

Evidence-Based and Promising Practices to Support Continuity of Learning for Students With Disabilities

Practices and Resources to Support Related Service Providers

Overview

Because of the COVID-19 pandemic, most U.S. states, territories, the District of Columbia, and the Department of Defense Education Activity closed school buildings and transitioned to remote learning in 2020. Educators and related service providers were asked to modify and adapt their service delivery models to continue to meet the needs of their students using distance and virtual practices and tools.

Under the Individuals with Disabilities Education Act, related services are defined as “transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health and school nurse services, social work services in schools, and parent counseling and training.”^a Related services—like other special education services—are identified in students’ individualized education programs and include information about the setting where the services will occur and for how long.

Two different service delivery models are commonly used by related service providers:

- **Direct services** to students either within general education settings or in a different setting (e.g., small group or individual session); and
- **Indirect services** conducted through consultation and/or collaboration with other professionals or parents and families.

Telepractice Across Related Services

Within the literature across related services, the terms telehealth, teletherapy, telerehabilitation, and telepractice^b are commonly used to describe both direct and indirect services provided at a distance through telecommunication technologies.¹ Telepractice emerged as a way to create access to services for individuals residing in rural communities, although it is now used across geographic areas.²

Telepractice can be delivered asynchronously or synchronously.

- **Asynchronous:** The ability to instruct or communicate without meeting at the same place or at the same time. Examples include transmission of voice clips, e-mail communication, self-paced learning modules, and viewing recorded videos and lessons.
- **Synchronous:** The ability to instruct or communicate in real time. Examples include videoconferencing, teleconferencing, live chatting, and live-streamed videos and lessons.

^a 34 CFR §300.34.

^b In this brief, we use the term telepractice, as it is a broader term that encompasses health, rehabilitation, and therapy.

Telepractice is often as feasible and efficacious as in-person intervention, as indicated by research conducted in occupational therapy,^{3,4} speech and language pathology,⁵ school nursing,⁶ audiology,⁷ and psychology and mental health.⁸ Within this body of literature, positive outcomes of telepractice include increased collaboration between professionals and with families, reduced absenteeism, and decreased time away from instruction. The positive outcomes of telepractice are noted for a variety of disabilities including autism,^{9,10} emotional or behavioral disorders,¹¹ speech or language impairments,^{12,13,14} hearing impairments,¹⁵ and other health impairments (e.g., attention-deficit/hyperactivity disorder, diabetes, asthma).¹⁶ Additionally, telepractice has research support from early intervention^{17,18} to services with youth, adolescents, and young adults.¹⁹

Many related service professions leverage telepractice models to train and coach facilitators,²⁰ implement learning supports and partners, or help parents^c deliver strategies. Involving a facilitator has the added benefit that a provider can deliver telepractice services that otherwise would not be possible at a distance, with young children, or with a child with communication disorders.²¹ Additionally, telepractice with facilitator support may increase the child's ability to generalize learned skills within natural settings. Increased generalizability is evidenced in the literature from speech and language pathology,²² occupational therapy,²³ and applied behavioral analysis.²⁴

Considerations for Students With Complex, Chronic, or Medical Needs

Because students with complex needs often require more support from professionals across settings (e.g., schools, home health, hospital, in-patient facilities), telepractice may be more common than for students with disabilities (SWDs) whose needs are not complex, chronic, or medical in nature. Within the literature on telepractice, benefits for students with complex cognitive, mental health, physical, or medical conditions include improvement in health-related symptoms,²⁵ decreased visits to school nurses,²⁶ and more openness to share information during sessions.²⁷ Furthermore, improved communication between providers and parents/families is indicated in the telepractice literature for these populations.²⁸

Amidst national crises (e.g., health pandemics, natural disasters), related service providers may need to shift to telepractice to ensure students continue to receive instruction and related services. Moving services from traditional to telepractice needs to be thoughtful, with the goal of ensuring equitable experiences for all learners. Prior to designing and delivering telepractice services, providers should understand accessibility and how it might impact their service delivery approach.

Accessibility

Related service providers should be aware of the potential barriers facing students, colleagues, or parents and families to ensure equitable service delivery. Many SWDs have deficits in memory, expressive and receptive language, thinking, and problem-solving, which can impede their ability to easily access information presented through computer and web-based technology.²⁹ Even students who are categorized under the same disability label may have different needs; access to technology should consider individual student needs regarding selected hardware, software, and web-based approaches.³⁰ Moreover, accessibility for SWDs extends beyond the ability to navigate web material; students need to know how and when to use specific programs or the Internet for instructional purposes or for practicing learned techniques. These following domains should be considered as related service providers are planning and implementing telepractice services with SWDs, other professionals, or parents and families.

^c Training and coaching of parents is also referred to as parent-mediated intervention.

Infrastructure-Level Access	Individual-Level Access
<ul style="list-style-type: none"> • Hardware (e.g., computer, laptop, devices) • Software (e.g., learning management systems, videoconferencing programs, word processing) • High-speed Internet and/or Wi-Fi • Software's ability to be used on a mobile or other device 	<ul style="list-style-type: none"> • Cognitive and executive functioning (e.g., reasoning, processing information, working memory) • Physical and sensory concerns (e.g., visual, hearing, mobility) • Communication needs (e.g., speech and language, verbal vs. nonverbal) • Reading ability • Ability to use assistive technologies

Need for Evidence-Based and Promising Practices

Evidence-based practices (EBPs) in education refer to teaching and learning strategies that have been shown by scientific research to be effective in improving academic and/or behavioral performance. Using an EBP does not guarantee that it will be successful with every child, but it indicates that the practice has a greater chance of working than practices without evidence. Promising practices have shown a potential to have a positive impact on outcomes for SWDs but have not been subject to rigorous testing to demonstrate that impact.

The COVID-19 pandemic presents unique challenges for related service providers due to the specific learning and behavioral needs of SWDs. Providers and families must work together to determine the best course of action for students. The practices presented in this brief may help providers support SWDs during this difficult time.

Summary and Examples of Practices

The following tables describe practices that are shown by research to be effective for related service providers who deliver telepractice services for children and students with disabilities, their teachers, and their families. The first section presents three tables of practices for related service providers with specific practices for direct service delivery with students, direct service delivery through facilitated sessions, and indirect service delivery through consultation. Definitions of approaches, implementation examples, and additional considerations are provided.

The section concludes with an Example in Action, a brief story from an educator, illustrating several of the practices being implemented through her personal experience.

The expertise and guidance of related service providers may be helpful for supporting all students with learning:

- Positive coping mechanisms for anxiety reduction or stress management
- How to cope with and understand grief due to loss
- Virtual social skills and/or online norms
- Executive functioning or social-emotional skills needed for success in distance learning (e.g., self-management, organizing materials and time, developing routines)
- Effective communication and collaboration in online environments
- Appropriate hygiene and physical care techniques to support overall health and wellness
- How to participate in routine physical activity while at home
- How to use assistive technologies and other devices

Practices for Related Service Providers

Direct service delivery within traditional school settings and virtual settings have parallel structures (e.g., whole group, small group, or individualized intervention). Table 1 provides specific examples for related service providers to consider when shifting their model into virtual settings. Across all practices, related service providers should consider how to ensure student privacy and confidentiality.

Table 1. Evidence-Based and Promising Practices to Support Continuity of Learning Through Direct Service Delivery With Students

Practice Name and Description	Example(s)	More Information
<p>Whole-class intervention session^a: A provider collaborates with the classroom teacher to provide whole-group instruction that will directly meet the needs of students with or at-risk for disability.</p>	<p>Prior to a whole-class intervention session, the provider collaborates with the general educator to determine the skills^b students will need to participate during instruction or to perform specific tasks assigned by the general educator. The educator and provider work together to ensure relevance for all learners.</p> <ul style="list-style-type: none"> • <i>Synchronous:</i> Provider joins a live, whole-class session with the educator and: <ul style="list-style-type: none"> – Delivers a mini-lesson on a specific skill as a warm-up or lesson closing. – Co-teaches throughout a lesson to deliver content differently or more explicitly.^c – Provides support to individual students while they are participating in instruction (e.g., reinforces student’s demonstration of a skill through a private chat, gives prompts or reminders). • <i>Asynchronous:</i> Provider records a video lesson or locates a pre-recorded video focused on a specific skill, and the general educator posts to their classroom platform for all students to access. • <i>Offline:</i> Provider includes lesson plans or worksheets for parents/families and students to use in the home environment. The provider’s materials are included with at-home learning packets sent to all students. 	<p>IRIS Center Related Services: Common Supports for Students with Disabilities</p> <p>American Occupational Therapy Association (AOTA) Tip Sheet: Successful Participation at School: Strategies for All Students</p> <p>American Physical Therapy Association (APTA) E-Learning Course: Interprofessional Practices (IPP) in School-based Setting</p> <p>American Speech-Language-Hearing Association (ASHA) School-Based Service Delivery in Speech-Language Pathology Settings</p>
<p>Small-group or individual intervention sessions: Small-group intervention is intended to support students with common areas of need, while individual intervention sessions are for students who, because of the nature of their needs, require one-on-one supports with their provider.</p>	<p>A provider conducts a small group or individual intervention session directly with students.</p> <ul style="list-style-type: none"> • <i>Synchronous Sessions</i> <ul style="list-style-type: none"> – Determine the appropriate modality for the session (e.g., video, telephone, live chat). – Identify any existing norms and routines for video/telephone interactions that students’ teachers or other providers are using. – Plan multiple ways to engage students during the session (e.g., chat box, holding things to camera, polls, interactive slides). – Conduct a video or teleconference session with a small group and/or individual students. 	<p>IRIS Center Related Services: Common Supports for Students with Disabilities</p> <p>School Social Work Net Archived Webinar: COVID-19: Schools are Shut Down. Providing School Mental Health Supports Online</p> <p>Archived Webinar: Supporting Our Kids from a Distance: Tools & Strategies to Provide SEL and Special Education Services</p>

Practice Name and Description	Example(s)	More Information
	<ul style="list-style-type: none"> – Plan for follow-up practice opportunities and communicate expectations for subsequent sessions. • <i>Asynchronous Sessions</i> <ul style="list-style-type: none"> – Provider records a video lesson or locates a pre-recorded video focused on a specific skill and shares with student(s). – Provider creates lessons and session content in a learning management system or virtual platform for students’ self-paced use. – Consider a discussion board or e-mail thread for students in the same small group to use for interacting with each other. – Have students video- or audio-record themselves practicing a learned skill and then have them submit for performance feedback. • <i>Offline Sessions</i> <ul style="list-style-type: none"> – Provider sends home lesson plans or worksheets for parents/families and students to use in the home environment that include explicit, step-by-step guidance, visuals or pictures for abstract and/or new concepts, and suggestions for how to practice skills at home. <ul style="list-style-type: none"> » Use lessons or worksheets that only include the visuals for students to practice identifying steps or lessons/worksheets with only the steps and include instructions for students to draw or tell a family member what to do. – If possible, call students and provide additional guidance on lesson completion and recommendations for how to practice. 	<p>ASHA School-Based Service Delivery in Speech-Language Pathology Group Size</p> <p>AOTA Tip Sheet: Learn About Occupational Therapy for Children & Youth</p> <p>National Association of School Nurses (NASN) Use of Individualized Healthcare Plans to Support School Health Services School Nurses' Role in Combating Chronic Absenteeism</p> <p>National Association of School Psychologists (NASP) Virtual Service Delivery in Response to COVID-19 Disruptions</p>

^a This practice is commonly referred to as “push-in,” inclusion, or inclusive practices. Related service providers are more often “pushing-in” services in early intervention settings or earlier grades. However, the novelty of the online setting may pose challenges for many learners, and whole-class supports in the virtual setting may be helpful.

^b Skills should be identified that support students in need of direct related services and may benefit all students. For example, an occupational therapist may provide a mini-lesson on how to improve handwriting that models the correct way to hold a pencil before a teacher’s writing lesson.

^c For example, a speech-language pathologist (SLP) may model how to create a sound by positioning their tongue and lips and then as the educator is instructing letter sounds, the SLP can remind students of how to position their tongue or lips for specific sounds.

Table 2 provides information about how providers can deliver services to students through a trained facilitator (i.e., parent or family member).

Table 2. Evidence-Based and Promising Practices to Support Continuity of Learning Through Direct Service Delivery With Parent or Family Facilitators

Practice Name and Description	Example(s)	More Information
<p>Facilitators as Interveners Model^a:</p> <p>In this model, facilitators serve as the “eyes,” “ears,” and/or “hands” of the provider during direct service delivery sessions between the provider and a student. In this model, the steps are the same as in the previous table on direct service delivery with individual students. Across synchronous, asynchronous, or offline modalities, providers should consider how facilitators can support implementation.</p>	<p>Prior to intervention sessions, providers will need to:</p> <ul style="list-style-type: none"> • Identify who the facilitator will be (i.e., parent or family member). • Identify the facilitator’s availability to support sessions, including the frequency and duration of sessions. • Meet with the facilitator in advance of a session to explain how the session will operate and what their role will be, and describe the techniques/terms with facilitators (e.g., “hand-over-hand,” prone position, tongue placement, antecedents). • Identify supports to ensure the success of the facilitated session (e.g., tip sheets in advance, visual cues/checklists, translated terms/content in facilitator’s native language). • Communicate whether the facilitator will need to help collect any data (e.g., anecdotal or observation notes, checklists) or take notes. • Remind the facilitator that their role is to support the student, not to perform the task or skill for the student, as that could create an inaccurate picture of the student’s actual ability and/or learned helplessness. <p>During intervention sessions, providers will need to:</p> <ul style="list-style-type: none"> • Remind the student and facilitator of the goal of the session and any expectations, norms, and routines. • Prompt and cue the facilitator when to perform specific techniques.^b • Use simple, clear, and consistent language. • Determine whether additional modeling of techniques is needed with the facilitator. • Communicate expectations for practicing techniques between sessions. 	<p>NASP Strategies for Engaging and Supporting Parents During the Pandemic</p> <p>ASHA Facilitators in Telepractice for Audiology and Speech-Language Services 5 Strategies to Help Families Act as Speech and Language Coaches</p>

Practice Name and Description	Example(s)	More Information
	<p>After intervention sessions, providers will need to:</p> <ul style="list-style-type: none"> Follow-up via e-mail, call, or otherwise communicate about the facilitator’s reactions to the session to determine whether adjustments are needed prior to future sessions. Guide the facilitator with phasing back the level of their support so the student can demonstrate and maintain the skill independently. 	
<p>Instructional-Coaching Model: In this model, facilitators are responsible for delivering an intervention under direct supervision of the trained related service provider through various “phases” of an instructional-coaching model.^d If facilitators do not have access to technology and/or reliable Internet, then this model is not recommended.</p>	<p>Facilitator Training (learn new knowledge and skills)</p> <ul style="list-style-type: none"> Providers train facilitators to implement a technique or strategy that would typically be delivered by the provider within the school setting. <ul style="list-style-type: none"> Training sessions may take place synchronously or asynchronously and may be: <ul style="list-style-type: none"> » Episodic—short-term and focused on a specific skill, or » Continuous—longer duration and focused on more complex skills. Skills that facilitators are learning are first modeled by the provider to help build facilitator knowledge of appropriate and/or effective techniques. Facilitators demonstrate their understanding and practice implementing before intervention sessions. Case studies or role-plays are often used during training. <p>Coaching (learn to use new knowledge or skills under typical conditions)</p> <ul style="list-style-type: none"> Coaching sessions take place between training sessions and are used by providers to give direct feedback on facilitators’ demonstration of techniques. <ol style="list-style-type: none"> Providers serve as a coach to the facilitator, engaging in a coaching “cycle.” Goals are set for the facilitator and the student. Specific criteria (e.g., learning targets) are identified. The provider observes the facilitators as they implement learned strategies with the student. <ol style="list-style-type: none"> If sessions are synchronous, the provider will observe the session through videoconference and give immediate prompts to help the facilitator build fluency. 	<p>State Implementation and Scaling-up of Evidence-Based Practices (SISEP) SISEP eNotes: Coaching Interactive Online Coaching Series</p> <p>National Center for Systemic Improvement (NCSI) Effective Coaching Brief Effective Practices for Coaches Effective Coaching Practices Infographic</p> <p>National Center on Intensive Intervention Coaching for Ongoing Professional Learning within Tiered Support Models</p> <p>Center on Positive Behavioral Interventions & Supports Repository of Coaching Resources</p>

Practice Name and Description	Example(s)	More Information
	<ul style="list-style-type: none"> b. If sessions are asynchronous, the facilitator will record and submit videos of sessions to the provider. 5. The provider gives feedback to the facilitator on their performance, focused specifically on how they can improve accuracy and/or fidelity. 6. Coaching observations continue to take place until supports can be phased out (e.g., the student is able to demonstrate and maintain the skill independently). • Over time, the provider may continue to offer training and coaching to the facilitator in new or more complex skills. 	

^a This model is likely to be implemented for more immediate, direct services that are needed for students.

^b If using an asynchronous session, this can be done by asking the facilitator to pause a pre-recorded video/lesson. If a session is sent home, then a script for the facilitator can be used so they know when to intervene.

^c The instructional-coaching model is more time intensive to implement, based on what it requires for collaboration between trainers/coaches and facilitators. Additionally, while there is literature to support this model, it should be noted that the training and coaching sessions are typically conducted by university faculty and graduate students, rather than by providers. Providers may want to consult the research on parent-mediated intervention within their discipline prior to engaging in this model.

^d This approach is akin to job-embedded professional development that engages individuals in iterative training and coaching cycles.

Table 3. Evidence-Based and Promising Practices to Support Continuity of Learning Through Indirect Service Delivery or Consultation

Practice Name and Description	Example(s)	More Information
<p>Consultation with educators, parents/families, or outside providers</p>	<p>Providers consult with educators, parents/families, or outside providers through a variety of formats within their telepractice, including:</p> <ul style="list-style-type: none"> • Group Education Sessions Groups of educators or parents/families of students with similar needs (e.g., teachers/parents of students with asthma or diabetes across a district) are brought together to learn how best to support student needs (synchronous through video/teleconference or asynchronous through online learning platform with discussion boards). • Individual Education Sessions^a Providers meet with individual educators or parents/families to deliver information, resources, and/or training in a specific practice unique to the individual child (e.g., catheter placement, cochlear implant monitoring). • Training Modules Providers may create training modules and host synchronous training sessions or develop training modules within a learning management platform accessible by parents/families and educators. • Text or App Reminders for Symptom or Medication Monitoring Providers use text or app reminders to support parents and families with remembering to administer medications, track specific symptoms, or deliver aspects of an intervention (e.g., positive praise). • Resource Sharing Providers share resources (e.g., informational briefs, tip sheets, guidance documents) that detail specific supports students may need in the home environment. 	<p>NASN The Role of School Nursing in Telehealth</p> <p>NASP Strategies for Supporting Teachers Delivering Remote Instruction Problem-Solving Teleconsultation with Teachers and Caregivers (Click on the Infographic in “Downloads” section)</p> <p>APTA APTA Telehealth Resources, Courses, and Webinars</p>

^a Individual education sessions are sometimes offered concurrently with group sessions.

Example in Action

Jessica Seitz, Occupational Therapist

What services are you still able to provide virtually (consultation, direct service)?

We are still able to provide the majority of therapy services to our kids. Teletherapy has opened up many doors for therapy for both consultation and direct service. We have the ability to deliver synchronous therapy (in real time) via video platforms (my company uses Zoom). With synchronous therapy, we require a “learning partner” to be present (usually the parent). The learning partner can act as our “hands” if we need them to, which is great because it allows for better follow-up outside of therapy sessions. I love having the learning partner present because it provides the student with continued therapy intervention beyond our session since the learning partner is also learning ways to implement therapy and can carry over therapy throughout the day/week. This was something that was more difficult with traditional school-based therapy—often we had minimal contact and follow through with parents (and often parents had a difficult time understanding why, what, or how their student was doing in therapy, despite communication attempts). Asynchronous therapy intervention is when we can provide almost a consultation-like service to parents for them to implement with the child at home. So, we provide the “homework” and therapy is carried out without the therapist directly present in the moment.

What specific evidence-based practices or strategies are you still able to provide virtually?

We’re honestly still able to provide a majority of evidence-based practices and strategies. In fact, I find it easier to measure student progress toward goals in the online setting since sessions and assignments can record data better. I can better individualize interventions, too, because the learning partner is present and they can provide feedback on what will and won’t possibly work. Before, I was dependent on the teacher’s input, which is fantastic, but often more difficult to individualize since there usually is a classroom full of kids. I find I have more freedom to be creative with individualized solutions and interventions with teletherapy with the learning partner present. And any limitations with physical interactions can be ameliorated with learning partner support.

What tips do you have for ensuring that you can address areas in students’ individualized education programs if you are unable to provide occupational therapy services virtually?

I think if it is not possible to provide occupational therapy services remotely, it is important to ensure that students still have accommodations and access to their education in an individualized way. It takes extra attention to standardize remote learning to really see how kids are succeeding and struggling, as I feel the computer and the camera can hide some things. Asking the learning partners specific questions about a student’s success and areas for growth may help delineate any areas where parents might be compensating for their student’s deficits. So special education teachers would be responsible for making sure parents have the resources to provide accommodations for their student if a therapist isn’t able to assess and address these needs (i.e., adaptive paper, slower mouse movements, screen contrast on computers, sensory diets, timers/schedules).

What creative solutions to technology barriers can you suggest?

I think it’s important to emphasize that just because learning takes place through a computer, that doesn’t mean it has to. It’s okay to have the student step away from the computer to complete activities within the home with everyday items. Just like we get screen fatigue and tired of sitting, so do students! Get creative and think outside the computer screen. If technology is too much of a barrier, then simplify it. We sometimes get too dependent on technology being a certain way or meeting expectations, but the student

can engage in learning and therapy in person, over the phone, through their parent, through a worksheet, over video, through an online educational game. If there are barriers in one realm, switch it up. I bet both the student and the instructor would welcome a switch!

Anything else?

I think the digital learning world is really opening the door to individualized, comprehensive, and accommodative learning in students. Not every student will benefit at the same rate, but many students will flourish during this time. I think it's important that we recognize the opportunities and potential during this time and continue to be learners as we move forward!

Additional Resources

[American Occupational Therapy Association \(AOTA\): Telehealth Resources](#) This organization provides guidance for occupational therapy practitioners, educators, and students to incorporate telehealth into their practice in the absence of opportunity for face-to-face therapy.

[American Physical Therapy Association \(APTA\): Telehealth](#) This page provides guidance for using telehealth and e-visits to conduct services for physical therapists (PTs) and physical therapist assistants (PTAs).

[American Speech-Language-Hearing Association \(ASHA\): Telepractice](#) This page links to resources and information for conducting speech-language-hearing services using telepractice.

[Distance Learning for Proficient Communicators](#) This page from the National Center on Deaf-Blindness (NCDB) contains resources on how to provide instruction to students with deaf-blindness during the pandemic. It specifically focuses on students who are proficient communicators.

[FAQs: Virtual School Counseling Ethics](#) This question-and-answer document addresses questions counselors may have in conducting their work virtually following the closure of schools.

[Planning for Virtual/Distance School Counseling During an Emergency Shutdown](#) This brief from the American School Counselor Association (ASCA) contains guidelines for conducting counseling support from a distance. Links to additional resources are included.

[A Practical Guide to the Use of Tele-Intervention in Providing Early Intervention Services to Infants and Toddlers Who Are Deaf or Hard of Hearing](#) This brief from the National Center for Hearing Assessment and Management (NCHAM) provides information about using tele-intervention to provide early intervention services for families of children who are diagnosed as deaf or hard of hearing. The Center offers eCourses for two stakeholder audiences: [Tele-Intervention for Providers](#) and [Tele-Intervention for Families](#).

[Protecting Student Privacy While Using Online Educational Services: Requirements and Best Practices](#) The official communication from the U.S. Department of Education with policy and guidelines for ensuring and maintaining student privacy during online and virtual learning.

[Remote Service Delivery and Distance Learning](#) This page from the Early Childhood Technical Assistance Center (ECTA) provides information and resources for offering remote service delivery as an alternate and effective way to serve young children with developmental delays and disabilities at home with their families

[Teletherapy Tips from eLuma](#) eLuma offers brief videos for speech-language pathologists, school psychologists, occupational therapists, physical therapists, mental health services providers, and other related service providers providing tips and tricks for conducting this work remotely.

Endnotes

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