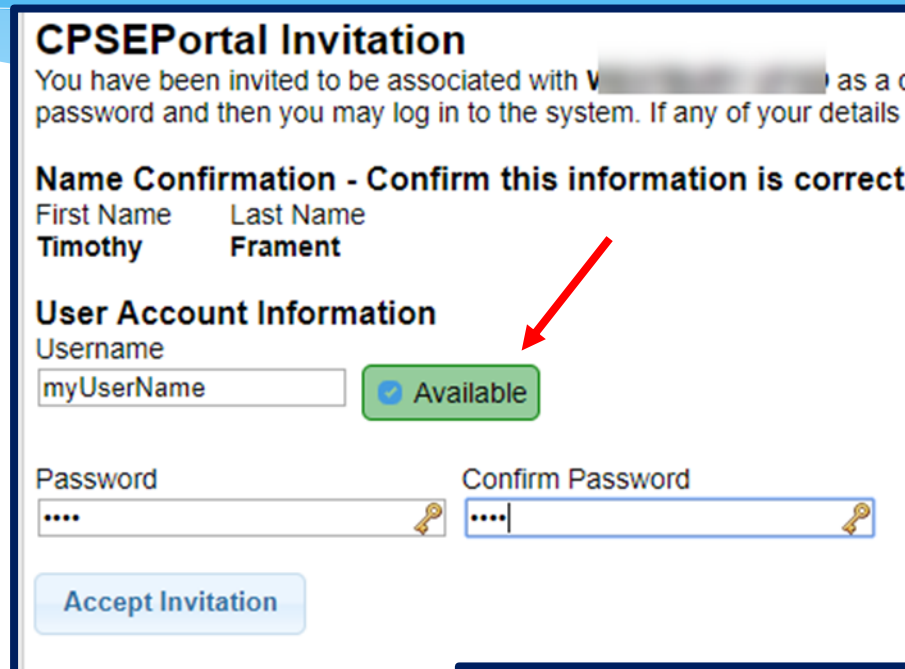
CPSEPortal Invitation
You have been invited to be associated with V [redacted] as a [redacted] password and then you may log in to the system. If any of your details

Name Confirmation - Confirm this information is correct
First Name Last Name
Timothy Frament

User Account Information
Username
myUserName Available

Password Confirm Password

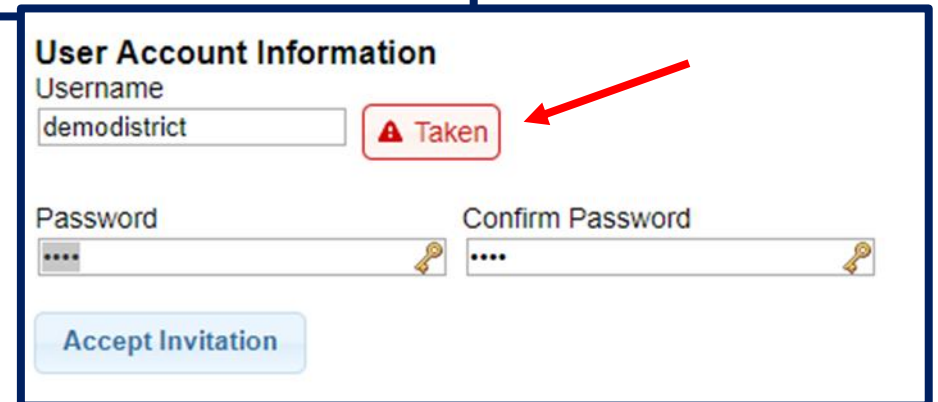
Accept Invitation



User Account Information
Username
demodistrict Taken

Password Confirm Password

Accept Invitation



Invitation Issues – User did not receive an email

- * Have user check their junk / spam folder.
- * Use the Pending Invitations tab under **People -> District Users** to either:
 - * Resend link
 - * Copy the link and send under your email address

| First Name | Last Name | Email | Email Sent | |
|------------|-----------|---------------------|-----------------------|-------------------------|
| Test | User | demo@cpseportal.com | 01/31/2019 @ 10:17 PM | resend delete View Link |

Invite New User

Link to Invitation

<http://localhost/CPSEPortal/People/Invites/DistrictInvitationResponse.ashx?code=b89d3aa6bbc842079b77da67b71378a0>

Copy Ctrl+C

Deleting District Users

- * If a staff member leaves their position, a district user can delete them from the Portal.
- * Go to *People* -> *District Users*
- * Select the “Delete” option next to the staff members name.

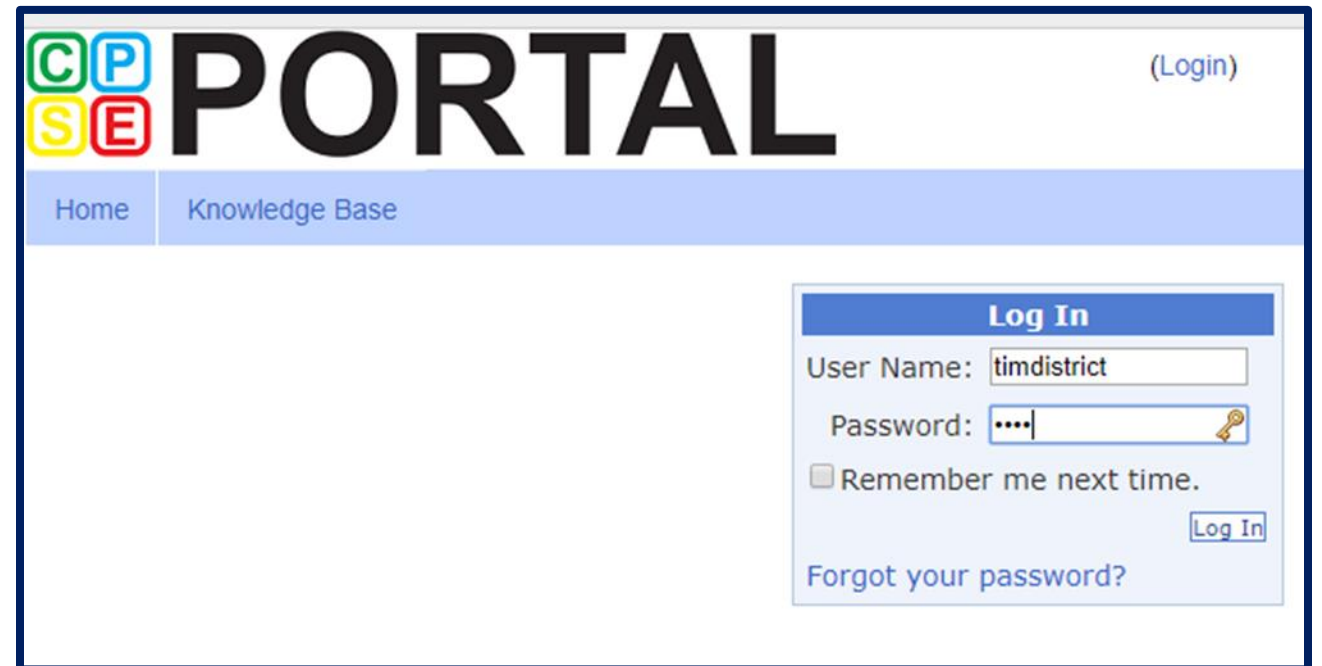
The screenshot shows the 'District Users and Invitations' page. The 'People' menu is highlighted, and 'District Users' is selected. The 'Users' tab is active, and a table lists users with 'Delete' buttons. A red arrow points to the 'Delete' button for the user 'Alexis'.

| UserName | First Name | Last Name | Email | | |
|---------------|------------|-----------|------------------------------------|--|--------|
| | Lila | | 1@ccsd.edu.jmcguinness.com | | Delete |
| | Alexis | | @ccsd.edu.jmcguinness.com | | Delete |
| | Cynthia | | @co.rockland.ny.us.jmcguinness.com | | |
| DemoCPSEChair | Demo | CPSEChair | tframent@jmcguinness.com | | Delete |

Invite New User

Logging In

- * Use your browser to navigate to <https://www.cpseportal.com>
- * Enter your User Name and password.



The screenshot shows the CPSE Portal login interface. At the top left, the logo consists of four colored squares (C in green, P in blue, S in yellow, E in red) followed by the word "PORTAL" in large black letters. A "(Login)" link is in the top right. Below the logo is a navigation bar with "Home" and "Knowledge Base" links. The main content area features a "Log In" form with the following elements:

- Log In** (form title)
- User Name:
- Password: (with a key icon for password visibility)
- Remember me next time.
-
- [Forgot your password?](#)

User Profile

- * The user's account should have that individuals first and last name associated with the account.
- * You can easily see whether your account has the first and last name entered by looking user profile panel on the dashboard when you first log in.



CPSE PORTAL

Home File Transfer IEP eSTACs Lookup

User with First and Last Name Hide

User Profile

Username: **gMcGee**

First Name: **Greta** ←

Last Name: **McGee** ←

Email: **tfragment@jmcguinness.com**

[Edit User Account](#)



User without name Hide

User Profile

Username: **DistrictUserName**

First Name: ←

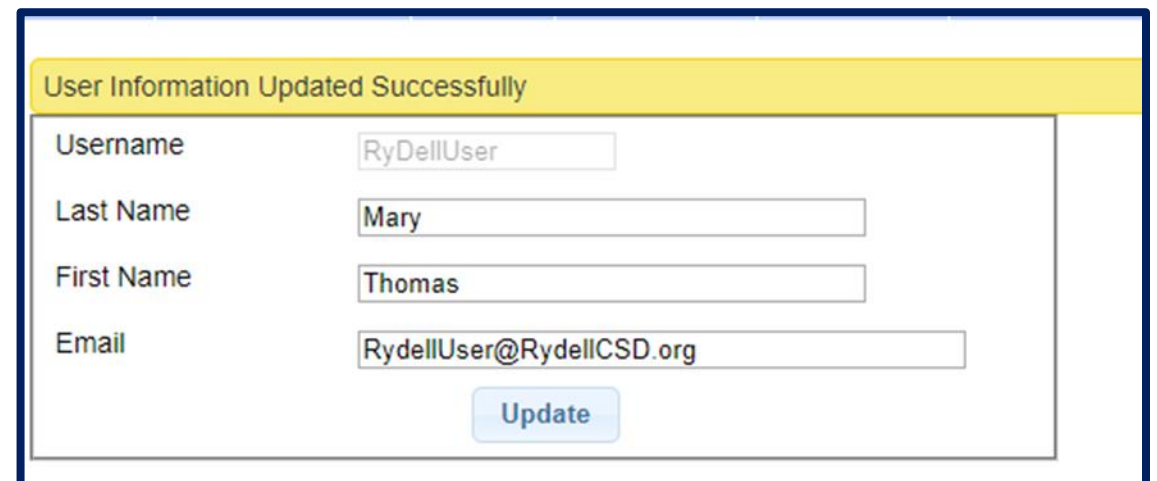
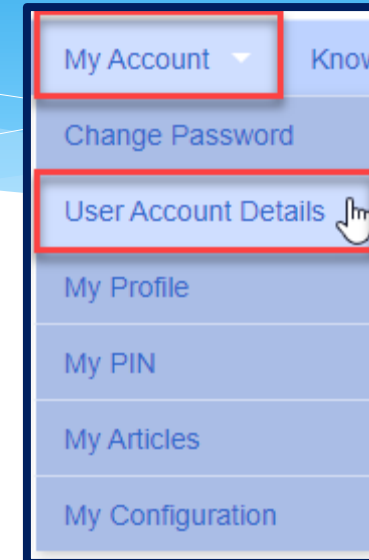
Last Name: ←

Email: **districtUser@District.org**

[Edit User Account](#)

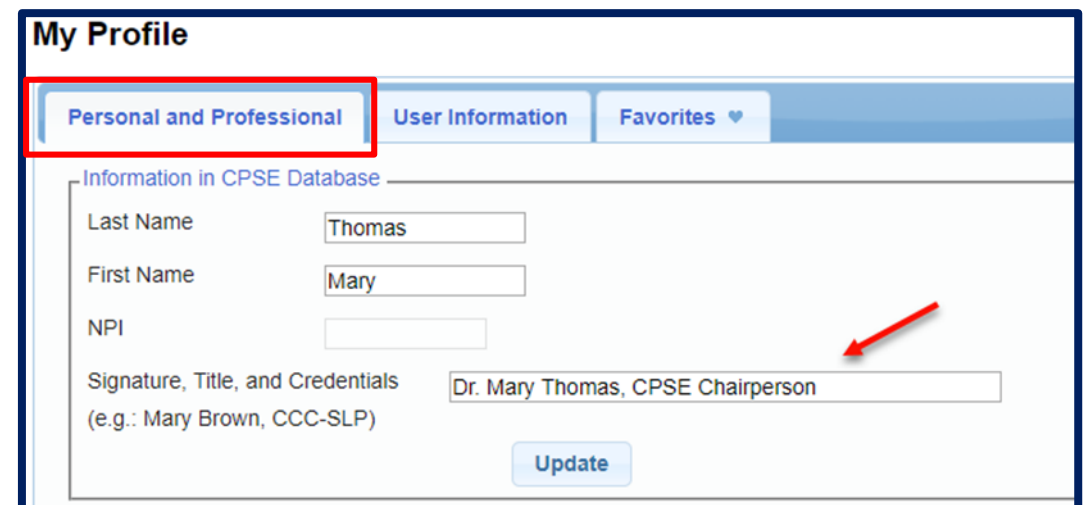
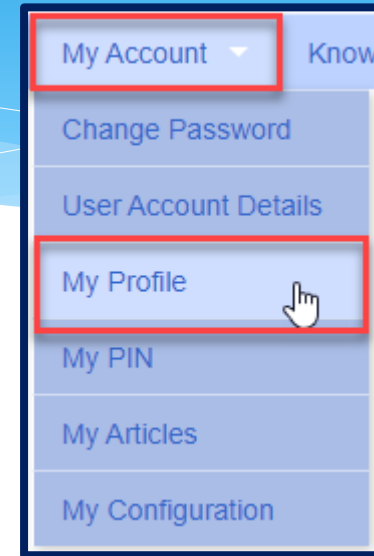
Step 1 – First & Last Name

- * Go to **My Account** -> **User Account Details**
- * Use the User Account Details page to enter / edit your Last name and First name for your account.
- * Click “**Update**” to save the changes

A screenshot of a web page titled 'User Information Updated Successfully'. The page has a yellow header bar with the title. Below the header is a form with four input fields: 'Username' (containing 'RydellUser'), 'Last Name' (containing 'Mary'), 'First Name' (containing 'Thomas'), and 'Email' (containing 'RydellUser@RydellCSD.org'). At the bottom of the form is a blue 'Update' button.

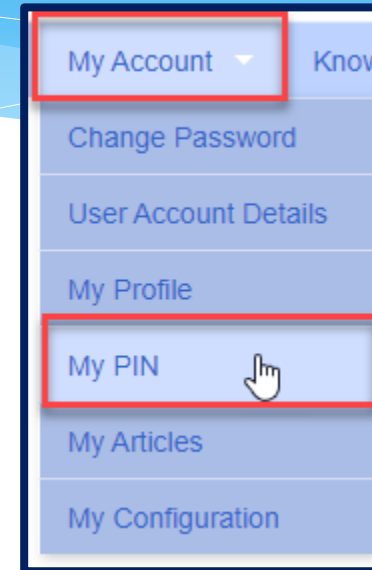
Step 2 - Digital Signature & Title

- * Go to **My Account -> My Profile**
- * On the Personal and Professional tab, ensure that your first and last name are correct.
- * Enter your Signature & Title by typing out your “signature” exactly as it would be if you signed your name with a pen. Include any punctuation, titles, etc. that you include when you sign your name for CPSE related documents.
- * Click “**Update**” to save your changes.

A screenshot of the 'My Profile' page. The 'Personal and Professional' tab is selected and highlighted with a red box. Below the tabs, there is a section titled 'Information in CPSE Database' with several input fields: Last Name (Thomas), First Name (Mary), NPI (empty), and Signature, Title, and Credentials (Dr. Mary Thomas, CPSE Chairperson). A red arrow points to the 'Update' button at the bottom right of the form.

Step 3 – Creating Your Pin for Digital Signatures

- * Go to **My Account -> My PIN**
- * To create your PIN:
 - * 1 - Choose a PIN and type it in the PIN Number field.
 - * 2 - Enter your username that you log in with (should be prefilled).
 - * 3 - Enter your password that you use to login to CPSE Portal.
 - * 4 - Click “*Save PIN*”.



PIN Selection

You have not yet chosen a PIN. You will be unable to digitally sign until you do so. Please create one now.

PIN Number: 1

Username: 2

Password: 3

4

Digital Signature – Creating PIN Problems


- * The message “**No person record exists for your account. PIN cannot be created.**” indicates that you did not perform Step #1 – Entering your first and last name for the user account.
- * The message “**Invalid Password. Try Again**” indicates that what you are entering into “Password” field is not the correct password that you use to log into CPSE Portal. Make sure that you are not entering your PIN a second time in the Password field.

PIN Selection

No person record exists for your account. PIN cannot be created.

PIN Number:

Username:


Password: 

PIN Selection

You have already chosen a PIN.
Invalid Password. Try again.

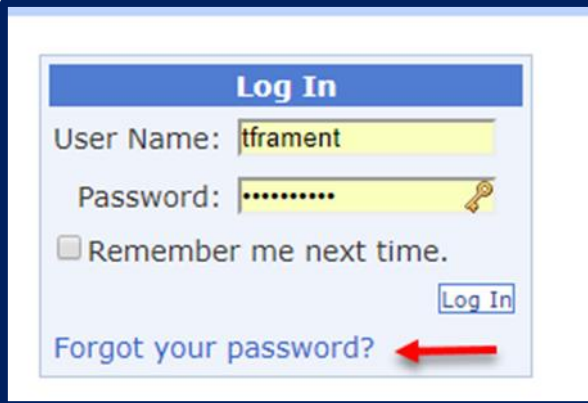
PIN Number:

Username:


Password: 

Forgotten Passwords

- * User can click “*Forgot your password?*” on login screen.
- * Enter your username and click “*Submit*”.
- * An email with a new password will be sent to your email address.



The screenshot shows a 'Log In' form with a blue header. It contains a 'User Name' field with the text 'tfragment', a 'Password' field with masked characters and a key icon, a checkbox for 'Remember me next time.', and a 'Log In' button. A red arrow points to the 'Forgot your password?' link at the bottom left of the form.



The screenshot shows a 'Password Recovery' form with a blue header titled 'Forgot Your Password?'. Below the header, it says 'Enter your User Name to receive your password.' There is a 'User Name' input field and a 'Submit' button at the bottom right.

Forgotten Usernames

- * Any district user (or County user) can use the district users screen to view all the users and see what their username is.
- * Go to **People -> District Users**



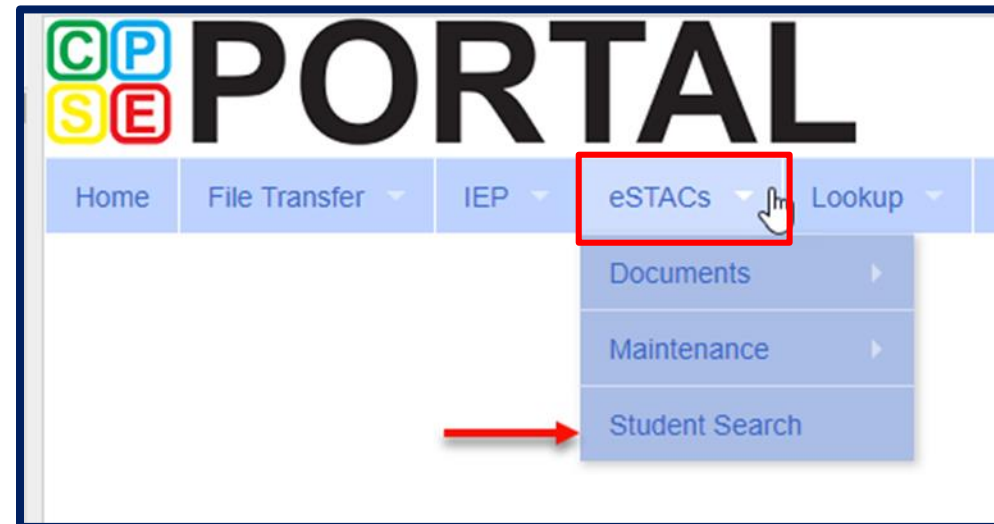
| UserName | First Name | Last Name |
|--------------|------------|-----------|
| DemoDistrict | Tim | Frament |
| timdistrict | Timothy | Frament |

Invite New User

eSTACs Entering Children

eSTACs Student Search

* Go to eSTACs → Student Search



Student Search

Filters

Last Name First Name DOB STACID CIN Student Number

County ▼

District ▼

- * **ALWAYS** search to make sure the child isn't already in the system.
- * The fields above are used as filters to find a specific child. You can search based on any combination of fields.
- * Searching with no filters specified will return all children. Click “Retrieve”.

Student Search – no Filters

Filters

Last Name First Name DOB STACID CIN Student Number

County

District

[Clear Filters](#) [Retrieve](#)

[Add New Student](#)

| Last Name | First Name | DOB | Gender | CIN | STACID | Student Number | | | |
|------------|------------|----------|--------|-----|--------|----------------|----------------------|-------------------------|------------------------|
| Balmudo | Leo | 03/19/16 | M | | | 6600019969 | Edit | Details | Delete |
| Carrington | Michael | 04/04/16 | M | | | 6600019981 | Edit | Details | Delete |
| Chisum | Tom | 12/31/16 | M | | | 6600019967 | Edit | Details | Delete |
| DeFuego | Anthony | 03/12/16 | M | | | 6600019973 | Edit | Details | Delete |
| DiGregorio | Charlene | 02/22/16 | F | | | 6600019968 | Edit | Details | Delete |
| DiMucci | Louis | 12/15/16 | M | | | 6600019980 | Edit | Details | Delete |
| Facciano | Franchesca | 09/09/16 | F | | | 6600019971 | Edit | Details | Delete |
| Jaworski | David | 05/18/16 | M | | | 6600019972 | Edit | Details | Delete |
| LaTierri | Sonny | 08/13/16 | M | | | 6600019965 | Edit | Details | Delete |
| Maraschino | Marty | 07/22/16 | F | | | 6600019966 | Edit | Details | Delete |
| McKenzie | Bradley | 12/05/16 | M | | | 6600019974 | Edit | Details | Delete |
| Misner | Martin | 11/11/16 | M | | | 6600019978 | Edit | Details | Delete |
| Murdoch | Kenickie | 10/10/16 | M | | | 6600019970 | Edit | Details | Delete |
| Nogerelli | John | 06/14/16 | M | | | 6600019975 | Edit | Details | Delete |
| Rebchuck | Paulette | 08/22/16 | F | | | 6600019977 | Edit | Details | Delete |
| Rizzo | Betty | 09/09/16 | F | | | 6600019964 | Edit | Details | Delete |
| Willard | Willie | 05/11/16 | M | | | 6600019979 | Edit | Details | Delete |
| Zinone | Stephanie | 01/21/16 | F | | | 6600019976 | Edit | Details | Delete |

Student Search – Partial Name

- * For the first and last name you can enter the first few letters and search to find all students that name start with those letters.

Filters

Di First Name DOB STACID CIN

District RYDELL CSD ▾

County NASSAU ▾

Retrieve

Add New Student

| Last Name | First Name | DOB | Gender | CIN | STACID | | |
|------------|------------|----------|--------|-----|--------|------|---------|
| DiGregorio | Charlene | 02/22/16 | F | | | Edit | Details |
| DiMucci | Louis | 12/15/16 | M | | | Edit | Details |

Student Search - Wildcard

- * Use the percent sign (%) as a wildcard.

Filters

De%fuego First Name DOB STACID CIN

District RYDELL CSD ▾

County NASSAU ▾

Retrieve

Add New Student

| Last Name | First Name | DOB | Gender | CIN | STACID | | |
|--------------|------------|----------|--------|-----|--------|------|---------|
| 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 |

Student Search – Multiple Fields

- * You can search for both first and last name as well as partial first and last names.

Filters

rizz fr DOB STACID CIN

District RYDELL CSD ▾

County NASSAU ▾

Retrieve

Add New Student

| Last Name | First Name | DOB | Gender | CIN | STACID | | |
|-----------|------------|----------|--------|-----|--------|------|---------|
| Rizzo | Frank | 12/18/16 | M | | | Edit | Details |

Adding a Student

- * Go to the Student Search screen.
- * Verify student is not already in system.
- * If you are a SD in 2 or counties, make sure you are choosing the correct county.
- * Click on “Add New Student” button.

The screenshot shows a search interface with the following elements:

- Filters:** A section containing several input fields: Last Name, First Name, DOB, STACID, CIN, and Student Number.
- County:** A dropdown menu currently set to "ROCKLAND". A red arrow points to this dropdown from the text "make sure you are choosing the correct county".
- District:** A dropdown menu currently set to "ABBOT".
- Buttons:** "Clear Filters" and "Retrieve" buttons are located at the bottom right of the filters section.
- Add New Student:** A button located at the bottom left of the interface. A red arrow points to this button from the text "Click on 'Add New Student' button".

Student Information

- * Field with an asterisk (*) next to their label are required in order to save.
- * When creating a child:
 - * If the child is a Jr/II/III, please enter this information in the Suffix box. Do not include this with the child's last name.
- * Orange County requires the address of the child.
- * Other fields should be entered if the information is known.

Student Information
Add/Edit Student

County of Student's Current Location* ←

Is this student placed in Foster Care?* Yes No

District*

Legal Last Name* Suffix ←

Legal First Name*

Middle Initial

DOB*

Gender* Male Female

Race/Ethnicity*

CIN

SEDSTACID

Address

City

State

Zip

Transfer Student Information

From County From District

Save Cancel

Student Information

- * When you enter the DOB, the dates of eligibility will populate.
- * Gender now contains “Non Binary” if needed.
- * Race/Ethnicity field contains “Two or more Races / Unknown” if you do not know the race.

Student Information
[Add/Edit Student](#)

County of Student's Current Location*

Is this student placed in Foster Care?* Yes No

District*

Legal Last Name* Suffix

Legal First Name*

Middle Initial

DOB*
Eligibility: 1/1/2023-8/31/2025

Gender* Male Female Non Binary

Race/Ethnicity*

CIN

SEDSTACID

Address

City

State

Zip

[Transfer Student Information](#)

From County

From District

Saving Incomplete Entry

- * Clicking “Save” without all mandatory fields entered will result in labels indicating the missing data.
- * If you do not enter the child’s address, you will not be able to submit the STAC-5 or STAC-1.
- * Remember to enter the address of the child or you will receive an error when signing & submitting.

Student Information

[Add/Edit Student](#)

County of Student's Current Location*

Is this student placed in Foster Care?* Yes No *Required

District*

Legal Last Name* *Required Suffix

Legal First Name* *Required

Middle Initial

DOB* *Required

Gender* Male Female *Required

Race/Ethnicity* *Required

CIN

SEDSTACID

Address

City

State

Zip

[Transfer Student Information](#)

From County From District

Student Details

- * Upon saving a new student, the system will take you to the student details page.
- * Once student is created, each child is given a Student Number.

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025

STACID: CIN: Student Number: **5000067786** Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers

| eSTACs Evaluation Number | County | Description | Status | Submitted By | Submitted Date | | | | | | |
|--------------------------|--------|-------------|--------|--------------|----------------|--|--|--|--|--|--|
| No STAC-5s | | | | | | | | | | | |

Add New Evaluation

Student Details

- * Top section shows child demographic information.
- * Lower section has tabs for:
 - * STAC-5s (one row per STAC-5)
 - * Evaluation Components (one row per evaluation component)
 - * IEP Placements (one row per STAC-1)
 - * IEP Mandates (one row per mandated service on IEP)
 - * Documents (uploaded documents for student)
 - * Forms
 - * Eligibility Waivers

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025

STACID: CIN: Student Number: 5000067786 Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers

| eSTACs Evaluation Number | County | Description | Status | Submitted By | Submitted Date | | | | | | |
|--------------------------|--------|-------------|--------|--------------|----------------|--|--|--|--|--|--|
| No STAC-5s | | | | | | | | | | | |

Add New Evaluation

Editing Existing Student

- * Search for student
- * Click “*Edit*” to edit student demographics (name, address, etc.)
- * Click “*Details*” to get to student details page with evaluations, services, documents, etc.


Filters

Last Name First Name DOB

District

County

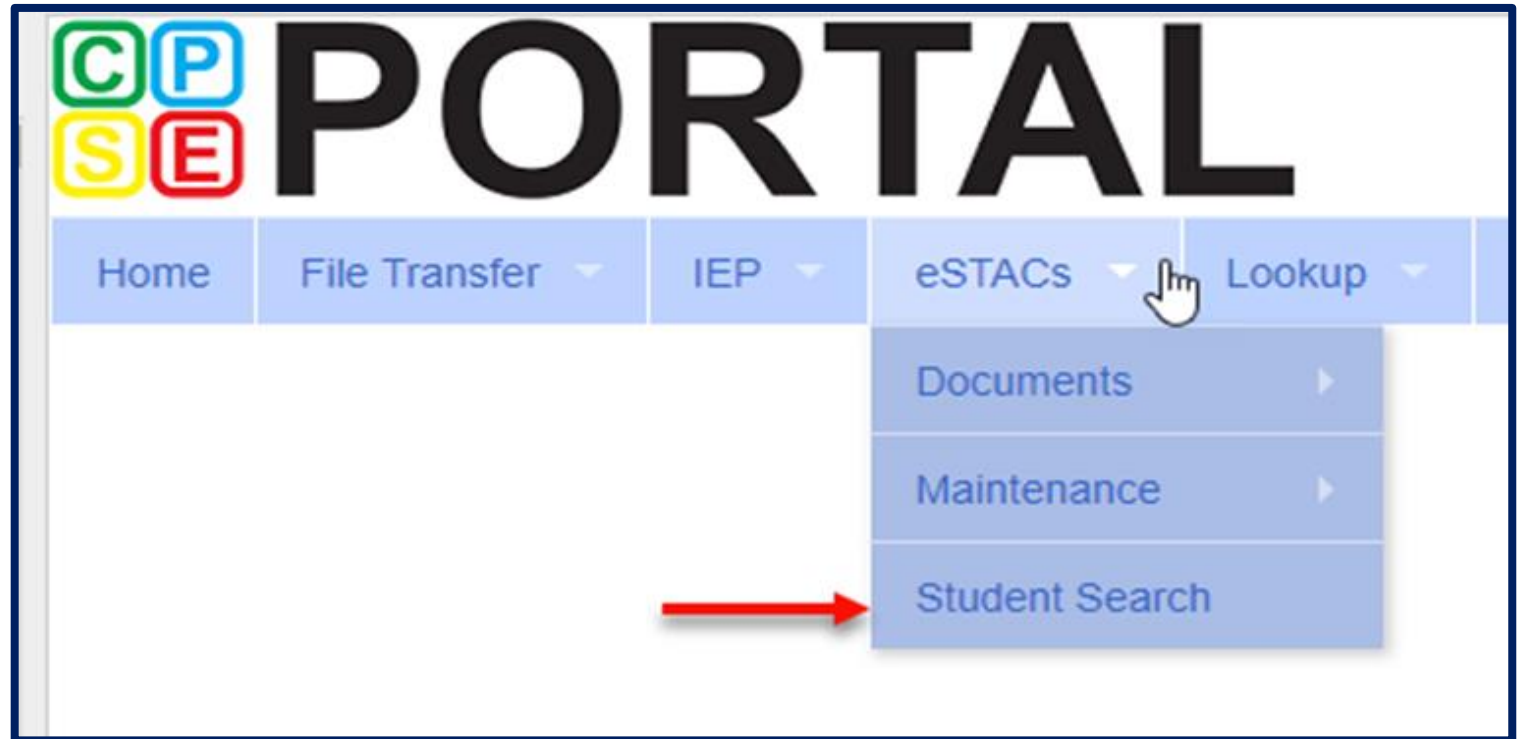
| Last Name | First Name | DOB | Gender | CIN | STACID | | |
|--------------|------------|----------|--------|-----|--------|------|---------|
| Balmudo | Leo | 03/19/16 | M | | | Edit | Details |
| Carrington | Michael | 04/04/16 | M | | | Edit | Details |
| Chisum | Tom | 12/31/16 | M | | | Edit | 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 |



eSTACs Entering STAC-5

eSTACs Student Search

- * Go to **eSTACs** -> **Student Search**



Student Search for Student Details

- * Always search for the student first.
- * If student is already in system, click the “**Details**” link for that student.
- * If student does not exist, click “**Add New Student**”.

Filters

Last Name First Name DOB STACID CIN

District County

| 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 |
| DeFuego | Anthony | 03/12/16 | M | | | Edit | Details |
| DiGregorio | Charlene | 02/22/16 | F | | | Edit | Details |
| DiMucci | Louis | 12/15/16 | M | | | Edit | Details |
| Facciano | Franchesca | 09/09/16 | F | | | Edit | Details |
| Jaworski | David | 05/18/16 | M | | | Edit | Details |
| LaTierra | Sonny | 08/13/16 | M | | | Edit | Details |
| Maraschino | Marty | 07/22/16 | F | | | Edit | Details |
| McKenzie | Bradley | 12/05/16 | M | | | Edit | Details |
| Misner | Martin | 11/11/16 | M | | | Edit | Details |
| Murdoch | Kenickie | 10/10/16 | M | | | Edit | Details |
| Nogerelli | John | 06/14/16 | M | | | Edit | Details |
| Rebchuck | Paulette | 08/22/16 | F | | | Edit | Details |
| Rizzo | Betty | 09/09/16 | F | | | Edit | Details |
| Willard | Willie | 05/11/16 | M | | | Edit | Details |
| Zinone | Stephanie | 01/21/16 | F | | | Edit | Details |

Adding a New Evaluation

- * Select the “**STAC-5s**” tab.
- * Click the “*Add New Evaluation*” button.

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: **1/1/2020** Eligibility: **1/1/2023 - 8/31/2025**

STACID: CIN: Student Number: **5000067786** Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers

| eSTACs Evaluation Number | County | Description | Status | Submitted By | Submitted Date | | | | | | |
|--------------------------|--------|-------------|--------|--------------|----------------|--|--|--|--|--|--|
| No STAC-5s | | | | | | | | | | | |

Add New Evaluation 

eSTACs vs Paper STAC-5

Evaluation Info

County* 2

School Year*

Provider* 1

Is this student placed in Foster Care?* Yes No

County at time of placement* 2

Child is: Preschool Student With a Disability Non-Disabled 4

Translation Cost 5

This student is eligible for evaluations from **09/01/2018** to **07/31/2021**

| Evaluation | Component | Eval Date | Bilingual | | |
|------------------------------|-----------|----------------------|--------------------------|--|---|
| Social | SOC | <input type="text"/> | <input type="checkbox"/> | | |
| Psychological | PSY | <input type="text"/> | <input type="checkbox"/> | | |
| Speech/Language | SPT | <input type="text"/> | <input type="checkbox"/> | | |
| Physical Therapy | PHT | <input type="text"/> | <input type="checkbox"/> | | |
| Occupational Therapy | OCT | <input type="text"/> | <input type="checkbox"/> | | |
| Physical/Medical | PHY | <input type="text"/> | <input type="checkbox"/> | | |
| Education | EDU | <input type="text"/> | <input type="checkbox"/> | | 6 |
| Audiological | AUD | <input type="text"/> | <input type="checkbox"/> | | |
| Other Physician | OTH | <input type="text"/> | <input type="checkbox"/> | | |
| Other Non-Physician | OTH | <input type="text"/> | <input type="checkbox"/> | | |
| Psychiatric | PYC | <input type="text"/> | <input type="checkbox"/> | | |
| Neurological | NEU | <input type="text"/> | <input type="checkbox"/> | | |
| Optometric | OPT | <input type="text"/> | <input type="checkbox"/> | | |
| Orthopedic | ORT | <input type="text"/> | <input type="checkbox"/> | | |
| Counseling | CSL | <input type="text"/> | <input type="checkbox"/> | | |
| Functional Vision | FUV | <input type="text"/> | <input type="checkbox"/> | | |
| Teacher of Visually Impaired | TVI | <input type="text"/> | <input type="checkbox"/> | | |
| Neuropsychological | NPY | <input type="text"/> | <input type="checkbox"/> | | |

STAC-5 The University of the State of New York THE STATE EDUCATION DEPARTMENT STAC and Medicaid Unit Rev. 8/2017

Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations

STAC-ID

List the date each evaluation component was completed (use four digits to indicate month and year). For bilingual evaluations indicate on line provided.

| STUDENT INFORMATION | EVALUATION COMPONENT | MONTH / YEAR | CHECK IF BILINGUAL |
|--|---|-----------------------|--------------------|
| Last Name First Name Middle Initial | Audiological AUD | ___/___/___ | 6 |
| Date of Birth (mm/dd/yy) Student Identification Number (if applicable) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Counseling CSL | ___/___/___ | |
| DISABILITY The child named above is: <input type="checkbox"/> PD - Preschool Student With a Disability <input type="checkbox"/> ND - Non-Disabled 4 | Education EDU | ___/___/___ | |
| | RACIAL ETHNIC CATEGORY OF STUDENT <input type="checkbox"/> Hispanic or Latino Not of Hispanic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races (see explanation on second page) | Functional Vision FUV | |
| School District with CPSE Responsibility CPSE District SED (BEDS) Code | Music MUS | ___/___/___ | |
| County of Child's Current Location (where child resides) 2 | Neurological NEU | ___/___/___ | |
| County at time of Placement in Foster Care 3 | Neuropsychological NPY | ___/___/___ | |
| Approved Evaluator 1 | Occupational Therapy OCT | ___/___/___ | |
| | Optometric (visual) OPT | ___/___/___ | |
| | Orthopedic ORT | ___/___/___ | |
| | Physical/Medical PHY | ___/___/___ | |
| | Physical Therapy PHT | ___/___/___ | |
| | Psychiatric PYC | ___/___/___ | |
| | Psychological PSY | ___/___/___ | |
| | Social SOC | ___/___/___ | |
| | Speech / Language SPT | ___/___/___ | |
| | Teacher of Visually Impaired TVI | ___/___/___ | |
| | Other: _____ | ___/___/___ | |
| | Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only. \$ 5 | | |
| PERSON COMPLETING THIS FORM | | | |
| Name | Title | | |
| Phone | Email | | |
| CERTIFICATION OF EVALUATION: I certify that the preschool child herein named received a multidisciplinary evaluation as indicated above and in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education. | | | |
| Signature CPSE Chairperson 7 | | Date ___/___/___ | |
| MUNICIPALITY: The municipality of _____ has received on ___/___/___ the STAC-5 Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations for the above named child pursuant to Section 4410 of the Education Law. | | | |
| Signature of Authorized Representative of the Municipality | | Date ___/___/___ | |

Complete Fields Related to Evaluation

- * Enter information regarding evaluation.
- * Enter the exact evaluation dates.
- * If evaluation is Bilingual then checkoff the Bilingual checkbox.
- * All fields labeled with an asterisk (*) must be filled in to save.

Evaluation Info

County*

School Year* 2021 - 2022

Provider*

Is this student placed in Foster Care?* Yes No

Child is: Preschool Student With a Disability Non-Disabled

Translation Cost

This student is eligible for evaluations from **03/01/2021** to **07/31/2023**

| Evaluation | Component | Eval Date | Bilingual | | |
|------------------------------|-----------|----------------------|--------------------------|--|--|
| Audiological | AUD | <input type="text"/> | <input type="checkbox"/> | | |
| Education | EDU | <input type="text"/> | <input type="checkbox"/> | | |
| Neurological | NEU | <input type="text"/> | <input type="checkbox"/> | | |
| Neuropsychological | NPY | <input type="text"/> | <input type="checkbox"/> | | |
| Occupational Therapy | OCT | <input type="text"/> | <input type="checkbox"/> | | |
| Optometric | OPT | <input type="text"/> | <input type="checkbox"/> | | |
| Orthopedic | ORT | <input type="text"/> | <input type="checkbox"/> | | |
| Other Non-Physician | OTH | <input type="text"/> | <input type="checkbox"/> | | |
| Other Physician | OTH | <input type="text"/> | <input type="checkbox"/> | | |
| Physical Therapy | PHT | <input type="text"/> | <input type="checkbox"/> | | |
| Physical/Medical | PHY | <input type="text"/> | <input type="checkbox"/> | | |
| Psychiatric | PYC | <input type="text"/> | <input type="checkbox"/> | | |
| Psychological | PSY | 11/01/2021 | <input type="checkbox"/> | | |
| Social | SOC | 11/01/2021 | <input type="checkbox"/> | | |
| Speech/Language | SPT | 11/01/2021 | <input type="checkbox"/> | | |
| Teacher of Visually Impaired | TVI | <input type="text"/> | <input type="checkbox"/> | | |

Evaluations – STAC-5 Tab

- * There are two tabs for Evaluations:
- * **STAC-5s Tab** - shows one line per STAC-5 group of components.

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Smith** First Name: **John** DOB: 1/1/2019 Eligibility: 1/1/2022 - 8/31/2024

STACID: CIN: Student Number: 5000067785 Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers

| eSTACs Evaluation Number | County | Description | Status | Submitted By | Submitted Date | | | | | | |
|--------------------------|----------|---|---------------|--------------|----------------|-------|---------|-------|-----------------|--------------------|--------|
| EV00048818 | ROCKLAND | ARC -- PRIME TIME FOR KIDS Sep 2022 (PSY, SOC, SPT) | Amended | | | Amend | Rescind | Print | Sign and Submit | Submission History | Resync |
| EV00048819 | ROCKLAND | ARC -- PRIME TIME FOR KIDS Jul 2023 (PSY, SOC) | Not Submitted | | | Edit | Delete | Print | Sign and Submit | | Resync |

Add New Evaluation

Evaluation Components Tab

- * The second tab for Evaluations is the Evaluation Components.
- * **Evaluation Components Tab** - shows one line per component.

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Smith** First Name: **John** DOB: 1/1/2019 Eligibility: 1/1/2022 - 8/31/2024

STACID: CIN: Student Number: 5000067785 [Edit](#) [Resync](#)

[STAC-5s](#) [Evaluation Components](#) [IEP Placements](#) [IEP Mandates](#) [Documents](#) [Forms](#) [Eligibility Waivers](#)

| eSTACs Evaluation Number | eSTACs Evaluation Component Number | County | Provider | Component | Eval Date | Bilingual | Status | Submitted By | Submitted Date | | |
|--------------------------|------------------------------------|----------|----------------------------|-----------------|-----------|-----------|---------------|--------------|----------------|-----------------------|-------------------------|
| EV00048818 | EC00145985 | ROCKLAND | ARC -- PRIME TIME FOR KIDS | Psychological | 9/15/2022 | No | Submitted | kellyknowles | 6/14/2023 | Amend | Rescind |
| EV00048818 | EC00145986 | ROCKLAND | ARC -- PRIME TIME FOR KIDS | Social | 9/15/2022 | No | Submitted | kellyknowles | 6/14/2023 | Amend | Rescind |
| EV00048818 | EC00145987 | ROCKLAND | ARC -- PRIME TIME FOR KIDS | Speech/Language | 9/12/2022 | No | Amended | | | Amend | Rescind |
| EV00048819 | EC00145988 | ROCKLAND | ARC -- PRIME TIME FOR KIDS | Psychological | 7/12/2023 | No | Not Submitted | | | Edit | Delete |
| EV00048819 | EC00145989 | ROCKLAND | ARC -- PRIME TIME FOR KIDS | Social | 7/12/2023 | No | Not Submitted | | | Edit | Delete |

[Add New STAC-5](#)

Evaluations Crossing Over School Years

- * If you have evaluations and:
 - * One evaluation was completed in the 24/25 SY – then only enter that one evaluation under the 24/25 SY.
 - * If other evaluations are for July 1, 2025 dates and forward – then enter those evaluations into eSTACs under the 25/26 SY.
 - * If you try to enter evaluations for same student with different years, you will get an error.
- * You cannot add any evaluations for 23/24 and prior school years.

Evaluation Info

County*

School Year*

Provider*

Is this student placed in Foster Care?* Yes No

Child is: Preschool Student With a Disability Non-Disabled

Translation Cost

This student is eligible for evaluations from **09/01/2021** to **07/31/2024**

| Evaluation | Component | Eval Date | Bilingual | |
|------------------------------------|-----------|-----------|-----------|--|
| No Available Evaluation Components | | | | |

eSTACs Uploading Documents

Documents Required for Evaluations – Orange County

- * Orange County requires the following documents to be uploaded, before you can sign and submit your STAC-5:
 - * **A Medicaid Parental Consent:**
 - * A signed Medicaid Parental Consent or,
 - * An Unable to Obtain Medicaid Consent.
 - * **An Evaluation Justification Letter:**
 - * **Only** needed if 2 evaluations need to be completed within the same school year for the same type of evaluation when completing the STAC-5.

Uploading a Document

- * Select Documents tab on Student Details screen.
- * This will also show any Missing Documents that need to be uploaded.
- * Click “Upload” button at bottom of screen or “Upload” at the end of the missing document line.

Last Name: **Mouse** First Name: **Mickey** DOB: **10/19/2019** Eligibility: **7/1/2022 - 8/31/2024**
STACID: CIN: Student Number: **5000067792** Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates **Documents** Forms Eligibility Waivers

Uploaded Documents

| | Document Type | Uploaded Date | Applied To | Submitted Date | SubmittedUser | Status | Comments | | | |
|--------|---------------|---------------|----------------|----------------|---------------|---------------|----------|-----------|--------|--|
| Select | Unidentified | 03/15/2024 | Student Record | | | NOT SUBMITTED | | Edit View | Delete | |
| Select | Unidentified | 03/15/2024 | Student Record | | | NOT SUBMITTED | | Edit View | Delete | |

Missing Documents

| Category | Type | DocumentDescription | Applies To | | |
|-----------|------------------|--|--|--------------------|---------------|
| CHILD | MEDICAID CONSENT | Medicaid Parental Consent | | Show Document List | Upload |
| PLACEMENT | AIDE FORM | Copy of SED AIDE form for partial/shared AIDE for CB Placement | 09/06/2023-06/21/2024 A STARTING PLACE-9100(J) | Show Document List | Upload |
| PLACEMENT | IEP | Copy of IEP for Placement | 09/06/2023-06/21/2024 A STARTING PLACE-9100(J) | Show Document List | Upload |

Upload Upload Multiple Documents

Uploading a Document

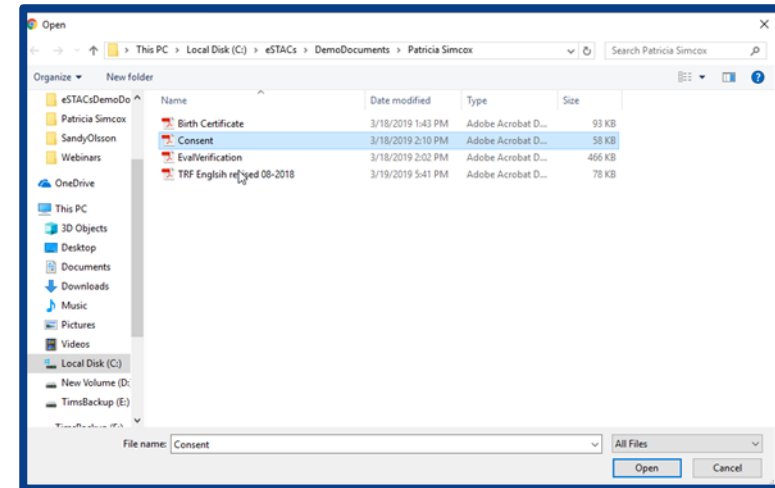
- * Click “Choose File” button.
- * Browse to the file location and select the file.
- * Click the “Open” button on the file dialog
- * The filename will appear next to “Choose File” button.
- * Click “Upload”.

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File No file chosen [Upload](#)



CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File **Consent.pdf** [Upload](#)

Indicate Document Type

- * Right hand side shows the document.
- * Left hand side shows fields to specify what type of document it is, as well as other related fields specific to the type of document.

The image displays a software interface with two main components. On the left, a 'Document Type' dialog box is open, showing a list of document categories. A red arrow points to the 'Document Type' label. The list includes: Birth Certificate, Passport, Adoption Papers, Legal Name Change, Child Information Change Form, Medicaid Parental Consent (highlighted with a red box), Failed to obtain Medicaid Parental Consent, Parent refused Medicaid Parental Consent, Parent Revoked Consent, Foster Care (LDSS2999), Evaluation Verification, Evaluation Request For Translation, Evaluation Justification Letter (highlighted in green), Justification For Eval Outside Eligibility Dates, Transportation Request Form (TRF), Transportation Change Form (CB2010), Transportation Options Form (CB2001), Aide, and Nurse. Below the list are 'OK' and 'Cancel' buttons. On the right, a preview of a 'Medicaid Consent' form is shown. The form header is 'eSTACsFileHandler.ashx' and '1 / 1 | 100%'. The form content includes: 'Dear Parent/Guardian of: John Smith', 'District: ABBOT', 'County: ROCKLAND', and a paragraph explaining the purpose of the consent. The form is titled 'Medicaid Consent' and includes a signature line for the parent/guardian of John Smith.

eSTACs Sign and Submit

Sign and Submit Evaluation – Signing Per Student

- * Once all documents have been uploaded for the evaluation (if any), you can now “Sign and Submit” the STAC-5.
- * The Status, Submitted By & Submitted Date columns will now show a status of submitted, who submitted the STAC-5, and the date submitted.
- * This will now be sent to the county for review.

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Smith** First Name: **John** DOB: **1/1/2019** Eligibility: **1/1/2022 - 8/31/2024**

STACID: CIN: Student Number: **5000067785** Edit Resync

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers

| eSTACs Evaluation Number | County | Description | Status | Submitted By | Submitted Date | | | | | | |
|--------------------------|----------|---|---------------|--------------|----------------|-------|---------|-------|-----------------|--------------------|--------|
| EV00048818 | ROCKLAND | ARC -- PRIME TIME FOR KIDS Sep 2022 (PSY, SOC, SPT) | Amended | | | Amend | Rescind | Print | Sign and Submit | Submission History | Resync |
| EV00048819 | ROCKLAND | ARC -- PRIME TIME FOR KIDS Jul 2023 (PSY, SOC) | Not Submitted | | | Edit | Delete | Print | Sign and Submit | | Resync |

Add New Evaluation

Submitting Evaluations

Error Messages – Missing Document(s)

- * If all of your documents are not uploaded, you will not be able to sign and submit.
- * Your error will tell you what documents need to be uploaded.
- * You can also see the missing documents on the documents tab, under Missing Documents.

Student Information

Last Name: [REDACTED] First Name: [REDACTED] DOB: [REDACTED] Eligibility: 7/1/2017 - 8/31/2020
STACID: [REDACTED] CIN: [REDACTED] Student Number: [REDACTED] [Edit SED Summary](#)

[STAC-5s](#) [Evaluation Components](#) [IEP Placements](#) [IEP Mandates](#) [Documents](#) [Forms](#)

Uploaded Documents

| Document Type | Uploaded Date | Applied To | Submitted Date | Submitted User | Comments | | | |
|---------------|---------------|------------|----------------|----------------|----------|--|--|--|
| No Documents | | | | | | | | |

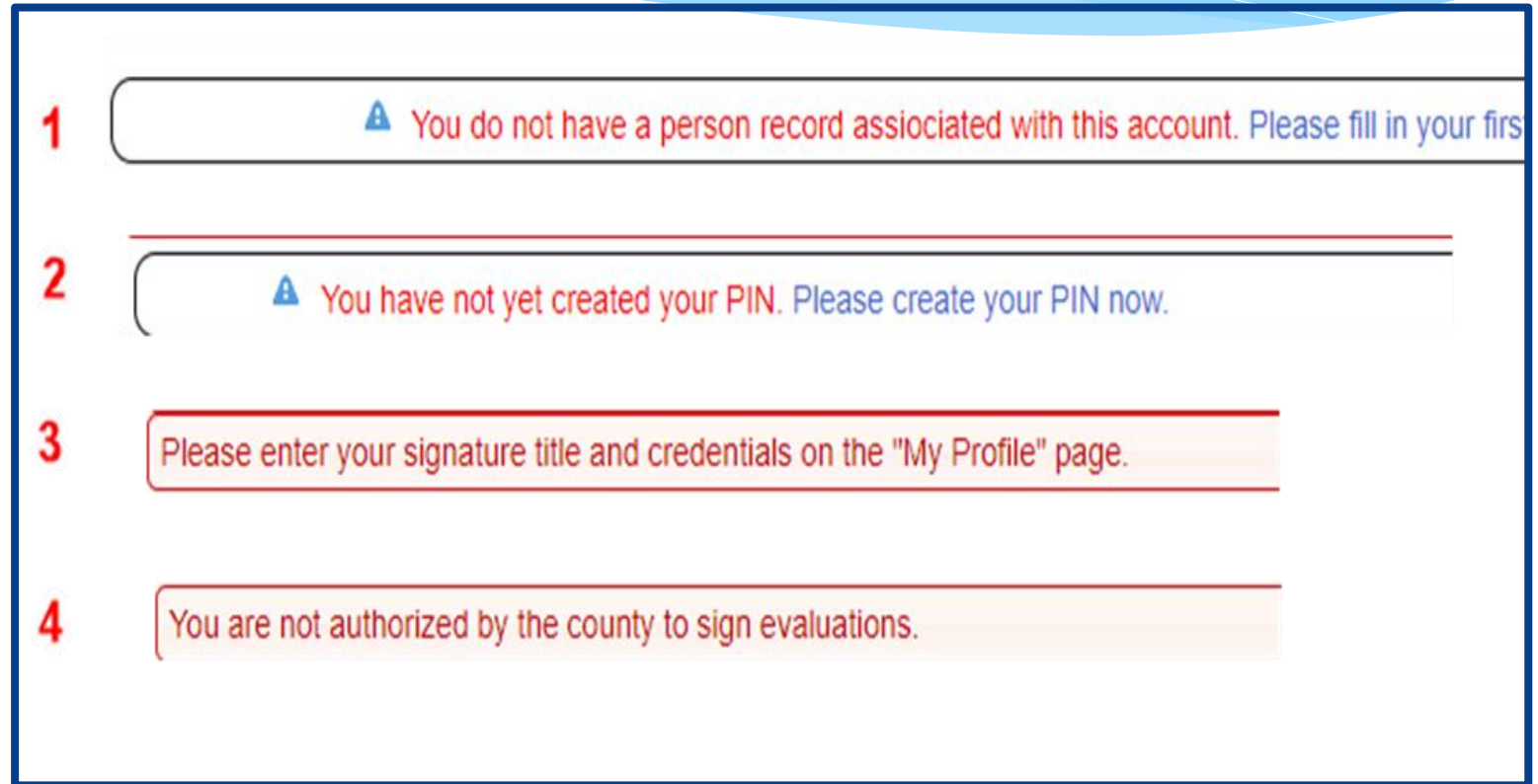
Missing Documents

| Category | Type | Document Description | Applies To | | |
|----------|------------------|---------------------------|------------|------------------------------------|------------------------|
| CHILD | MEDICAID CONSENT | Medicaid Parental Consent | | Show Document List | Upload |

[Upload](#) [Upload Multiple Documents](#)

Submitting Evaluations Error Messages

1. You did not create your first and last name.
2. You did not create a PIN for your Portal account.
3. You did not create your signature and title.
4. Your district's authorization paperwork was not sent to McGuinness or you are not listed on the paperwork to sign and submit evaluations.

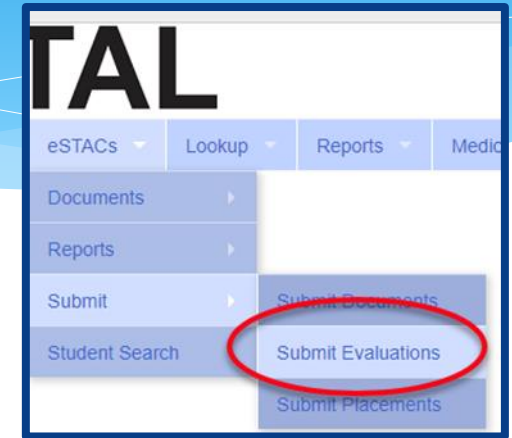


The screenshot displays four error messages in a list, each with a red number and a warning icon (a triangle with an exclamation mark). The messages are:

1. You do not have a person record associated with this account. Please fill in your first and last name.
2. You have not yet created your PIN. Please create your PIN now.
3. Please enter your signature title and credentials on the "My Profile" page.
4. You are not authorized by the county to sign evaluations.

Sign and Submit Evaluations – Signing All Unsubmitted Evaluations at One Time

- * Go to **eSTACs -> Submit -> Submit Evaluations**
- * This grid displays unsubmitted evaluations based on selected filters.
- * Rows where Status = “OK To Submit” will have a checkbox.
- * Rows where Status = “Problems Found” will not have a checkbox.
- * Mark the checkbox on the rows that you wish to submit to the County or click “**Select All**”.
- * Click “**Submit**” to submit the marked evaluations to the County.



| Select | Last Name | First Name | School Year | Evaluator | Components | Status |
|--------------------------|-----------|------------|-------------|------------------------|--|----------------|
| <input type="checkbox"/> | | DIONNE | 201819 | ALL ABOUT KIDS | ALL ABOUT KIDS Mar 2019 (PSY, SOC, SPT) | OK to Submit |
| <input type="checkbox"/> | | HARRIS | 201819 | | ITER Feb 2019 - Mar 2019 (OCT, PHT, PSY, SOC, SPT) | OK to Submit |
| <input type="checkbox"/> | | CLEO | 201819 | | BEYOND Feb 2019 - Mar 2019 (PSY, SOC, SPT) | OK to Submit |
| | | CASSIDY | 201819 | | 019 - Feb 2019 (PSY, SOC, SPT) | Problems Found |
| | | CATHLEEN | 201819 | | 019 (PSY, SOC, SPT) | Problems Found |
| | | OLLIE | 201819 | | 019 - Apr 2019 (EDU, PSY, SOC) | Problems Found |
| | | NED | 201819 | | [, PSY, SOC, SPT) | Problems Found |
| | | ADAN | 201819 | ELIMINATED INC. BEYOND | BEYOND Jan 2019 - Feb 2019 (PSY, SOC, SPT) | Problems Found |

Forms

Forms Tab

- * The Forms tab has a list of generic forms that when chosen, will populate with the child's information on them.
- * The Medicaid Parental Consent form will be on Orange County letterhead and is not generic.

The screenshot shows the CPSE Portal interface. At the top, a text box displays 'CPSE: 660413020000 ABBOT'. Below this is the 'Student Information' section, which includes fields for Last Name (Smith), First Name (John), DOB (1/1/2019), Eligibility (1/1/2022 - 8/31/2024), STACID, CIN, and Student Number (5000067785). There are 'Edit' and 'Resync' buttons. A navigation bar contains tabs for 'STAC-5s', 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', 'Forms' (circled in red), and 'Eligibility Waivers'. Below the navigation bar is a 'School Year' dropdown menu. The 'Forms' section contains a table with the following data:

| | Form | Description |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Medicaid Parental Consent | Consent to Access Medicaid |
| <input type="checkbox"/> | Medicaid Parental Consent (Spanish) | Consent to Access Medicaid (Spanish) |
| <input type="checkbox"/> | Written Order | Generic Written Order / Prescription / Referral |
| <input type="checkbox"/> | Unable to obtain consent | Notification of not being able to obtain Medicaid Parental Consent |

Below the table is a 'Generate Forms' button.

Forms Tab

If your County gave us a Medicaid Consent that they want you to use, your County consent will also populate here. If not, then your school district's name will populate on the top of the consent.

Medicaid Consent

Dear Parent/Guardian of: John Smith
District: ABBOT
County: ROCKLAND

This is to ask your permission (consent) for the listed county to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of John Smith
(Print Parent's Name) (Print Child's Name)

have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services. I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/ information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared:

| Records to be shared (such as records or information about services your child receives) | |
|--|--|
| Prescription | Service Provider Attendance |
| Referral | "Under the Direction of" Certification |
| Treatment Logs | "Under the Supervision of" Certification |
| Individualized Education Program - IEP | "Under the Direction of" Logs |
| Attendance Records | "Under the Supervision of" Logs |
| Bus Logs | Calendar |
| Other unnamed documents needed to support a claim to Medicaid | Evaluations |

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____ Date: _____
Print Name: _____ **Must fill-in full date**

Eligibility Waivers

Eligibility Waivers Tab

- * If you have an evaluation or services that are outside of the eligibility dates, you can choose the Date Type, enter date and click “Add”. You can then upload any supporting documentation.
- * You may need to use this when a child is transitioning from EI into Preschool.
- * Always contact the county first so see if this is an option.

The screenshot displays the CPSE portal interface for a student named Minnie Mouse. At the top, the student's information is shown: CPSE: 660413020000 ABBOT, Last Name: Mouse, First Name: Minnie, DOB: 1/1/2020, Eligibility: 1/1/2023 - 8/31/2025, STACID, CIN, and Student Number: 5000067786. Below this is a navigation bar with tabs for STAC-5s, Evaluation Components, IEP Placements, IEP Mandates, Documents, Forms, and Eligibility Waivers. The Eligibility Waivers tab is highlighted with a red circle. Underneath, there is a 'Waivers' section with a table that has two columns: 'Date Type' and 'Date'. A dropdown menu is open under 'Date Type', showing options: 'Earliest Eval Date', 'Earliest Service Date', 'Latest Eval Date', and 'Latest Service Date'. An 'Add' button is located to the right of the 'Date' column.

| Date Type | Date | Add |
|-----------------------|------|-----|
| Earliest Eval Date | | |
| Earliest Service Date | | |
| Latest Eval Date | | |
| Latest Service Date | | |

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Closing

Orange County Timeline

- * **January 31, 2025:**

- * McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

- * **February 3, 2025:**

- * Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
- * School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

- * **February 10, 2025:**

- * Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.

- * **All prior year STAC-1's** (23/24, 22/23 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Getting Support

- * CPSE Portal Address (you may want to bookmark):
<https://www.cpseportal.com>
- * If you need help you can contact Kelly Knowles at Kknowles@jmcguinness.com
- * After you are familiar with the Portal, and you need help, send an email to eSTACs@CPSEPortal.com.
 - * Please include your district name, which County you work with and a description of your issue.
 - * Do **not** use child's name
 - * Use Student # or STAC ID #
- * If you would like to speak on the phone, please state so in your email along and include your phone number and best times to reach you. Our office is closed from 12-1:00 daily for lunch.