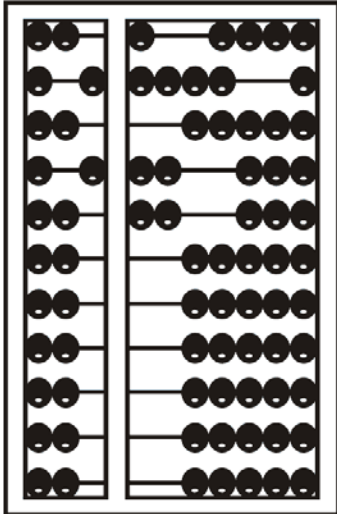


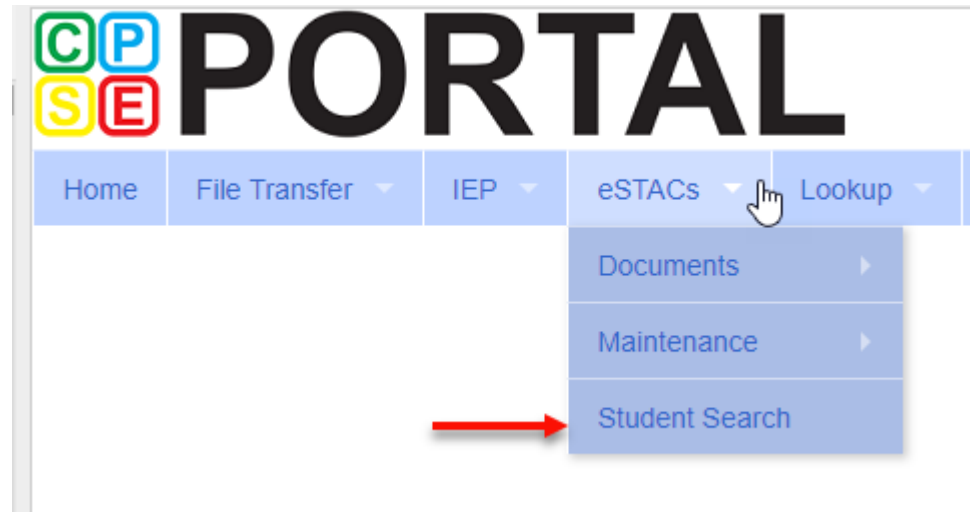
JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



eSTACs Entering STAC-1 Centerbased

eSTACs Student

- * Click the Student Search option under the eSTACs menu



View Student Details

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


Filters

Last Name First Name DOB

District

County

Add New Student



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

Adding a new CB placement STAC-1

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

CPSE: 012806060000 RYDELL CSD

Child Information

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

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

School Year Session

| School Year Session | Placement | District | County | Foster Care County |
|---------------------|-----------|----------|--------|--------------------|
| No Placements | | | | |

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

Entering Program information

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

CPSE: **012806060000** RYDELL CSD

Child Information

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

Program Aide / Nurse / Interpreter Related Services Transportation

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

School Year Session **2019 - 2020 Summer**

Is this student placed in Foster Care? Yes No

Provider **ACDS, INC.**

Same as Evaluation Provider? Yes No

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

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

Save

Return to Student Details

The fields on the program tab

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

CPSE: 012806060000 RYDELL CSD

Child Information

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

Program Aide / Nurse / Interpreter Related Services Transportation

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

2 School Year Session

3 Is this student placed in Foster Care? Yes No

4 Provider

5 Same as Evaluation Provider? Yes No

6 Program

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

Aides / Nurse / Interpreter

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

Type

- Aide
- RN
- LPN
- Interpreter

Sharing

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

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

Comparison to Paper form

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

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

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

STAC ID# _____ (if known)

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

Preschool Provider Name: HEBREW ACAD FOR SPEC CHLDRN

Preschool Program Type/Name: 9101

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

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

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

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

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

Hours Per Day Program Runs: 5.00

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

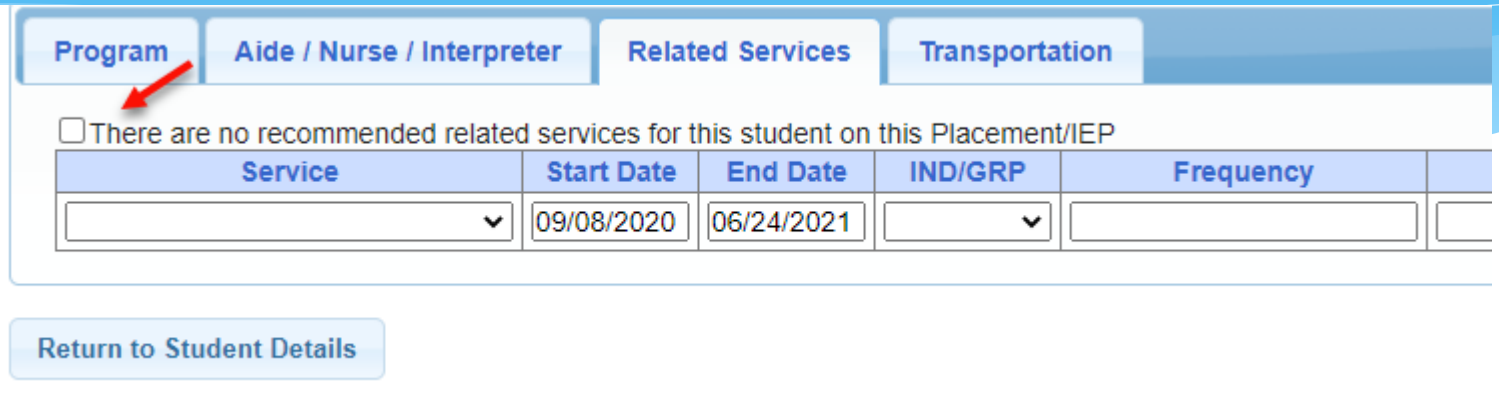
1:1 Aide/Nurse/Interpreter Hrs/Day Requested: 5.00 **3** 1:1 Days/Week Requested: 5 **4**

Adding Related Services included in Tuition

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

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

When IEP does not have any Related Services



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 |
|---------|------------|------------|---------|-----------|
| | 09/08/2020 | 06/24/2021 | | |

[Return to Student Details](#)

- * 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”

Transportation

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

The screenshot shows a web interface for managing transportation services. It includes a table of existing services, a form for uploading new documents, and a table of previously uploaded files.

1 A table listing transportation services with columns for Service, Start Date, End Date, and action buttons (Edit, Delete, Amend).

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

2 An "Upload Transportation Document" section with a "Document Type" dropdown, "Effective Date" and "Comment" input fields, a "Choose File" button, and an "Upload" button.

3 A "Transportation Files" table showing a list of uploaded documents.

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

If no transportation on IEP

The IEP does not authorize reimbursement for transportation

| Service | Provider | Start Date | End Date | Submitted Date | Status | | | |
|---------|----------|------------|------------|----------------|--------|-----|--|--|
| | | 09/08/2020 | 06/24/2021 | | | Add | | |

Upload Transportation Document

Document Type: Effective Date: Comment:

No file chosen

Transportation Files

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

- * 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”