

**Overview:**

Act 117 - VSA Title 16, Section 2904, requires that each district annually provide the Vermont Commissioner of Education with a description of the Educational Support System (ESS), how it is funded, and how building the capacity of the ESS is addressed in the School Action Plan.

The information submitted in this survey for the 2009-2010 School Year will be summarized, analyzed and reported to the Vermont Legislature.

Act 44 of 2009 amended 16 V.S.A. § 2903 to direct Educational Support Teams (ESTs) to determine which enrolled students require additional assistance in order to be successful in school. ESTs are also directed to develop individualized plans to assist identified students in completing high school, and whenever possible, developed in collaboration with the student's parents or legal guardian. Act 44 did not state a new expectation for the Educational Support System, but reemphasized the importance of the existing charge to "develop and maintain an educational support system for students who require additional assistance in order to succeed or to be challenged in the general education environment". The responsibility of the ESS extends to all students, and therefore the expectations of Act 44 extend to all students.

Background information on Act 117 and Act 44, the ESS Survey and a list of potential funding sources for supports and services in the Education Support Services were included in the email for this survey. These documents will be needed for the survey. Please complete the survey no later than **February 17, 2011**.

The survey is only covering the time period for the 2009-2010 School Year.

**Survey Content:**

The survey is divided into eight primary sections for a total of 57 questions:

1. Instructions (this page);
2. School and Contact Information;
3. ESS Supports and Services Offered: Health and Nutrition;
4. ESS Supports and Services Offered: Academic;
5. ESS Supports and Services Offered: Mental Health and Social;
6. ESS Supports: Part of School Action Plan;
7. Act 44 Supports
8. Survey Submission

**Navigating the Survey:**

When you have completed reading these instructions, click "Next" at the bottom of the page to begin the survey. After you complete each section, click "Next" to continue. You can also click on "Prev" (Previous) to go back to a section to make changes. If you are interrupted while you are completing the survey, you may come back and complete it later. However, note that your responses to a particular section will not be saved until you click on "Next" or "Prev" at the end of each section. When you have completed the last section, click "Submit." Once you have clicked "Submit" no further changes may be made to the survey.

**Printing the Survey:**

Note: You must print out each section as you complete it. To create a copy of the survey for your records, print each section using your web browser's print function. For most web browsers (e.g. Internet Explorer, FireFox, Netscape Navigator), the print option is available by clicking on the "print" icon located in the top of your browser window. Alternatively, you may select "file" in your web browser's tool bar at the top of the page and then select "print" from the resulting drop down menu.

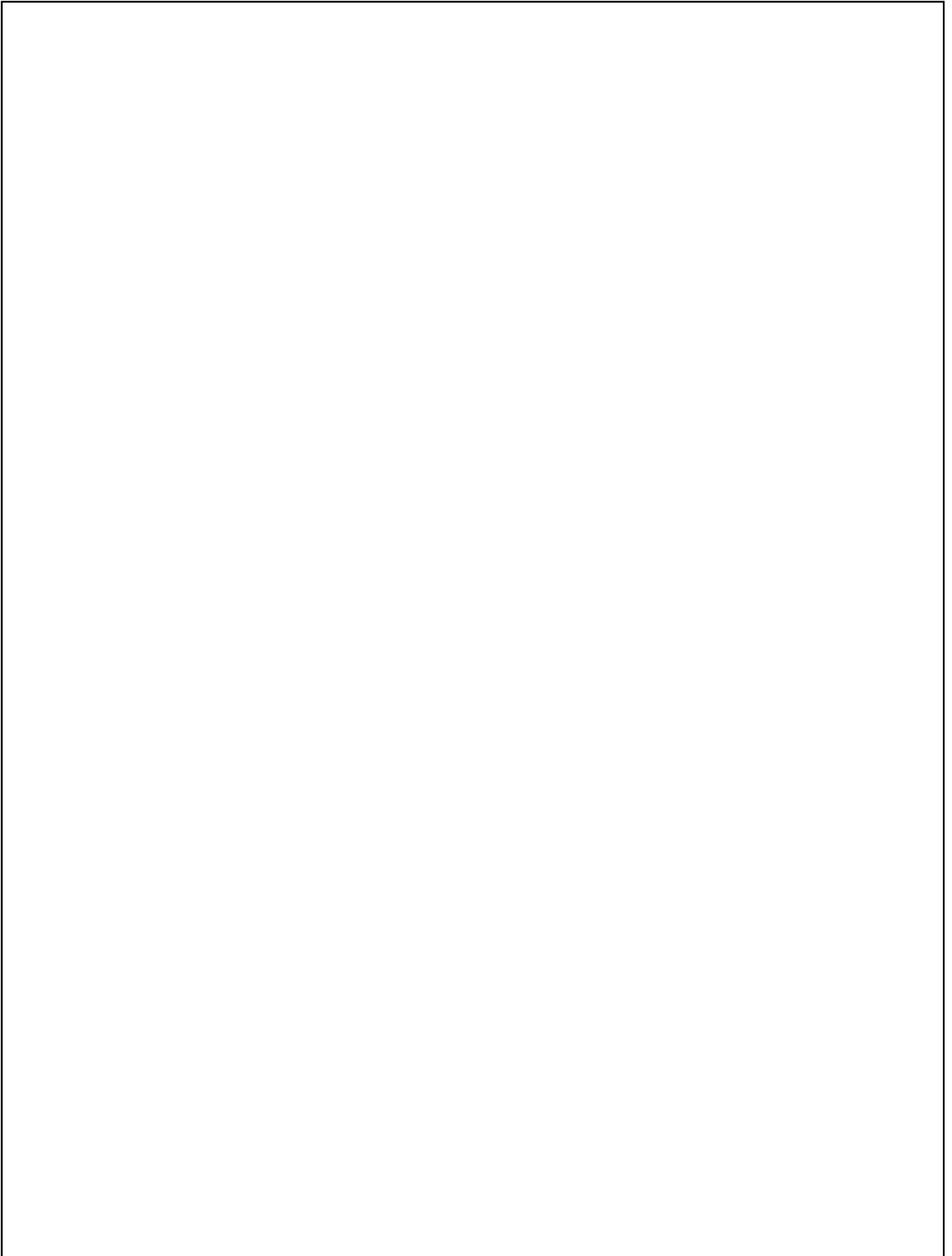
**Questions?**

If you have questions about this process, the information requested, ESS, funding of ESS supports, or funding code numbers and the descriptions of potential funding sources, please e-mail [DOE-ESSConsultants@state.vt.us](mailto:DOE-ESSConsultants@state.vt.us).

Questions on navigating, printing or completing the survey, please contact [Sabine.baldwin@state.vt.us](mailto:Sabine.baldwin@state.vt.us) or 828-0183.

Thank you in advance for helping to make this required data collection a success, your time is appreciated!!!

Please click "Next" below, to continue...



\* **1. Please choose your Supervisory Union from the list below:**

\* **2. Please choose your school from the list below:**

\* **3. Please insert the contact information for the person completing the survey:**

First Name:

Last Name:

Title:

Email:

Phone number:

Date completed:

\* **4. Please enter the contact information for the Chair or Facilitator of the Educational Support Team (EST) in your school for the 2009-2010 School Year:**

First Name:

Last Name:

Title:

Email:

Phone number:

Please indicate which Health and Nutrition Supports and Services were available in your school during the 2009-2010 School Year and the corresponding primary funding source.

If your school does not provide a particular service listed in this section, select **NO SERVICE OFFERED** in that service category.

If the primary funding source for a particular service is not listed in the drop down, select "**Other Funding Source**" and provide a description of the funding source in the space provided.

\* **5. School Nursing and Health Services**

\* **6. Food, Nutrition and Wellness Programs and Services**

\* **7. Dental Clinics and Services**

\* **8. School-based Health Centers and Clinics**

\* **9. Exercise and Fitness Programs [beyond P.E. classes]**

**10. Please indicate if your school offers any additional Health and Nutrition Supports and Services NOT already listed in this section. After completing the question, click "Next" at the bottom of the page to continue.**

**Note: If you select "Yes" to this question you will be directed to questions 11 - 16 to provide additional details. If you select "No" to this question the survey will continue on question 17 in the Academic Supports and Services section.**

Yes

No

Please indicate up to three additional Health and Support Services offered by your school during the 2009-2010 School Year. Please provide the name of the support or service, and then select a PRIMARY funding category from the adjacent drop-down menu.

If the primary funding category is not listed, please select "**Other Funding Source**" and provide a description of the funding source in the space provided.

**11. Please enter a description of one additional Health and Nutrition Support or Service offered by your school in the space provided.**

**12. Please select one PRIMARY funding source for the additional Health and Nutrition Support or Service just described in question 11.**

**13. Please enter a description of one additional Health and Nutrition Support or Service offered by your school in the space provided.**

**14. Please select one PRIMARY funding source for the additional Health and Nutrition Support or Service just described in question 13.**

**15. Please enter a description of one additional Health and Nutrition support or service offered by your school in the space provided.**

**16. Please select one PRIMARY funding source for the additional Health and Nutrition Support or Service just described in question 15.**

Please indicate which Academic Supports and Services were available in your school during the 2009-2010 School Year and the corresponding primary funding source.

If your school does not provide a particular service listed in this section, select **NO SERVICE OFFERED** in that service category.

If the primary funding source for a particular service is not listed, select "**Other Funding Source**" and provide a description of the funding source in the space provided.

\* **17. Literacy Supports and Supplementary Programs**

\* **18. Early Education and Early Intervention**

\* **19. All Day/Extended Day Kindergarten**

\* **20. Math Supports**

\* **21. Study Supports**

\* **22. Small Group or One-to-One Instruction**

\* **23. Phonological Screening at Primary Grades**

\* **24. English as a Second Language/LEP supports**

\* **25. Preschool Developmental Screening**

\* **26. Kindergarten Screening**

**27. Please indicate if your school offers any additional Academic Supports and Services NOT already listed in this section. After completing the question, click "Next" at the bottom of the page to continue.**

**Note: If you select "Yes" to this question you will be directed to questions 28 - 33 to provide additional details. If you select "No" to this question the survey will continue on question 34 in the Mental Health and Social Supports and Services section.**

Yes

No

Please indicate up to three additional Academic Services offered by your school during the 2009-2010 School Year.

Please provide the name of the support or service, and then select a PRIMARY funding category from the adjacent drop-down menu.

If the primary funding category is not listed, please select "**Other Funding Source**" and provide a description of the funding source in the space provided.

**28. Please enter a description of one additional Academic Support or Service offered by your school in the space provided.**

**29. Please select one PRIMARY funding source for the additional Academic Support or Service just described in question 28.**

**30. Please enter a description of one additional Academic Support or Service offered by your school in the space provided.**

**31. Please select one PRIMARY funding source for the additional Academic Support or Service just described in question 30.**

**32. Please enter a description of one additional Academic Support or Service offered by your school in the space provided.**

**33. Please select one PRIMARY funding source for the additional Academic Support or Service just described in question 32.**

Please indicate which Mental Health and Social Supports and Services were available in your school during the 2009-2010 School Year and the corresponding primary funding source.

If your school does not provide a particular service listed in this section, select **NO SERVICE OFFERED** in that service category.

If the primary funding source for a particular service is not listed, select "**Other Funding Source**" and provide a description of the funding source in the space provided.

\* **34. School Psychological Services and Clinicians**

\* **35. School Counseling/Guidance Services**

\* **36. Behavior Intervention Specialists and Services**

\* **37. Home School Coordinator**

\* **38. Trained Crisis Response Team**

\* **39. Conflict Resolution Program**

\* **40. Child Protection Team**

\* **41. School-wide Discipline Plan**

\* **42. Social Skills Instruction**

\* **43. School Substance Abuse Prevention Program**

\* **44. Teacher Advisor System**

\* **45. School Social Worker**

**46. Please indicate if your school offers any additional Mental Health and Social Supports and Services NOT already listed in this section. After completing the question, click "Next" at the bottom of the page to continue.**

**Note: If you select "Yes" to this question you will be directed to questions 46 - 51 to provide additional details. If you select "No" to this question the survey will continue on question 52.**

Yes

No

Please indicate up to three additional Mental Health and Social Supports and Services offered by your school during the 2009-2010 School Year.

Please provide the name of the support or service, and then select a PRIMARY funding category from the adjacent drop-down menu.

If the primary funding category is not listed, please select "Other Funding Source" and provide a description of the funding source in the space provided.

**47. Please enter a description of one additional Mental Health and Social Support or Service offered by your school in the space provided.**

**48. Please select one PRIMARY funding source for the additional Mental Health and Social Support or Service just described in question 46.**

**49. Please enter a description of one additional Mental Health and Social Support or Service offered by your school in the space provided.**

**50. Please select one PRIMARY funding source for the additional Mental Health and Social Support or Service just described in question 48.**

**51. Please enter a description of one additional Mental Health and Social Support or Service offered by your school in the space provided.**

**52. Please select one PRIMARY funding source for the additional Mental Health and Social Support or Service just described in question 50.**

Below is one question related to whether any services listed above are a part of the School's Action Plan.

**53. Are any of the services provided part of the School's Action Plan?**

Yes

No

\* **54. Please describe the ways in which the educational support system has addressed the needs of students who require additional assistance in order to succeed in school or to complete secondary school.**

**55. Please select one PRIMARY funding source for the additional assistance required that was just described in question 54.**

**56. Has your school incurred any additional costs associated with complying with Act 44 provisions relating to the provision of support to students who “require additional assistance in order to succeed in school or to complete secondary school?”**

No

Yes

if "yes" please describe the additional costs

If you wish to make corrections, you may click on "Prev" to be taken back to previous survey sections.

If you want to copy your survey responses, please remember to use your web browser to print off a copy of each section before clicking on "Submit."

If you are satisfied with your responses to all of the questions as you have answered them, please click "Submit" below.

**Note:** that you will **NOT** be able to edit your answers once you submit the survey.

After clicking "Submit" you will be directed to the Vermont Department of Education Educational Support Systems (ESS) web page, which will verify your submission.

**Thank you again for your participation in this survey, it is appreciated!**

If you have **any comments** about this survey, please take a moment to record any feedback you may have in the space provided below (**Q57**).

**57. Comments?**