Survey: Extended School Year (ESY)

This survey is also available online at https://disabilitylawco.org/news/survey-extended-school-year-esy/03-21-2016.

We are asking you to complete the following survey if your child has received Extended School Year (ESY) services. Disability Law Colorado has heard that many school districts are not providing *individualized* ESY services, but are instead offering a standard one-size-fits-all program. Disability Law Colorado will use the data you provide in our effort to curb this practice. If you are responding to this on behalf of more than one child, please complete a separate survey for each child. *Please know that by submitting this data, you are not requesting individual representation by Disability Law Colorado, so we will not be reviewing your case for individual representation.* If you would like individual representation on a special education issue, you will need to go through our intake process. More information regarding intake is available at https://disabilitylawco.org/we-may-be-able-help-you or (303) 722-0300.

1. Name of person completing this survey (optional): ________________________________

2. Email of person completing this survey (optional): ________________________________

3. Phone number of person completing this survey (optional): ________________________

4. Child’s age in years:
   - □ Under 5
   - □ 5-8
   - □ 9-11
   - □ 12-18
   - □ 19-21
   - □ Over 21

5. Child’s gender:
   - □ Female
   - □ Male
   - □ Transgender
6. Does the child have an educational surrogate parent?
   □ Yes
   □ No

7. Is the child in foster care?
   □ Yes
   □ No

8. Child’s disability (please check all that apply):
   □ Autism Spectrum Disorder
   □ Blind/Visual Impairment
   □ Communication Disorder
   □ Deaf/Hearing Impairment
   □ Developmental Disability
   □ Emotional Disturbance
   □ Intellectual Disability
   □ Specific Learning Disability
   □ Traumatic Brain Injury
   □ Other Health Impairment (please specify): ________________________________

9. Does the child have an IEP and/or 504 Plan? Please select all that apply:
   □ Individualized Education Plan (IEP)
   □ 504 Plan
   □ My child does not have any of these

10. Which school district does the child attend? ________________________________

11. Which summers did your child receive ESY?
    □ 2016
    □ 2015
    □ 2014
    □ 2013
    □ 2012
    □ 2011
    □ 2010
    □ 2009
    □ 2008
    □ 2007
    □ 2006
12. Were the ESY services offered to your child *individualized* to his/her needs?
   □ Yes
   □ No

13. Please briefly describe your child’s ESY services for the most recent two (2) years: ____

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

14. On average throughout their school career, how many hours per week has your child received ESY services?
   □ 1-5
   □ 6-10
   □ 11-15
   □ 16-20
   □ 21+

15. On average throughout their school career, how many days per week did your child receive ESY services?
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
16. On average throughout their school career, how many weeks of ESY services did your child receive?
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6
   □ 7
   □ 8
   □ 9+

17. For the most recent summer, how many hours per week did your child receive ESY services?
   □ 1-5
   □ 6-10
   □ 11-15
   □ 16-20
   □ 21+

18. For the most recent summer, how many days per week did your child receive ESY services?
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5

19. For the most recent summer, how many weeks of ESY services did your child receive?
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6
   □ 7
   □ 8
   □ 9+

20. If your child attended less than a full day, when did your child attend ESY programming in the most recent summer session?
   □ Before lunch
   □ After lunch
   □ My child attended all day
21. What types of things did your child do during ESY programming? Please check all that apply:

- Math
- Reading
- Writing
- Arts & Crafts
- Physical Education
- Science
- Social Studies/History
- General Academic Studies
- Occupational Therapy
- Speech Therapy
- Physical Therapy
- Other (please specify):

22. Did your child have any interaction with peers without disabilities during their ESY programming?

- Yes
- No
- Unsure

23. Who determined what your child’s ESY services would be?

- IEP Team
- Special Education Director
- Other District Employee (please specify):
- Unsure

24. Have you ever been told by school district staff that they only have 1 ESY program (one-size-fits-all) that they are able to offer your child?

- No, I have not been told this
- Yes, I was told this by the Special Education Director
- Yes, I was told this by the school Principal
- Yes, I was told this by the Special Education Teacher
- Yes, I was told this by a paraprofessional
- Yes, I was told this by someone not listed above:

25. Have you ever been told by school district staff that they do NOT individualize ESY programming?

- No, I have not been told this
- Yes, I was told this by the Special Education Director
- Yes, I was told this by the school Principal
- Yes, I was told this by the Special Education Teacher
- Yes, I was told this by a paraprofessional
- Yes, I was told this by someone not listed above:
26. If your child has ever been denied ESY services when you felt they were appropriate, please briefly describe the reasons given by the IEP team as to why they rejected ESY for your child:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

27. Is there anything else you think we should know about your experience with ESY? (please describe below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed surveys can be submitted by email or U.S. mail.

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U.S. Mail:  Disability Law Colorado
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