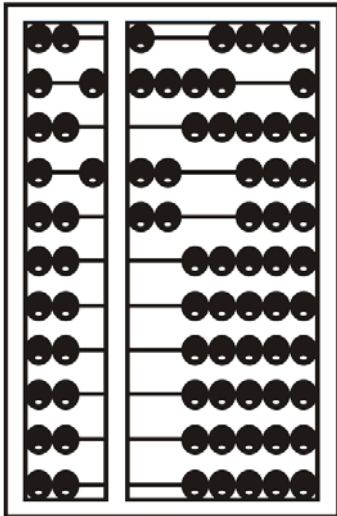


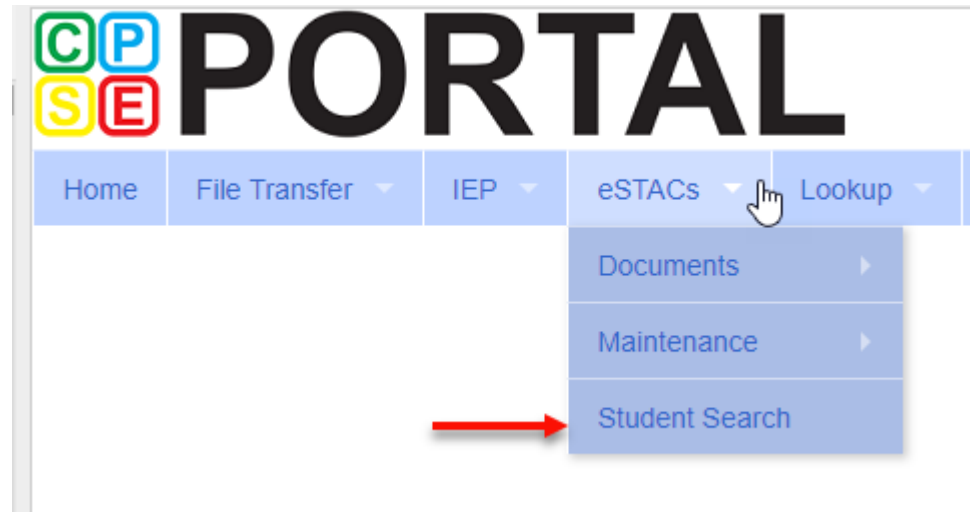
JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



eSTACs Entering STAC-5

# eSTACs Student

- \* Click the Student Search option under the eSTACs menu



# Use Student Search to get to Student Details

- \* Search for the student
- \* If student does not exist, click Add New Student
- \* If student already in system, click the Details link for that 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
DeIFuego	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
LaTierri	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

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Jones** First Name: **David** DOB: **2/11/2016** Eligibility: **1/1/2019 - 8/31/2021**  
STACID: CIN: Edit

**Evaluations** STAC-5s IEP Placements IEP Mandates STAC-1s Documents

County	Provider	Component	Eval Date	Bilingual	Report Signed
No Evaluations					

Add New Evaluation ←

- \* Select the “Evaluations” tab
- \* Click the “Add New Evaluation” button

# eSTACs vs Paper STAC-5

## Evaluation Info

Provider\*

County\*  2

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

County at time of placement\*  3

School Year\*

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

Translation Cost  5

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"/>
Physical/Medical	PHY	<input type="text"/>	<input type="checkbox"/>
Physical Therapy	PHT	<input type="text"/>	<input type="checkbox"/>
Psychiatric	PYC	<input type="text"/>	<input type="checkbox"/>
Psychological	PSY	<input type="text"/>	<input type="checkbox"/>
Social	SOC	<input type="text"/>	<input type="checkbox"/>
Speech/Language	SPT	<input type="text"/>	<input type="checkbox"/>
Teacher of Visually Impaired	TVI	<input type="text"/>	<input type="checkbox"/>

CPSE Chairperson

Date Signed by CPSE Chairperson  7

## 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		RACIAL ETHNIC CATEGORY OF STUDENT	Education	EDU	___/___/___	
The child named above is:		<input type="checkbox"/> Hispanic or Latino	Functional Vision	FUV	___/___/___	
<input type="checkbox"/> PD - Preschool Student With a Disability	<input type="checkbox"/> Not of Hispanic Origin:	<input type="checkbox"/> American Indian or Alaskan Native	Music	MUS	___/___/___	
<input type="checkbox"/> ND - Non-Disabled	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American	Neurological	NEU	___/___/___	
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	Neuropsychological	NPY	___/___/___	
	<input type="checkbox"/> Two or more Races	(see explanation on second page)	Occupational Therapy	OCT	___/___/___	
School District with CPSE Responsibility	CPSE District SED (BEDS) Code		Optometric (visual)	OPT	___/___/___	
County of Child's Current Location (where child resides)			Orthopedic	ORT	___/___/___	
County at time of Placement in Foster Care			Physical/Medical	PHY	___/___/___	
Approved Evaluator			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.

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 CPSE Chairperson

Date \_\_\_/\_\_\_/\_\_\_

Signature of Authorized Representative of the Municipality

Date \_\_\_/\_\_\_/\_\_\_

# Fill in fields related to Evaluation

- \* Fields labeled with an asterisk (\*) must be filled in to save

Evaluation Info

Provider\*

County\*

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

School Year\*

Child is:\*  Preschool Student With a Disability  Non-Disabled

Translation Cost

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"/>	
Physical/Medical	PHY	<input type="text"/>	<input type="checkbox"/>	
Physical Therapy	PHT	<input type="text"/>	<input type="checkbox"/>	
Psychiatric	PYC	<input type="text"/>	<input type="checkbox"/>	
Psychological	PSY	<input type="text" value="02/06/2019"/>	<input type="checkbox"/>	
Social	SOC	<input type="text" value="02/06/2019"/>	<input type="checkbox"/>	
Speech/Language	SPT	<input type="text" value="02/07/2019"/>	<input type="checkbox"/>	
Teacher of Visually Impaired	TVI	<input type="text"/>	<input type="checkbox"/>	

CPSE Chairperson

Date Signed by CPSE Chairperson

# Evaluations on Student Details

The screenshot displays two views of the 'Evaluations' tab. The top view shows a table with columns: County, Provider, Component, Eval Date, Bilingual, Report Signed, and actions (Edit, Delete, Withdraw). The bottom view shows a similar table with columns: County, Provider, Date Signed, and actions (Edit, Delete, Withdraw, Print, Sign and Submit).

County	Provider	Component	Eval Date	Bilingual	Report Signed	
NASSAU	BILINGUALS INC. DBA ACHIEVE BEYOND	Psychological	02/05/2019	N		Edit Delete Withdraw
NASSAU	BILINGUALS INC. DBA ACHIEVE BEYOND	Social	02/05/2019	N		Edit Delete Withdraw
NASSAU	BILINGUALS INC. DBA ACHIEVE BEYOND	Speech/Language	02/06/2019	N		Edit Delete Withdraw

[Add New Evaluation](#)

County	Provider	Date Signed	
NASSAU	BILINGUALS INC. DBA ACHIEVE BEYOND	03/01/2019	Edit Delete Withdraw Print Sign and Submit

[Add New Evaluation](#)

- \* Two tabs for Evals
- \* Evaluations shows one line per component
- \* STAC-5s shows one line per STAC-5 group of components