

## **Survey: Extended School Year (ESY)**

This survey is also available online at <a href="https://disabilitylawco.org/news/survey-extended-school-year-esy/03-21-2016">https://disabilitylawco.org/news/survey-extended-school-year-esy/03-21-2016</a>.

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 <a href="https://disabilitylawco.org/we-may-be-able-help-you">https://disabilitylawco.org/we-may-be-able-help-you</a> 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		
	□ <b>9-11</b>		
	□ 12-18		
	□ 19-21		
	□ Over 21		
5.	Child's gender:		
	□ Female		
	□ Male		
	□ Transgender		
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6.	Do	Does the child have an educational surrogate parent?			
		Yes			
		No			
7.	Is t	the child in foster care?			
		Yes			
		No			
8.	Ch	ild'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.	Do	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	. Wł	nich school district does the child attend?			
11	. Wł	nich summers did your child receive ESY?			
		2016			
		2015			
		2014			
		2013			
		2012			
		2011			
		2010			
		2009			
		2008			
		2007 2006			

	Were the ESY services offered to your child <i>individualized</i> to his/her needs?  ☐ Yes ☐ No
13.	Please briefly describe your child's ESY services for the most recent two (2) years:
	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+
	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?
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$\Box$ 4
□ 9+
17. For the <i>most recent summer</i> , how many hours per week did your child receive ESY
services?
□ 1-5
□ 6-10
□ 16-20
18. For the <i>most recent summer</i> , how many days per week did your child receive ESY services?
$\square$ 2
$\square$ 3
$\Box$ 4
19. For the <i>most recent summer</i> , how many weeks of ESY services did your child receive?
$egin{array}{cccccccccccccccccccccccccccccccccccc$
$\Box$ 4
$\Box$ 7
□ 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.	1. 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	l your child have any interaction with peers without disabilities during their ESY	
<i>LL</i> .		ogramming?	
	-	Yes	
		No	
		Unsure	
		Ulisure	
23.	Wh	no determined what your child's ESY services would be?	
		IEP Team	
		Special Education Director	
		Other District Employee (please specify):	
		Unsure	
24.		ve you ever been told by school district staff that they only have 1 ESY program (one-	
		e-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.	Ha	ve you ever been told by school district staff that they do NOT individualize ESY	
	pro	ogramming?	
		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:	

	child has ever been denied ESY services when you felt they were appropriate, oriefly describe the reasons given by the IEP team as to why they rejected ESY child:
	anything else you think we should know about your experience with ESY? describe below)
Completed	surveys can be submitted by email or U.S. mail.
Email:	eharvey@disabilitylawco.org
U.S. Mail:	Disability Law Colorado

Attn: Emily Harvey

Denver, CO 80203

455 Sherman Street, Suite 130