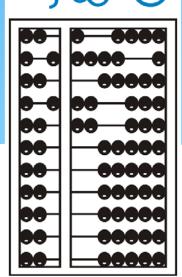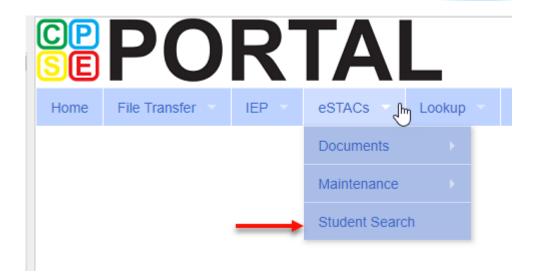JAMES McGUINNESS & ASSOCIATES INC. Consultants
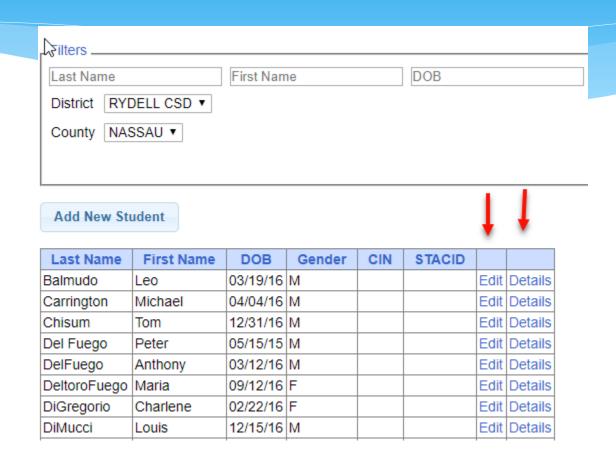
eSTACs Entering Students

eSTACs Student

* Click the Student Search option under the eSTACs menu

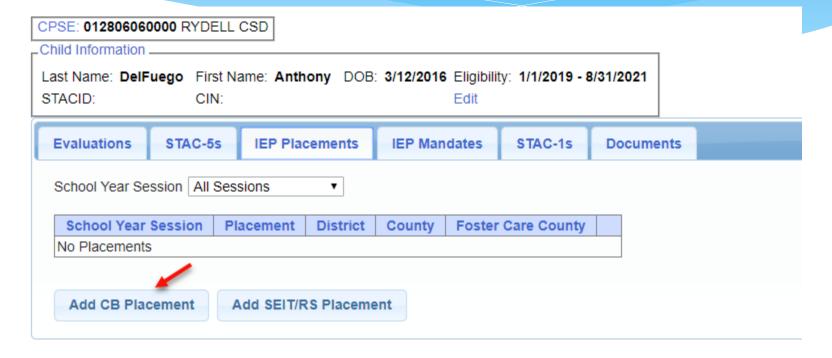# View Student Details

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

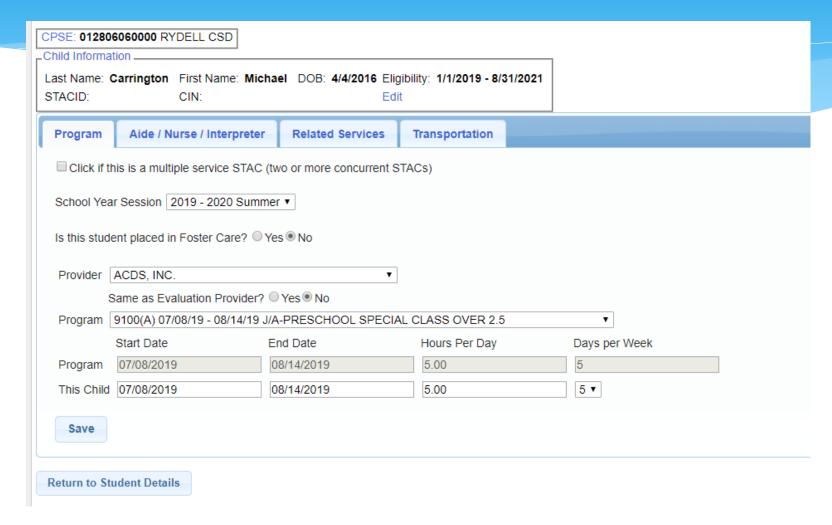# Adding a new CB placement STAC-1

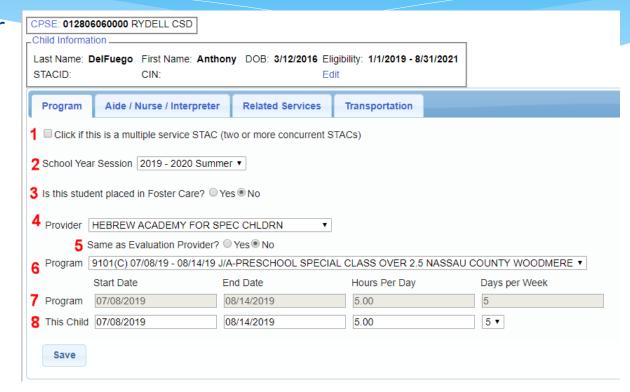* Select IEP Placements tab on student details
* Click Add CB Placement

Entering Program information

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

CPSE: **012806060000** RYDELL CSD

Child Information

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

| Program | Aide / Nurse / Interpreter | Related Services | Transportation |

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

School Year Session   2019 - 2020 Summer ▼

Is this student placed in Foster Care? ○ Yes ● No

Provider   ACDS, INC.   ▼
           Same as Evaluation Provider? ○ Yes ● No
Program   9100(A) 07/08/19 - 08/14/19 J/A-PRESCHOOL SPECIAL CLASS OVER 2.5   ▼

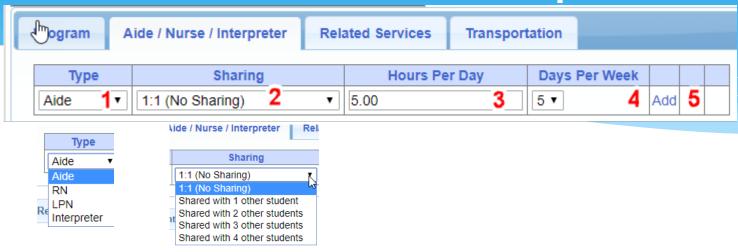|	Start Date	End Date	Hours Per Day	Days per Week
Program	07/08/2019	08/14/2019	5.00	5
This Child	07/08/2019	08/14/2019	5.00	5 ▼

Save

Return to Student Details

The fields on the program tab

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

Aides / Nurse / Interpreter

* To add an aide / nurse or Interpreter

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

Comparison to Paper form

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

FOR PRESCHOOL USE ONLY

*STAC ID#*_____ (if known)

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

Preschool Provider Name: ____ HEBREW ACAD FOR SPEC CHLDRN ____

Preschool Program Type/Name: _____ 9101 _____

1 **Type of 1:1**: Partial 1:1 Aide___X___ 1:1 Nurse RN_____ 1:1 Nurse LPN_____ 1:1 Interpreter_____
(check one)

2 ➢ Is this 1:1 Aide/Nurse/Interpreter Shared? NO__X__ YES____

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

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

Start Date of 1:1 Aide/Nurse/Interpreter: __7_/_8_/_19__ Projected End Date: __8_/_14_/_19__

Hours Per Day Program Runs: _____5.00_____

Hours Per Day Student in Program: _____5.00_____ Days Per Week Student in Prog: _____5

1:1 Aide/Nurse/Interpreter Hrs/Day Requested:___5.00__ **3** 1:1 Days/Week Requested: _____5 **4**

Adding Related Services included in Tuition

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location			
Occupational Therapy	07/08/2019	08/14/2019	I	2	30	WEEKLY	Therapy Room	Edit	Delete	Amend
Physical Therapy Group	07/08/2019	08/14/2019	G	3	45	WEEKLY	Gym	Edit	Delete	Amend
Speech Therapy	07/08/2019	08/14/2019	I	3	30	WEEKLY	Classroom	Edit	Delete	Amend
AID ▼	07/08/2019	08/14/2019	▼			▼	▼	Add		

Tabs: Program | Aide / Nurse / Interpreter | Related Services | Transportation

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

Transportation

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