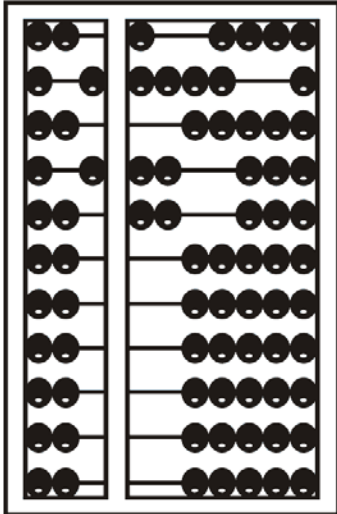


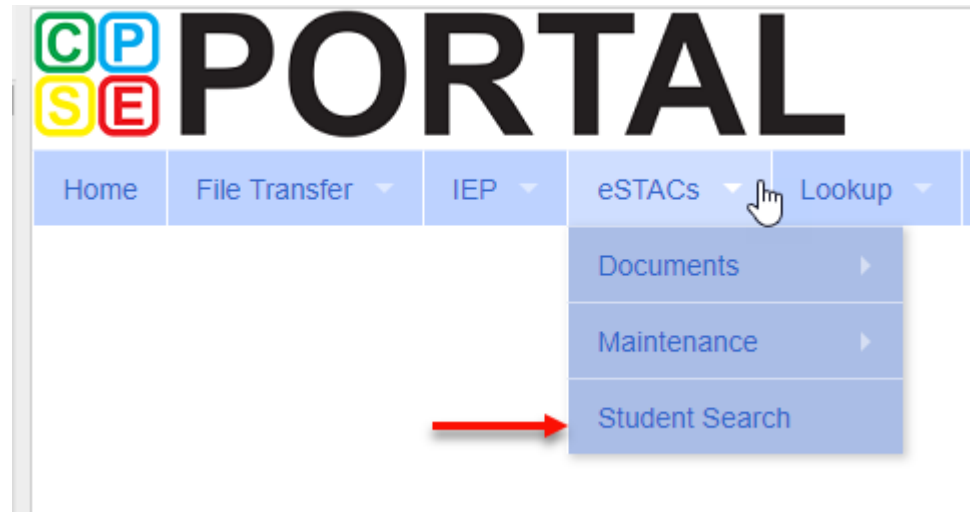
JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



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

Student Information

Last Name: **Willard** First Name: **Willie** DOB: **5/11/2016** Eligibility: **1/1/2019 - 8/31/2021**  
STACID: CIN: Student Number: **6600019979** [Edit](#)

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

County	Description	Status	Submitted By	Submitted Date					
No STAC-5s									

[Add New Evaluation](#) 

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

# eSTACs vs Paper STAC-5

**Evaluation Info**

County\*  2

School Year\*

Provider\*

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	<input type="text"/>
Date of Birth (mm/dd/yy) Student Identification Number (if applicable) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Counseling	CSL	<input type="text"/>
DISABILITY: The child named above is: <input type="checkbox"/> PD - Preschool Student With a Disability <input type="checkbox"/> ND - Non-Disabled 4			Education	EDU	<input type="text"/>
RACIAL ETHNIC CATEGORY OF STUDENT: <input type="checkbox"/> Hispanic or Latino <b>Not of Hispanic Origin:</b> <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	<input type="text"/>
School District with CPSE Responsibility CPSE District SED (BEDS) Code			Music	MUS	<input type="text"/>
County of Child's Current Location (where child resides) 2			Neurological	NEU	<input type="text"/>
County at time of Placement in Foster Care 3			Neuropsychological	NPY	<input type="text"/>
Approved Evaluator 1			Occupational Therapy	OCT	<input type="text"/>
			Optometric (visual)	OPT	<input type="text"/>
			Orthopedic	ORT	<input type="text"/>
			Physical/Medical	PHY	<input type="text"/>
			Physical Therapy	PHT	<input type="text"/>
			Psychiatric	PYC	<input type="text"/>
			Psychological	PSY	<input type="text"/>
			Social	SOC	<input type="text"/>
			Speech / Language	SPT	<input type="text"/>
			Teacher of Visually Impaired	TVI	<input type="text"/>
			Other:		<input type="text"/>
			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. 7

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

County\*

School Year\*

Provider\*

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

Child is:  Preschool Student With a Disability  Non-Disabled

Translation Cost

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

Evaluation	Component	Eval Date	Bilingual		
Social	SOC	<input type="text" value="07/14/2020"/>	<input type="checkbox"/>		
Psychological	PSY	<input type="text" value="07/14/2020"/>	<input type="checkbox"/>		
Speech/Language	SPT	<input type="text" value="07/23/2020"/>	<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"/>		
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"/>		

# Evaluations on Student Details

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

County	Description	Status	Submitted By	Submitted Date					
WESTCHESTER	FRED S KELLER SCHOOL Jul 2020 (PSY, SOC, SPT)	Not Submitted			Edit	Delete	Print	Sign and Submit	

Add New Evaluation

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

County	Provider	Component	Eval Date	Bilingual	Status	Submitted By	Submitted Date		
WESTCHESTER	FRED S KELLER SCHOOL	Psychological	07/14/2020	No	Not Submitted			Edit	Delete
WESTCHESTER	FRED S KELLER SCHOOL	Social	07/14/2020	No	Not Submitted			Edit	Delete
WESTCHESTER	FRED S KELLER SCHOOL	Speech/Language	07/23/2020	No	Not Submitted			Edit	Delete

Add New STAC-5

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