

JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants

eSTACs Training

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.

Getting Started

Home Page of Portal

- * You will be using the eSTACs tab on your home page.
 - * You will also use the My Account & People tabs.
- * 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

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

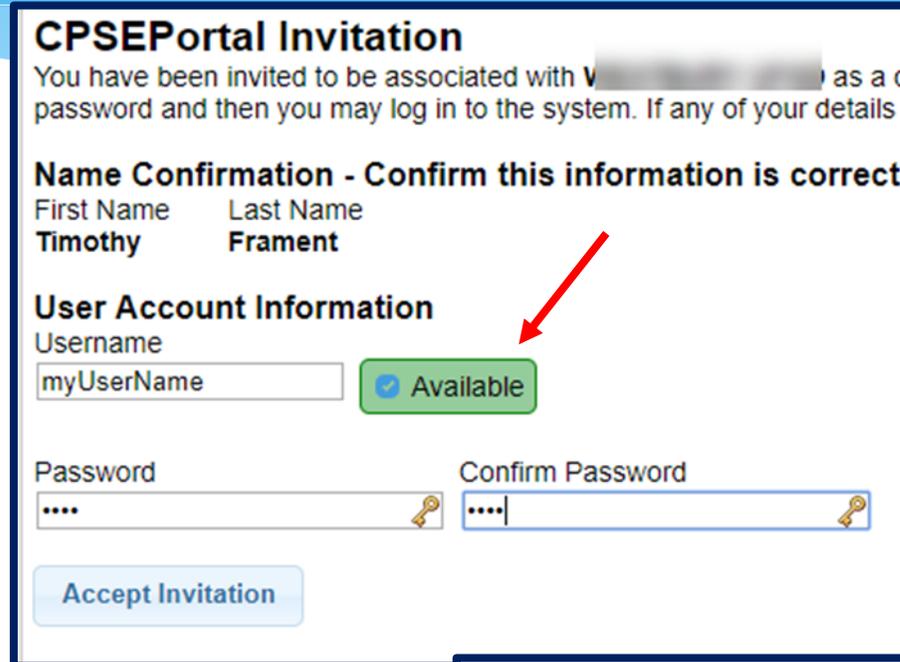
- * The confirmation page allows the user to choose a username and password, and “Accept Invitation”.
- * When the individual enters their choice for a username the screen will display whether that name is available or not.

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

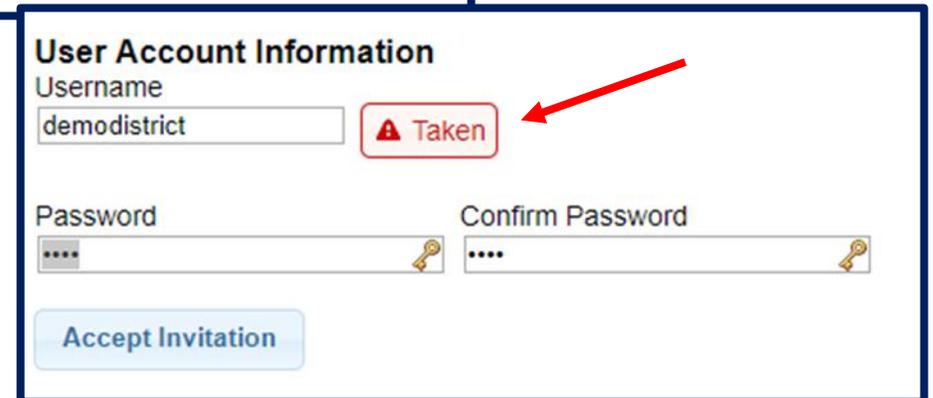
User Account Information
Username
 Available

Password Confirm Password



User Account Information
Username
 Taken

Password Confirm Password



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

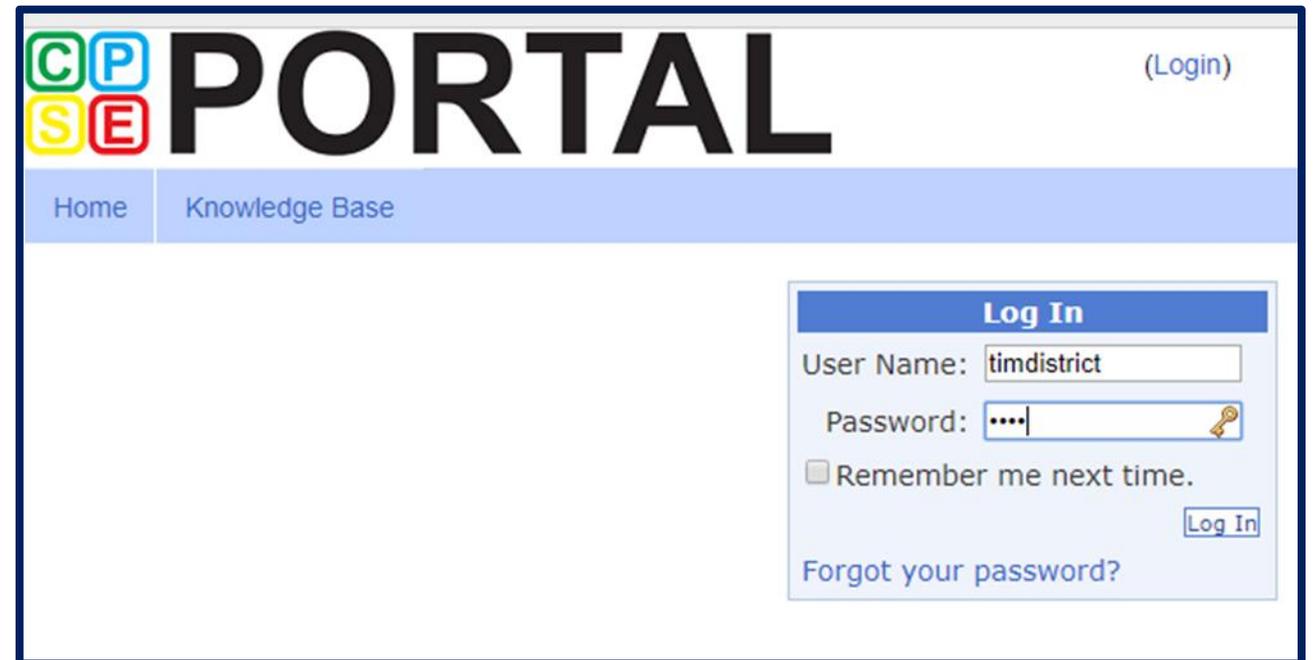
Link to Invitation

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

Copy Ctrl+C

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. In the top right corner, there is a "(Login)" link. Below the logo, there is a navigation bar with "Home" and "Knowledge Base" links. The main content area features a "Log In" form with the following elements:

- User Name:** A text input field containing "timdistrict".
- Password:** A text input field with masked characters "...." and a key icon on the right.
- 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: ←

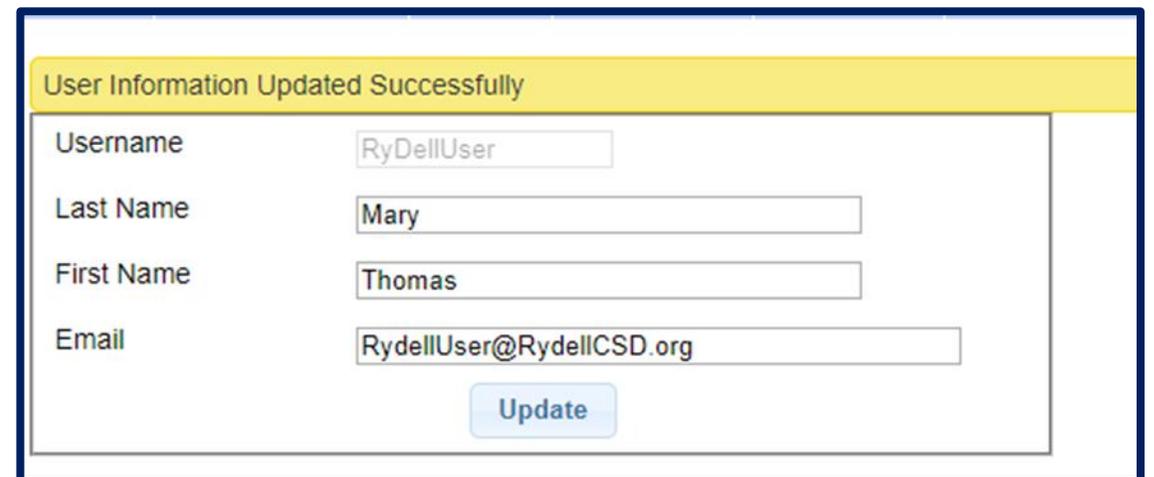
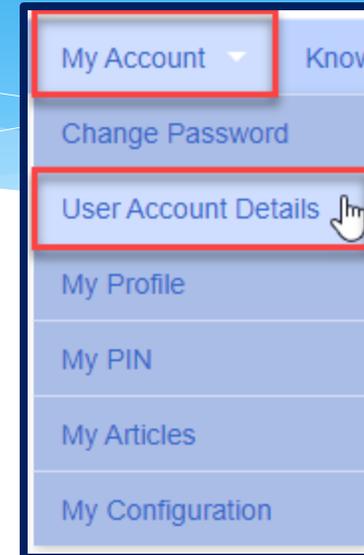
Last Name: ←

Email: **districtUser@District.org**

[Edit User Account](#)

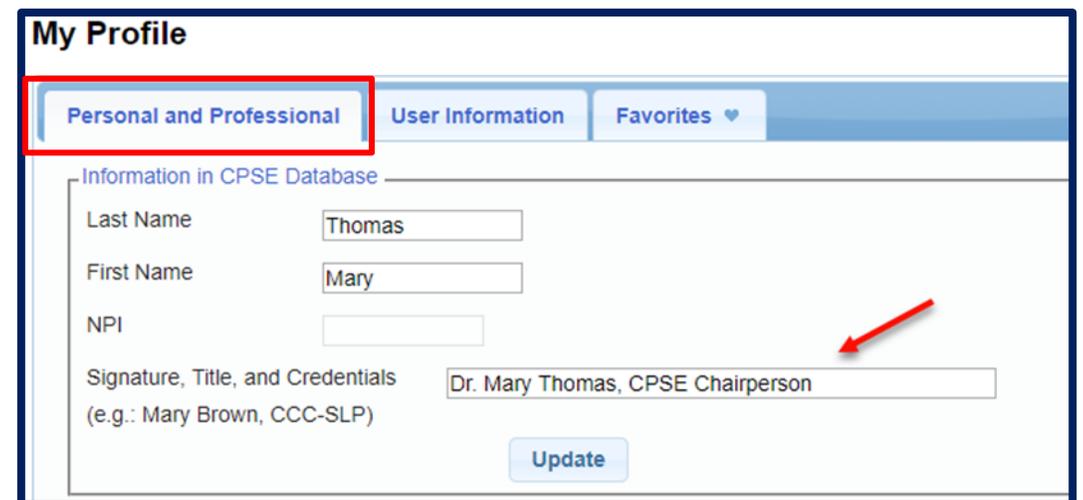
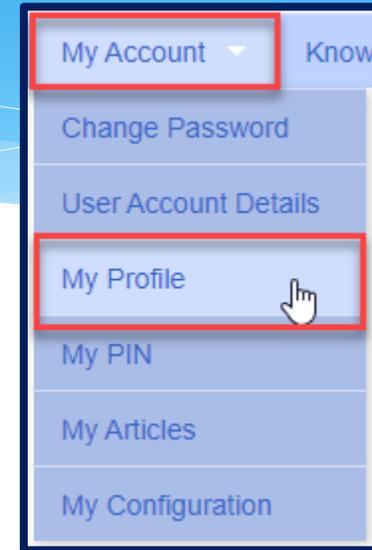
Step 1 – First & Last Name

- * 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 showing a successful update message. At the top, a yellow banner reads 'User Information Updated Successfully'. Below it is a form with four fields: 'Username' (RyDellUser), 'Last Name' (Mary), 'First Name' (Thomas), and 'Email' (RydellUser@RydellCSD.org). An 'Update' button is located at the bottom right of the form.

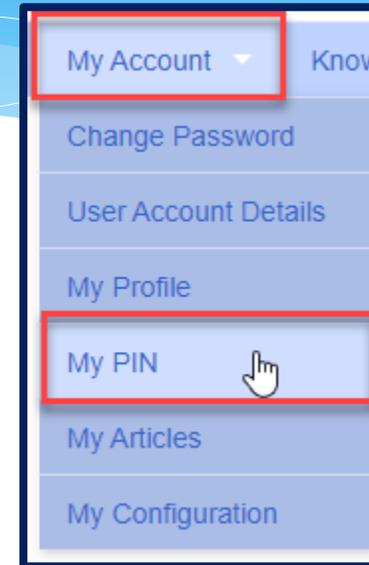
Step 2 - Digital Signature & Title

- * 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 (e.g.: Mary Brown, CCC-SLP)' (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:

Save PIN

PIN Selection

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

PIN Number:

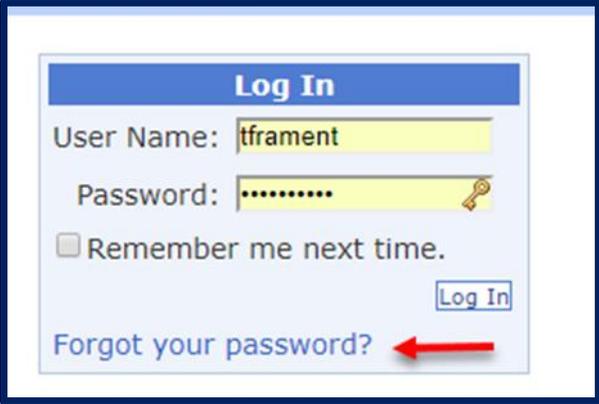
Username:

Password:

Change PIN

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 login form titled "Log In". It contains the following elements: a "User Name:" field with the text "tfragment" entered; a "Password:" field with masked characters and a key icon; a checkbox labeled "Remember me next time."; a "Log In" button; and a link labeled "Forgot your password?" with a red arrow pointing to it.



The screenshot shows a password recovery form titled "Password Recovery". It contains the following elements: a sub-header "Forgot Your Password?"; a prompt "Enter your User Name to receive your password."; a "User Name:" field; and a "Submit" button.

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**



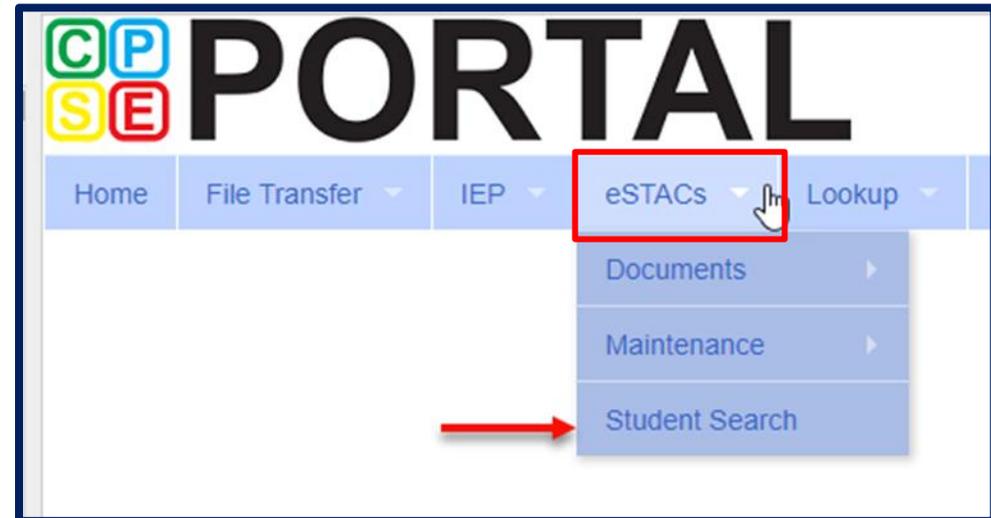
UserName	First Name	Last Name
DemoDistrict	Tim	Frament
timdistrict	Timothy	Frament

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

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 – 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. This is very important so you do not create duplicate children.
- * If you are a district in 2 or more counties, make sure you are choosing the correct county.
- * Click on “Add New Student” button.

The screenshot shows a search interface with a 'Filters' section. It includes input fields for Last Name, First Name, DOB, STACID, CIN, and Student Number. Below these are dropdown menus for County (set to ROCKLAND) and District (set to ABBOT). At the bottom right of the filters are 'Clear Filters' and 'Retrieve' buttons. Below the filters is an 'Add New Student' button. A red arrow points from the County dropdown to the 'Add New Student' button.

Student Information

- * Field with an asterisk (*) next to their label are required in order to save the child.
- * 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.
- * Most counties **require** the address of the child to be entered.
- * Other fields should be entered if the information is known.

The screenshot shows a web form titled "Student Information" with a sub-header "Add/Edit Student". The form contains several fields: "County of Student's Current Location*" (dropdown), "Is this student placed in Foster Care?" (radio buttons for Yes/No), "District*" (dropdown), "Legal Last Name*" (text), "Legal First Name*" (text), "Middle Initial" (checkbox), "DOB*" (text), "Gender*" (radio buttons for Male/Female/Non Binary), "Race/Ethnicity*" (dropdown), "CIN" (text), "SEDSTACID" (text), "Address" (text), "City" (text), "State" (checkbox), and "Zip" (text). A red arrow points from the text "Do not include this with the child's last name" in the list to the "Suffix" field. Red brackets enclose the "Address", "City", and "Zip" fields. Below the main form is a section titled "Transfer Student Information" with "From County" and "From District" dropdowns. "Save" and "Cancel" buttons are at the bottom right.

Student Information

- * When you enter the child's DOB, the child's dates of eligibility will populate based on the child's DOB.
- * Gender 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

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
 - * Service Locations

CPSE: 212101040000 CENTRAL VALLEY CSD AT ILION-MOHAWK

Student Information

Last Name: [REDACTED] First Name: [REDACTED] DOB: 7/25/2020 Eligibility: 7/1/2023 - 8/31/2025

STACID: [REDACTED] CIN: [REDACTED] Student Number: 2100123663 [Edit SED Summary](#) [Resync](#)

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

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 RYDELL CSD ▾

County NASSAU ▾

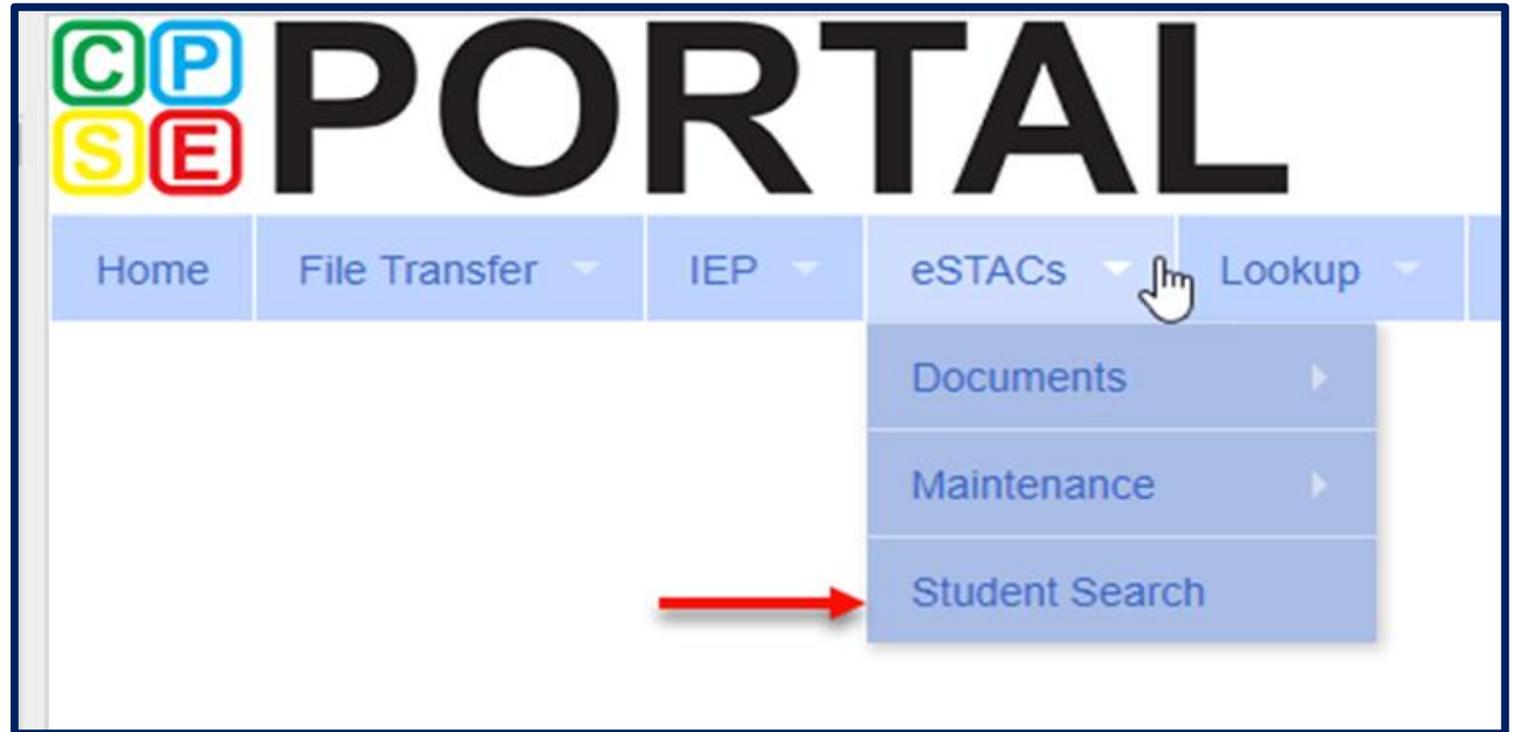
Add New Student

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

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 that evaluation will need to be entered under the 24/25 SY.
 - * If other evaluations are for July 1, 2025 dates and forward – then enter those evaluations are entered the 25/26 SY.
 - * If you try to enter evaluations for same student with different years, you will get an error.
- * You **cannot** combine evaluations for different school years.

eSTACs Uploading Documents

Documents Required for Evaluations –

- * Each county decides what documents need to be uploaded before you can sign and submit your STAC-5. Check with your county to see what their requirements are.
- * Below are some documents that may be required.
 - * **A Medicaid Parental Consent:**
 - * A signed Medicaid Parental Consent or an Unable to Obtain Medicaid Consent.
 - * **A Consent to Evaluate.**
 - * **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 the 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

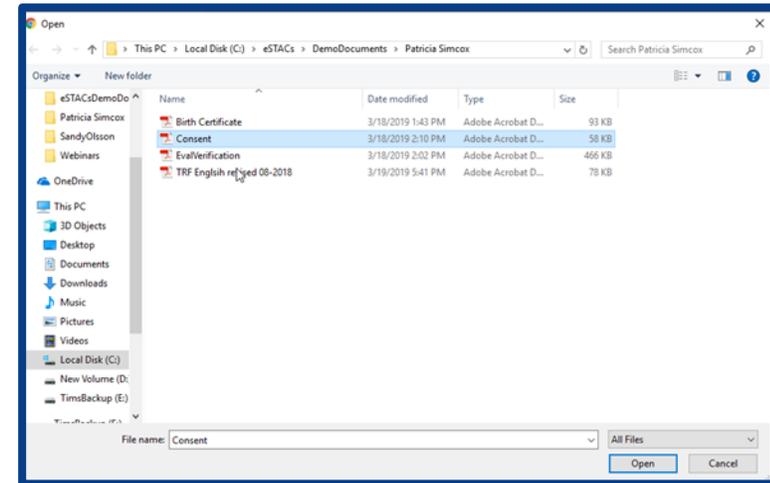
- * Click “Choose File” button.
- * Browse to the file location and select the file.
- * Click the “Open” button on the file dialog
- * The filename will appear next to “Choose File” button.
- * Click “Upload”.

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 screenshot displays a web application interface. On the left, a 'Document Type' dialog box is open, showing a list of document types. A red arrow points to the 'Document Type' label. The list includes: Id : Birth Certificate, Id : Passport, Id : Adoption Papers, Id : Legal Name Change, Id : Child Information Change Form, Medicaid : Medicaid Parental Consent (highlighted with a red box), Medicaid : Failed to obtain Medicaid Parental Consent, Medicaid : Parent refused Medicaid Parental Consent, Medicaid : Parent Revoked Consent, Foster Care : LDSS2999, Eval : Evaluation Verification, Eval : Evaluation Request For Translation, Eval : Evaluation Justification Letter (highlighted in green), Eval : Justification For Eval Outside Eligibility Dates, Trans : Transportation Request Form (TRF), Trans : Transportation Change Form (CB2010), Trans : Transportation Options Form (CB2001), Serv : Aide, and Serv : Nurse. Below the list are 'OK' and 'Cancel' buttons. On the right, the main document preview area shows a document titled 'Medicaid Consent'. The document content includes: 'Dear Parent/Guardian of: John Smith', 'District: ABBOT', 'County: ROCKLAND', and a paragraph explaining the purpose of the consent form. The document is displayed in a viewer window titled 'eSTACsFileHandler.ashx' with a page indicator '1 / 1' and a zoom level of '100%'.

eSTACs Sign and Submit Evaluations

Sign and Submit Evaluation – Signing Per Student

- * Once all documents have been uploaded, 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 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

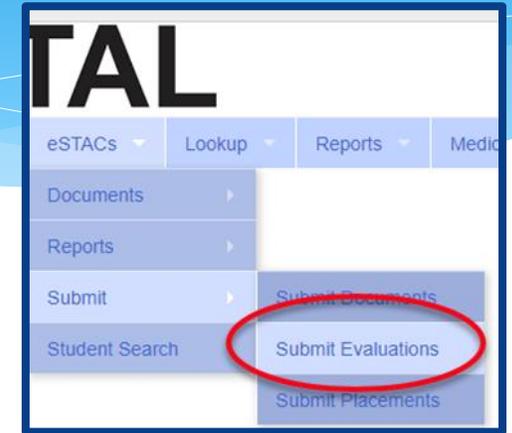
1. You did not create your first and last name.
2. You did not create a PIN for your Portal account.
3. You did not create your signature and title.
4. Your district's authorization paperwork was not sent to McGuinness or you are not listed on the paperwork to sign and submit evaluations.

The screenshot displays four error messages in a list, each with a red number on the left and a message box on the right. The messages are:

1. A warning icon (triangle with exclamation mark) followed by the text: "You do not have a person record associated with this account. Please fill in your first and last name." (Note: the text in the image is partially cut off).
2. A warning icon followed by the text: "You have not yet created your PIN. Please create your PIN now." (Note: the text in the image is partially cut off).
3. The text: "Please enter your signature title and credentials on the 'My Profile' page." (Note: the text in the image is partially cut off).
4. The text: "You are not authorized by the county to sign evaluations." (Note: the text in the image is partially cut off).

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		7, PSY, SOC, SPT)	Problems Found
		ADAN	201819	ELIMINATED INC. BEYOND FEB BEYOND	BEYOND Jan 2019 - Feb 2019 (PSY, SOC, SPT)	Problems Found

Cannot Submit – Problems Found

- * Click on the Problems Found and the problems will populate as to why you cannot sign & submit. You will need to upload the missing documents or correct errors before you can sign and submit.

Filters

County School Year Show All Only OK To Submit Only Problems

Evaluations To Submit

Select	Last Name	First Name	School Year	Evaluator	Components	Status
		WYNTER	202425		ES Jan 2025 (PHT)	Problems Found
		NYRA	202425		ES Jan 2025 (SPT)	Problems Found
		Gabriel	202425		ES Jan 2025 - Feb 2025 (OCT, PHT, PSY, SOC, SPT)	Problems Found

CPSE: y

Student Information

Last Name: First Name: DOB: 12/7/2021 Eligibility: 7/1/2024 - 8/31/2027
STACID: CIN: Student Number: [Edit SED Summary](#)

Evaluation Components

Date Completed	Provider	Evaluation
1/25/2025 12:00:00 AM	<input type="text"/>	Physical Therapy

Problems

Component	Problem
STAC-5	Evaluation must indicate whether the student has a disability or not
STAC-5	Missing Document to prove identification of child
STAC-5	Missing Medicaid Parental Consent

Forms

Forms Tab

- * The Forms tab has a list of generic forms that when chosen, will populate with the child's information on them.
- * For any Full-Service Medicaid counties, the Medicaid Parental Consent form will be on your Counties letterhead and is not generic.

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

School Year

Forms

	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

Generate Forms

Forms Tab

- * If you could not obtain a Medicaid Consent, you can click on the Unable to Obtain Consent form.
- * Complete form & upload as Failed to Obtain Medicaid Parental Consent.
- * Once you receive the Medicaid Consent back from the parent(s), upload the consent into the child's documents page.

School Year 2025 - 2026

Forms

	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 checked="" type="checkbox"/>	Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent

Generate Forms

CPSE PORTAL Notification of failure to obtain a Medicaid Parental Consent

Child Information

Name:

DOB:

District:

County:

Our district has exhausted all reasonable attempts to obtain a Medicaid Parental Consent from the family of the above named child. Should this district receive documentation at a later date, it will update the student's profile in eSTACs.

Name of District representative

Signature of District representative

Date

Evaluation Amendments

Amending Evaluations

Evaluation Amendments

What needs to be changed	What to do
Entered wrong county	Rescind entire STAC-5 and submit a new one.
Entered wrong District	
Entered wrong school year	
Entered the wrong Provider for every component	
Entered the wrong discipline	Rescind the specific Evaluation Component, create a new STAC-5 with the correct component and/or provider.
Entered the wrong Provider for one Component	
Need to add a new Discipline(s)	Add a new STAC-5 for just the new Discipline(s).
Entered the wrong Evaluation Date	If the wrong evaluation date is in the same month, then amend and change the date. If the wrong evaluation date should be in another month or school year, rescind the specific evaluation component under the Evaluation Components tab. Under the STAC-5 tab, add a new STAC-5 for the evaluation component with the correct date.
Entered the wrong Bilingual Indicator	Amend the specific evaluation component and correct the Bilingual Indicator.

**eSTACs Entering STAC-1
for Center Based and
Center Based Related Services**

Search and View Student Details

- * Enter child's name to search for child and click on Retrieve.
- * Click on Details to get to the student details page with evaluations, services, documents and forms.

Home Activities IEP eSTACs Attendance Billing Lookup Documents Reports Maintenance Medicaid

Filters

ant bar DOB STACID CIN Student Number

County ROCKLAND

District CLARKSTOWN CSD

Clear Filters Retrieve

Add New Student

District Name	Last Name	First Name	DOB	Gender	CIN	STACID	Student Number		
CLARKSTOWN CSD	Ants	Barbara	08/17/18	F				Edit	Details



Adding New Center Based Placements

Adding a new CB Placement for STAC-1

- * Go to the IEP Placements tab
- * Click *Add CB Placement*

CPSE: **660413020000** ABBOT

Student Information

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

School Year Session **2023 - 2024 Winter** ▼

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date						
No Placements												

Add CB Placement **Add SEIT/RS Placement**

Entering Program Information

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 and click **Save**.

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 2019 - 2020 Summer ▼

3 Is this student placed in Foster Care? Yes No

4 Provider HEBREW ACADEMY FOR SPEC CHLDRN ▼

5 Same as Evaluation Provider? Yes No

6 Program 9101(C) 07/08/19 - 08/14/19 J/A-PRESCHOOL SPECIAL CLASS OVER 2.5 NASSAU COUNTY WOODMERE ▼

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

Save ←

Adding Aides / Nurse / Interpreter

- * To add an Aide/Nurse or Interpreter. You can skip this tab if no Aide/Nurse/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**.

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

Aide / Nurse / Interpreter | Rel

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

Center Based Related Services

- * The most common group services are OT, PT & ST.
- * For OT, PT & ST group services:
 - * Make sure that you select group and not individual. Group services are designated with a 1. For example: ST1, OT1 & PT1.

Program Aide / Nurse / Interpreter Related Services Transportation

There are no recommended related services for this student on this Placement/IEP

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status		
Occupational Therapy Indiv	09/06/2023	06/21/2024	1	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
Physical Therapy Indiv	02/01/2024	06/21/2024	1	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
	09/06/2023	06/21/2024								Add	

Assistive Technology Services
Counseling
Occupational Therapy Group
Occupational Therapy Indiv
Orientation & Mobility
Parent Counseling and Training
Physical Therapy Group
Physical Therapy Indiv
Play Therapy
Psychological Counseling (CSL)
School Health / Nurse
Speech Therapy Group
Speech Therapy Indiv
Teacher of Hearing Impaired
Teacher of Visually Impaired

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When IEP has no Center Based Related Services

- * If the IEP does not specify any related services, check the box at the top of the related services tab that says:
 “There are no recommended related services for this student on this Placement / IEP”
- * If you do not enter CBRS services or do not check this box, you will receive an error when signing and submitting.

Program	Aide / Nurse / Interpreter	Related Services	Transportation									
<input type="checkbox"/> There are no recommended related services for this student on this Placement/IEP												
Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status			
<input type="text" value="v"/>	07/12/2022	08/20/2022	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>					Add

Adding Transportation

1. A list of types of transportations indicated in IEP (Bus or Parent reimbursement).
2. If transportation is needed, you will choose the bus and the parent.
3. No transportation documents will need to be uploaded.
4. Check the final page of IEP to ensure that **transportation is delineated on Special Transportation section.**

The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought

Service	Provider	Start Date	End Date	Submitted Date	Status			
Parent	Rockland Parent Transportation	07/05/2023	08/15/2023		Not Submitted	Edit	Delete	
		07/05/2023	08/15/2023			Add		

on Document

Bus
LPN on Bus
Parent
RN on Bus
Wheelchair Bus

Effective Date: Comment:

Transportation Files

Uploaded	DocumentType	Comments	Effective Date
----------	--------------	----------	----------------

[Return to Student Details](#)

When IEP has no Transportation

- * If the student will **not** be bussed **and** the parent will **not** be submitting for mileage reimbursement, check the box at the top of the transportation tab that says *“The IEP does not authorize reimbursement for transportation”*

The screenshot shows a software interface with a top navigation bar containing tabs for 'Program', 'Aide / Nurse / Interpreter', 'Related Services', and 'Transportation'. The 'Transportation' tab is active. Below the tabs, a checkbox is highlighted with a red box, containing the text: The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought.

Service	Provider	Start Date	End Date	Submitted Date	Status			
<input type="text"/>	<input type="text"/>	07/12/2022	08/20/2022			Add		

Below the table is a section for 'Upload Transportation Document' with a 'Document Type' dropdown, 'Effective Date' input, and 'Comment' input. A 'Choose File' button shows 'No file chosen', and an 'Upload' button is present.

At the bottom, there is a 'Transportation Files' section with a table header:

Uploaded	DocumentType	Comments	Effective Date
----------	--------------	----------	----------------

Adding New SEIT/RS Placements

Adding a new STAC-1 for SEIT/Related Services

- * Go to the IEP Placements tab
- * Click Add SEIT/RS Placement

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

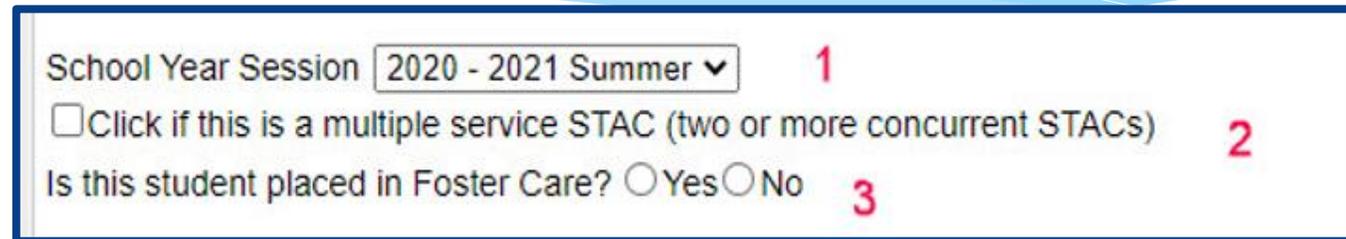
School Year Session

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date						
PL00124233	2023 - 2024 Summer	CB	07/05/2023-08/15/2023 ARC -- PRIME TIME FOR KIDS-9165(A)	Not Submitted			Edit	Delete	Print	Sign and Submit	Resync	
PL00124234	2023 - 2024 Winter	CB	09/06/2023-06/21/2024 ARC -- PRIME TIME FOR KIDS-9165(I)	Not Submitted			Edit	Delete	Print	Sign and Submit	Resync	

Add CB Placement Add SEIT/RS Placement

For SEIT or RS

1. Select the School Year and Session.
2. Indicate if this student has two or more concurrent STACs.
3. Indicate if the child is in Foster Care.



School Year Session 1

Click if this is a multiple service STAC (two or more concurrent STACs) 2

Is this student placed in Foster Care? Yes No 3

* Multiple Service / Concurrent STACs

- * Student has a Center Based placement at the same time as having SEIT or fee for service related services.
- * Student has two separate Center Based placements.
- * Student has SEIT at the same time from two separate SEIT Providers.
 - * Each SEIT provider must have their own STAC-1.

Adding SEIT

SEIT and Student | Related Services | Transportation

Provider: SHARON A JOLLY & ASSOCIATES 1

Is this the same provider that conducted the most recent evaluation for this student? Yes No 2

Program: SEIT 07/01/23 - 08/31/23 9135(S) 3

Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Status		
07/03/2023	08/15/2023	I	2	60	WEEKLY	Home		Edit	Delete
<input type="text" value="07/01/2023"/>	<input type="text" value="08/31/2023"/>	<input type="text" value="I"/>	<input type="text" value="2"/>	<input type="text" value="60"/>	<input type="text" value="WEEKLY"/>	<input type="text" value="Home"/>		Add	

1. Select Provider.
2. Indicate if Provider was same provider that did most recent evaluation.
3. Select the program (should be only 1).
4. Edit the Start Date.
5. Edit the End Date.
6. Indicate individual or group.
7. Indicate number of sessions per IEP.
8. Indicate number of minutes per IEP (**do not convert to 30 min**).
9. Enter the period for the frequency.
10. Select the location where the service will be performed.

Adding Related Services (fee for service not CBRS)

SEIT and Student **Related Services** Transportation

No Service Coordinator

1 2 3 4 5 6 7 8 9 10

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
DEREK FERST, SLP	Speech Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	3	30	WEEKLY	Home		Edit	Delete
Jawonio	Physical Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	2	45	WEEKLY	Daycare		Edit	Delete
DEREK FERST, SLP	Coordination	07/01/2023	08/31/2023	I	<input type="checkbox"/>	1	30	MONTHLY	Home		Edit	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

1. Choose the provider.
2. Select the service.
3. When does service start.
4. When does service end.
5. Indicate Individual or Group.
6. If Bilingual service – then check box.
7. Indicate number of sessions per IEP.
8. Enter minutes per session per IEP.
9. Choose the time period for the frequency.
10. Indicate where the service will happen.

Transportation for SEIT or Related Services

- * Some counties pay transportation for SEIT or RS students.
- * Check with your county first before adding transportation for SEIT or Related Service.

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](#)

School Year Session **2023 - 2024 Summer** ▼

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

Is this student placed in Foster Care? Yes No

SEIT and Student **Related Services** **Transportation**

Service	Provider	Start Date	End Date	Submitted Date	Status			
▼	▼					Add		

Upload Transportation Document

Document Type: ▼ Effective Date: Comment:

[Choose File](#) No file chosen

[Upload](#)

[Return to Student Details](#)

Co-Treats

Co-Treats

- * There is no special way to denote co-treats in eSTACs.
 - * Enter services PER the IEP:
 - * If OT is 2x30, and co-treat is 1x30, then enter into eSTACs:
 - * OT 2x30
 - * OT 1x30
 - * If ST is 3x45, and co-treat is 1x30, then enter into eSTACs:
 - * ST 3x45
 - * ST 1x30
 - * The clinician's will know how to enter their session notes for co-treating.

6 Day Cycle

6 Day Cycle

- * If any providers follow a 6 day cycle:
 - * Enter to match the IEP.
 - * If ST is 3 x 6 day cycle, then enter ST 3x30.
 - * The providers will figure out the cycle and follow it on their calendar.
- * The services on the IEP must state 6 day cycle.

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES			
Special Class: 8:1+3	07/07/2025 - 08/15/2025	5 x Weekly, 6hr.	Special Class
Occupational Therapy: Individual	07/07/2025 - 08/15/2025	2.0 x 6 day cycle, 30min.	Special Class
Speech/Language Therapy: Individual	07/07/2025 - 08/15/2025	3.0 x 6 day cycle, 30min.	Special Class

Service Coordination

Service Coordination

- * If there are no SEIT services and there are two or more related services, and service coordination is needed:
 - * Choose provider, and Coordination under Service tab, and complete other information.
- * If there are no SEIT services and Service Coordination is not needed:
 - * Mark the checkbox *“No Service Coordinator”*.

No Service Coordinator

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
DEREK FERST, SLP	Speech Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	3	30	WEEKLY	Home		Edit	Delete
Jawonio	Physical Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	2	45	WEEKLY	Daycare		Edit	Delete
DEREK FERST, SLP	Coordination	07/01/2023	08/31/2023	I	<input type="checkbox"/>	1	30	MONTHLY	Home		Edit	Delete
<input type="text"/>	<input type="text"/>	07/01/2023	08/31/2023	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

Assisted Tech Service and Assisted Tech Device

Assistive Technology Services

- * Assistive Technology Services will be added to the Related Services tab.
- * This can be either under the CB Placement or the SEIT/RS Placement.

There are no recommended related services for this student on this Placement/IEP

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status			
Speech Therapy Indiv	12/01/2020	04/02/2021	I	3	30	WEEKLY	Preschool		Not Submitted	Edit	Delete	
Occupational Therapy Indiv	12/01/2020	04/02/2021	I	2	30	WEEKLY	Preschool		Not Submitted	Edit	Delete	
Parent Counseling and Training	12/01/2020	04/02/2021	I	1	60	MONTHLY	Preschool		Not Submitted	Edit	Delete	
<input type="text"/>	12/01/2020	04/02/2021	<input type="text"/>			<input type="text"/>	<input type="text"/>			Add		

Re

- Assistive Technology Services
- Audiology
- Interpreter
- Occupational Therapy Group
- Occupational Therapy Indiv
- Orientation & Mobility
- Parent Counseling and Training
- Physical Therapy Group
- Physical Therapy Indiv
- Psychological Counseling (CSL)
- School Health / Nurse
- Social Work
- Speech Therapy Group
- Speech Therapy Indiv
- Teacher of Hearing Impaired
- Teacher of Visually Impaired

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Assistive Tech Device

- * In most cases, the user of the Assistive Tech Device will obtain the device.
- * The device will **never** be part of the CB as it is NOT included with the tuition.
- * If the cost of the device is:
 - * Less than \$1000 – then enter frequency of **10x30**
 - * If more than \$1,000 – then enter frequency of **100x30**
- * Always contact your county first.

SEIT and Student		Related Services										
<input checked="" type="checkbox"/> No Service Coordinator												
Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
Stefanelli, Marietta	Speech Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Teacher of Hearing Impaired	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Physical Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	1	30	WEEKLY		Amended	Amend	Rescind
SHARONA JOLLY & ASSOCIATES	Occupational Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
CORNERSTONE FAMILY HEALTHCARE	Assistive Tech Device	09/09/2021	06/24/2022	I	<input type="checkbox"/>	100	30	IEP			Edit	Delete
		09/01/2021	06/30/2022		<input type="checkbox"/>						Add	

[Return to Student Details](#)

Uploading Documents

Documents Required for Services

- * Most counties require documents to be uploaded before you can sign and submit your STAC-1. Please contact your county to see what they require.
- * Below are some documents that may be required:
 - * **A Medicaid Parental Consent:**
 - * A signed Medicaid Parental Consent or an Unable to Obtain Medicaid Consent.
 - * **The IEP:**
 - * All dates and services on the IEP must match the entries in eSTACs.
 - * **Proof of Identification:**
 - * A birth certificate, passport or other identifying documents.
 - * **A Consent to Initiate Services.**

Uploading a Document

- * Right hand side shows the document being uploaded.
- * If uploading the entire IEP, then check box “Enter Details for Entire Document”.
- * Choose document type.
- * Choose correct school year and placement.

The screenshot displays the eSTACs File Handler interface. On the left, a modal window titled "Enter Details for Entire Document" is open, with a checked checkbox. It contains fields for "Page 1 to 1", "Document Type" (with a dropdown menu open showing "IEP" selected), "School Year", "Placement" (with a date range "07/05/2021-08/13"), and "Comments" (with "IEP" entered). The dropdown menu lists various document types such as "Birth Certificate", "Passport", "Adoption Papers", "Legal Name Change", "Medicaid: Medicaid Parental Consent", "Medicaid: Parent Refused Medicaid Consent", "Medicaid: Failed to obtain Medicaid Consent", "Medicaid: Parent Revoked Consent", "Foster Care: LDSS2999", "Eval: Evaluation Justification Letter", "Eval: Justification For Eval Outside Eligibility Dates", "Trans: TAF", "Trans: Parent Acknowledgement Form", "Serv: Aide", "Serv: Nurse", "Serv: IEP" (highlighted), "Serv: Interpreter", "Serv: Summer Regression Justification", and "Serv: Explanation for not having a STAC-5".

The main interface shows the "eSTACsFileHandler.ashx" page with a navigation bar (1 / 11, 100% zoom) and a header for "Blind Brook-Rye Union Free School District" (390 North Ridge Street, Rye Brook, NY 10573-1105). The student information section includes:

- Student: [Redacted]
- Date of Birth: 12/22/2017
- Gender: Male
- ID #: 112201514
- Address: [Redacted]
- Age as of meeting date: 3:4
- Native Language: English
- County: Westchester
- Interpreter Required: No
- Contacts: [Redacted]
- Home/Mobile #: H: (914) 539-5147 M: (914) 420-6713 Work #: [Redacted] Email: [Redacted]
- Home/Mobile #: H: (914) 539-5147 M: (914) 539-5147 Work #: [Redacted] Email: [Redacted]
- School Year: 2021-2022
- Placement: Approved Preschool Special Education Program
- School: Preschool Itinerant Services Only
- Grade: Preschool

Special Alerts: [None listed]

The interface also features two summary tables:

IEP INFORMATION	
Projected IEP Start Date:	07/05/2021
Projected IEP End Date:	06/25/2022
Projected Date of Annual Review:	06/24/2022
Projected Date for Reevaluation:	03/18/2024
Extended School Year:	Yes
Behavior Intervention Plan:	No
Supplementary Aids and Services:	No
Assistive Technology:	No
Supports for School Personnel:	No
Testing Accommodations:	No
Participate State/District Assessments:	N/A
Special Transportation:	Yes

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES		
Special Class in an Integrated Setting: 6:1+1	09/01/2021 - 06/24/2022 2 x Weekly, 5hr.	School
Speech/Language Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Occupational Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Physical Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Special Class in an Integrated Setting: 6:1+1	07/05/2021 - 08/13/2021 5 x Weekly, 5hr.	School
Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
Occupational Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
Physical Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School

Signing and Submitting STAC-1

Signing and Submitting

- * Once all information is entered from the IEP, you will now need to *Sign and Submit* the CB Placement.

CPSE: 661100010000 NEW ROCHELLE

Student Information

Last Name: _____ First Name: _____ DOB: 6/23/2016 Eligibility: 1/1/2019 - 8/31/2021
STACID: _____ CIN: _____ Student Number: _____ [Edit SED Summary](#)

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

School Year Session

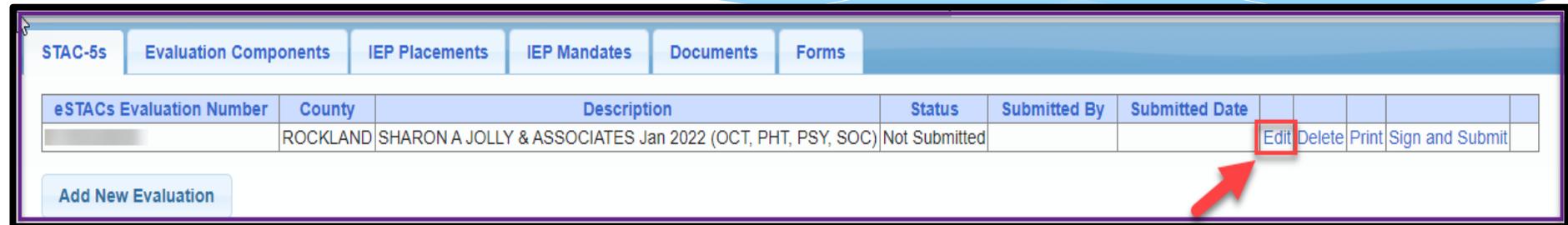
School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
2020 - 2021 Summer	CB	07/06/2020-08/14/2020 -9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2021 Winter	CB	09/08/2020-06/25/2021 -9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission History
2021 - 2022 Summer	CB	07/05/2021-08/13/2021 -9100(A)	Amended			Amend	Rescind	Print	Sign and Submit	Submission History
2021 - 2022 Summer	SEITRS	07/05/2021-08/13/2021 RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		Submission History

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

Amendments and/or Corrections

Amendments

- * Prior to submitting a STAC to the County, you can **Edit** a placement and make any necessary changes.

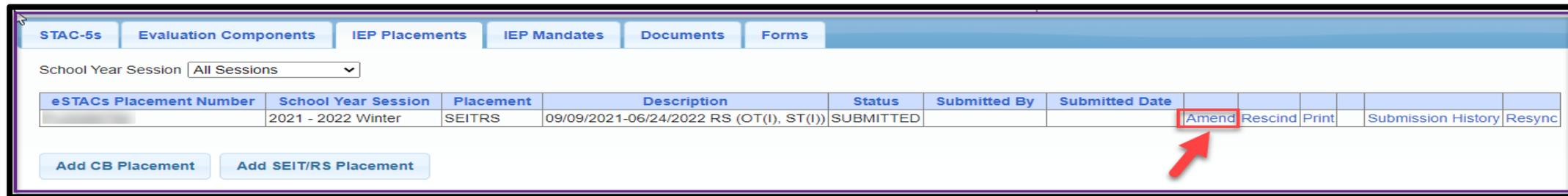


The screenshot shows the 'STAC-5s' tab selected in the top navigation bar. Below the navigation bar, there are tabs for 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', and 'Forms'. A table displays a list of evaluations. The first row is highlighted, and the 'Edit' button in the action column is circled in red with an arrow pointing to it. Below the table is an 'Add New Evaluation' button.

eSTACs Evaluation Number	County	Description	Status	Submitted By	Submitted Date				
	ROCKLAND	SHARON A JOLLY & ASSOCIATES Jan 2022 (OCT, PHT, PSY, SOC)	Not Submitted			Edit	Delete	Print	Sign and Submit

Add New Evaluation

- * After you submit a STAC to the County, you must **Amend** the placement to make any changes.



The screenshot shows the 'STAC-5s' tab selected in the top navigation bar. Below the navigation bar, there are tabs for 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', and 'Forms'. A dropdown menu for 'School Year Session' is set to 'All Sessions'. A table displays a list of placements. The first row is highlighted, and the 'Amend' button in the action column is circled in red with an arrow pointing to it. Below the table are 'Add CB Placement' and 'Add SEIT/RS Placement' buttons.

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date				
	2021 - 2022 Winter	SEITRS	09/09/2021-06/24/2022 RS (OT(I), ST(I))	SUBMITTED			Amend	Rescind	Print	Submission History Resync

Add CB Placement Add SEIT/RS Placement

- * Once a STAC is submitted, you are limited as to what changes can be made.

Amendments

- * Now choose to “Amend Specific Mandate” to make changes to the STAC such as:
 - * You need to change the start/end dates,
 - * You need to add a new service to the STAC,
 - * You need to change a location on the STAC,
 - * You need to change the CB program listed on the STAC,
 - * You need to rescind a service.
- * Amend Program’s End Date
 - * To end all services on a specific date.

Amend Placement

Amend Specific Mandate

Amend Program's End Date

Cancel

Amending at IEP Placement Level

- * All instances below will need to have the Placement End Dated:
 - * Child moved out of district mid-year
 - * Child changed CB programs mid-year
 - * Child added an AIDE mid year
 - * Child ended an AIDE mid year
 - * Parent withdrew their student mid year
 - * Child switched from CB to SEIT/RS mid-year (or vice-versa)
 - * Other – child declassified

Amend Placement

Amend Specific Mandate
 Amend Program's End Date

End Date:

Reason:
Select Reason

- Select Reason
- Child moved out of district
- Child changed program
- Aide/RN/LPN was added to IEP
- Aide/RN/LPN was removed from IEP
- Parent withdrew student from Program
- Other

Amend

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

School Year Session

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date	Amend	Rescind	Print	Submission History	Resync
PL00081848	2021 - 2022 Winter	CB	09/10/2021-06/24/2022 ARC -- PRIME TIME FOR KIDS-9100(I)	SUBMITTED							

Amending at Details Level

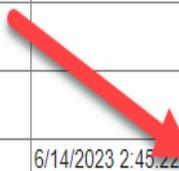
* Under the “IEP Mandates” tab you can Amend or Rescind just one specific service.

Screenshot of the IEP Mandates interface showing a table of services and their details.

Navigation tabs: STAC-5s, Evaluation Components, IEP Placements, **IEP Mandates**, Documents, Forms, Eligibility Waivers

School Year Session: All Sessions (dropdown)
Placement: (dropdown)

Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location	ESID	Rate	Description	Status	Submitted By User	Submitted Date			
202223W_01	PL00124228	PD00330606	09/07/22	03/01/23	FRED S KELLER SCHOOL	Classroom	9100			53776.00	Classroom 5.00 hrs/day 5 days/wk	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330607	09/07/22	03/01/23	FRED S KELLER SCHOOL	Occupational Therapy Indiv		Preschool			OT(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330608	09/07/22	03/01/23	FRED S KELLER SCHOOL	Speech Therapy Indiv		Preschool			ST(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330609	09/07/22	03/01/23	FRED S KELLER SCHOOL	Bus					Transportation: Bus	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330632	12/01/22	03/01/23	FRED S KELLER SCHOOL	Physical Therapy Indiv		Preschool			PT(I) 3x45 (Preschool)	Amended			Amend	Rescind	Resync
202223W_02	PL00124229	PD00330610	09/01/22	06/30/23	A STARTING PLACE	Speech Therapy Indiv		Home			ST(I) 3x30 (Home)	Submitted	kellyknowles	6/14/2023 2:45:22 PM	Amend	Rescind	Resync
202223W_02	PL00124229	PD00330611	09/01/22	06/30/23	A STARTING PLACE	Parent Counseling and Training		Home			PNT 1x30 MONTHLY (Home)	Not Submitted			Edit		Resync



Cheat Sheets

CB Amendments

CPSE determines	What to do
An AIDE/RN/LPN should be added to the IEP	End Placement and Create new placement with all necessary details
An AIDE/RN/LPN should be removed from the IEP	
The student should be in a different program (different provider, SC vs SCIS, half day vs full day etc.)	
The student no longer needs a particular related service	End Placement detail by amending end date of detail
The student will no longer receive a type of transportation	
The student needs an additional related service	Add additional placement details as necessary
The student will get a new type of transportation service (No transportation -> bus, bus->Bus + Parent, Bus-> Bus + AIDE)	
There should be a change to a related service (change in frequency, change from individual to group, change location)	End Placement detail by amending end date of detail, then add new placement detail
The child will change transportation (Bus->Parent, Parent->Bus)	

Corrections

Actions Needed to Correct Data in eSTACs by Field

Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding single detail	Can correct data via amending
CB	CB	School Year Session Foster County Provider		Program (SC vs SCIS, half day vs full day) Start Date / End Date Hours Per Day / Days Per Week
	AIDE		Type (AIDE/LPN/RN) Sharing	Hours Per Day Days Per Week
	Related Service		Service Individual vs Group Frequency, Duration & Period	Start Date End Date
	Transportation		Service (Bus, Parent, LPN, etc.) Provider	Start Date End Date

Corrections

Actions Needed to Correct Data in eSTACs by Field

	Center Based (CB)				SEIT and/or Related Services	
	CB	AIDE/RN/LPN	Related Service	Transportation	SEIT	Related Services
School Year Session	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Foster Care County	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Provider	Rescind Entire Placement				Rescind Entire Placement	Rescind single detail
Program	Amend				Rescind Entire Placement	
Sharing (AIDE)		Rescind single detail				
Service		Rescind single detail	Rescind single detail	Rescind single detail		Rescind single detail
Start Date	Amend		Amend	Amend	Amend	Amend
End Date	Amend		Amend	Amend	Amend	Amend
Hours Per Day	Amend	Amend				
Days Per Week	Amend	Amend				
Ind. Vs Group			Rescind single detail		Rescind single detail	Rescind single detail
Frequency			Rescind single detail		Rescind single detail	Rescind single detail
Duration			Rescind single detail		Rescind single detail	Rescind single detail
Period			Rescind single detail		Rescind single detail	Rescind single detail
Location			Amend		Amend	Amend

SEIT / RS Amendments

CPSE determines	What to do
The SEIT Provider should change	End Placement and Create new placement with all necessary details
The student no longer needs a particular related service The student no longer needs SEIT	End Placement detail by amending end date of detail
The student needs an additional related service The student needs to have SEIT in addition to just RS	Add additional placement details as necessary
There should be a change to a related service (change in frequency, change from individual to group, change location) There should be a change to the SEIT frequency or between individual and group.	End Placement detail by amending end date of detail, then add new placement detail

Corrections

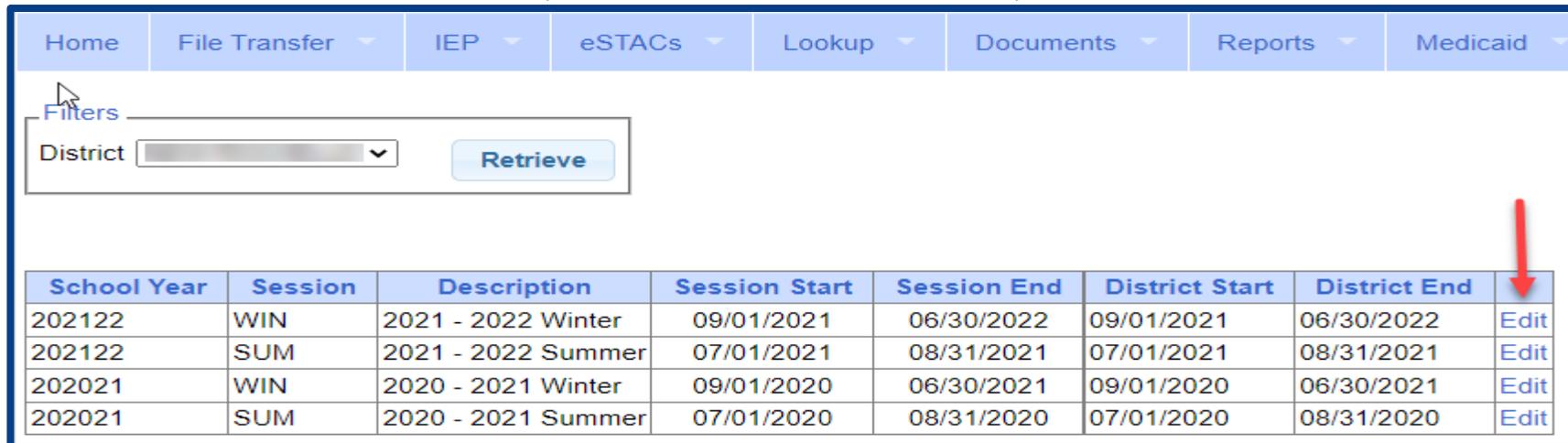
Actions Needed to Correct Data in eSTACs by Placement Type

Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding single detail	Can correct data via amending
SEIT/RS	SEIT	School Year Session Foster County Provider	Individual vs Group Frequency, Duration & Period	Start Date End Date Location
	Related Service	School Year Session Foster County	Provider Service Individual vs Group Frequency, Duration & Period	Start Date End Date Location

Reports

Changing District School Dates

- * School district yearly dates are defaulted to:
 - * Summer dates: July 1 – August 31
 - * Winter dates: September 1 – June 30
- * Go to **eSTACs -> Maintenance -> Default Session Dates for District**



The screenshot shows the eSTACs web application interface. At the top, there is a navigation menu with the following items: Home, File Transfer, IEP, eSTACs, Lookup, Documents, Reports, and Medicaid. Below the navigation menu, there is a 'Filters' section with a 'District' dropdown menu and a 'Retrieve' button. Below the filters, there is a table with the following columns: School Year, Session, Description, Session Start, Session End, District Start, District End, and Edit. The table contains four rows of data. A red arrow points to the 'Edit' link in the last row of the table.

School Year	Session	Description	Session Start	Session End	District Start	District End	Edit
202122	WIN	2021 - 2022 Winter	09/01/2021	06/30/2022	09/01/2021	06/30/2022	Edit
202122	SUM	2021 - 2022 Summer	07/01/2021	08/31/2021	07/01/2021	08/31/2021	Edit
202021	WIN	2020 - 2021 Winter	09/01/2020	06/30/2021	09/01/2020	06/30/2021	Edit
202021	SUM	2020 - 2021 Summer	07/01/2020	08/31/2020	07/01/2020	08/31/2020	Edit

UnSubmitted Placements Report

* eSTACs -> Reports -> UnSubmitted Placements

* The Status column will show any “Problems Found”.

UnSubmitted Placements

Filters

County District School Year Session Show All Only OK To Submit Only Problems

Unsubmitted Placements

Student #	STACID	Last Name	First Name	School Year Session	District Name	Placement Type	Details	Status
5000042000	I13868		WALKER	2021 - 2022 Summer	NYACK UFSD	CB	07/06/2021-08/13/2021 ARC -- PRIME TIME FOR KIDS-9100(A)	Problems Found
5000038989	I67321		FREDRIC	2021 - 2022 Winter	NYACK UFSD	SEITRS	09/09/2021-06/24/2022 RS (ST(I))	Problems Found
5000038605	J67230		SON	2021 - 2022 Winter	NYACK UFSD	CB	10/06/2021-06/24/2022 A STARTING PLACE-9100(J)	Problems Found
5000067354			MARCELO	2022 - 2023 Winter	NYACK UFSD	SEITRS	01/11/2023-06/23/2023 RS (OT(I))	Problems Found
5000038666	J37634		RILEY	2021 - 2022 Summer	NYACK UFSD	CB	07/06/2021-08/13/2021 ARC -- PRIME TIME FOR KIDS-9100(A)	Problems Found
5000038666	J37634		RILEY	2021 - 2022 Winter	NYACK UFSD	CB	09/10/2021-06/24/2022 ARC -- PRIME TIME FOR KIDS-9100(I)	Problems Found
5000038632	J37624		ISAIAH	2021 - 2022 Summer	NYACK UFSD	CB	07/12/2021-08/20/2021 Jawonio-9165(A)	Problems Found
5000038632	J37624		ISAIAH	2021 - 2022 Winter	NYACK UFSD	CB	09/13/2021-06/24/2022 Jawonio-9100(R)	Problems Found
5000038484	I67318		FRANCINE	2021 - 2022 Winter	NYACK UFSD	SEITRS	09/09/2021-06/24/2022 RS (ST(G), ST(I))	Problems Found
5000041863	I57328		STEPHINE	2021 - 2022 Summer	NYACK UFSD	CB	07/06/2021-08/13/2021 ARC -- PRIME TIME FOR KIDS-9100(A)	Problems Found
5000039112	J48646		BRENT	2021 - 2022 Winter	NYACK UFSD	CB	09/13/2021-06/24/2022 Head Start of Rockland-9160(I)	OK to Submit

UnSubmitted Placements – Problems Found

- * In the example below:
 - * The IEP needs to be uploaded,
 - * And the ST services is missing a location.

CPSE: 500304030000 NYACK UFSD

Student Information

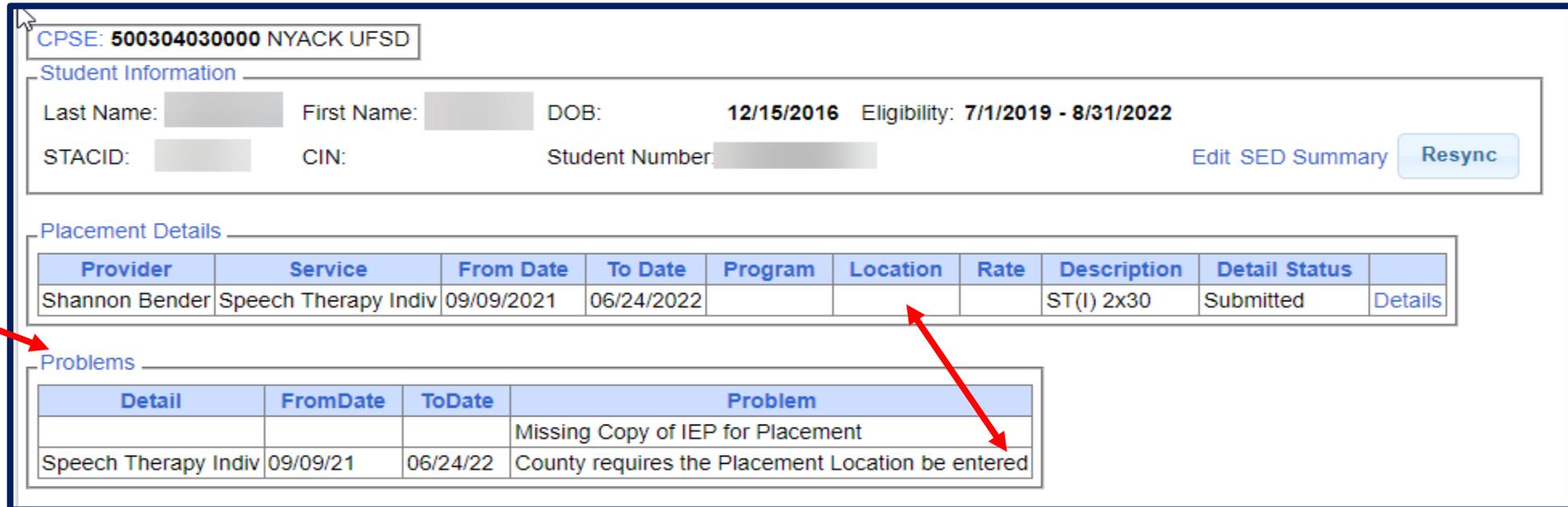
Last Name: [REDACTED] First Name: [REDACTED] DOB: 12/15/2016 Eligibility: 7/1/2019 - 8/31/2022
STACID: [REDACTED] CIN: [REDACTED] Student Number: [REDACTED] [Edit SED Summary](#) [Resync](#)

Placement Details

Provider	Service	From Date	To Date	Program	Location	Rate	Description	Detail Status	
Shannon Bender	Speech Therapy Indiv	09/09/2021	06/24/2022				ST(I) 2x30	Submitted	Details

Problems

Detail	FromDate	ToDate	Problem
			Missing Copy of IEP for Placement
Speech Therapy Indiv	09/09/21	06/24/22	County requires the Placement Location be entered



Placement Problems Report

- * You can also review issues with why you cannot sign & submit.
- * Go to *eSTACs -> Reports -> Placement Problems*.

Placement Problems

Filters

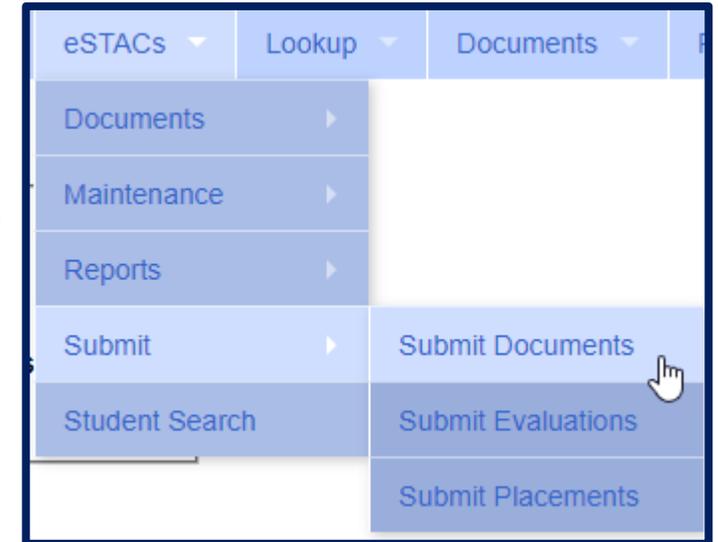
County District School Year Session*

District Name	Student #	STACID	Student Name	County Name	Placement Description	Problem
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/03/2023-08/11/2023 A STARTING PLACE-9100(B)	Missing Medicaid Parental Consent
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/03/2023-08/11/2023 A STARTING PLACE-9100(B)	Missing Copy of IEP for Placement
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/01/2023-08/31/2023 RS (PNT)	Missing Medicaid Parental Consent
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/01/2023-08/31/2023 RS (PNT)	Missing Copy of IEP for Placement



Submitting Documents - After Placements Have Been Submitted

- * Any documents that have been uploaded after you have signed & submitted the placement, must now be submitted to the County.
- * Go to **eSTACs** -> **Submit** -> **Submit Documents**.
- * This will bring up a list of documents that you have uploaded into eSTACs after you signed/submitted the placement.
- * Now select the documents and click the **Submit** button.



Submit Documents To County

Filters

District County

Select	Student Name	Document Name	Related To	Rule Name
<input type="checkbox"/>	Franklin, Peter	Child Miscellaneous		

Should you have any questions or run into any problems, please send an email to the eSTACs Help Desk at:

eSTACs@CPSEPortal.com

Please include your school district and remember to use either the child's STAC ID or Student # in the email. Please do not include the child's name.

Thank you