



## **Transcript: 2020 Continuity of Learning Webinar Series**

### **Webinar 2: Highlighting Strategies and Practices in Providing Related Services to Enhance the Continuity of Learning During COVID-19 for Children with Disabilities**

**June 29, 2020**

#### **Logistical Information**

All attendees will be muted for the duration of this webinar.

To submit questions for speakers, please use the "questions" icon on the control panel.

This questions box should be used only for questions related to webinar content. For help with Go to Webinar and technology issues, please e-mail [osep-meeting@air.org](mailto:osep-meeting@air.org). If you're joining us from the YouTube live stream, please e-mail your questions to [osep-meeting@air.org](mailto:osep-meeting@air.org). A link to closed captioning for this webinar is available in the chat and can be found in the YouTube live stream description. Links to the resources that the presenters share can be found in the chat and on the OSEP Continuity of Learning home page, where the archive of the webinar will be made available within the next few days. Thank you once again for joining us for today's webinar. We'll begin with a word from OSEP director Laurie VanderPloeg.

I'll now hand it over to OSEP director Laurie VanderPloeg to kick us off.

#### **Introduction**

*Laurie VanderPloeg*

Hello, I'm Laurie VanderPloeg, the director of the Office of Special Education Programs at the U.S. Department of Ed. Thank you for joining us today for the second of a series of webinars for resources that you might find useful as teachers, providers, parents, and others who are working during these challenging times to continue to provide services to children with disabilities and their families. These webinars are designed to highlight ready to use resources, tools, and practices to support the developmental, educational, behavioral, and social-emotional needs of infants, toddlers, children, and youth with disabilities through remote and distance learning.

Today's webinar is focused on the provision of related services, and we have partnered with several of the many professional organizations focused on related services to share information with you today. As noted in IDEA, related services refer to a host of services including



transportation, developmental, corrective, and supportive services required to assist a child with a disability to benefit from the special education and fully participate in their school and early intervention program.

Related services are a critical part of addressing the unique needs of each child with a disability. As discussions are occurring across the country, most states, districts, and early intervention programs are trying to figure out and organize what back to school and return to in-person services will look like this fall. For many, plans will include some continued form of distance and remote learning, and the provision of related services needs to be a part of those discussions.

OSEP funded investments, along with our national organizations, are working to support these state and local efforts, specifically focused on children with disabilities and their families. OSEP is committed to supporting schools, teachers, providers, families, and children with disabilities to ensure that all children with disabilities and their families who have been disproportionately impacted by the shift to remote and distance learning have access to a high-quality education and services that fit their individualized needs, when schools and programs resume.

We are also working to ensure that remote learning is part of the service delivery, that we continue to enhance the quality of those services to minimize the long-term impact of this disruption on opportunities to learn.

We continue to hear from many teachers and providers and parents about the numerous challenges we are facing during this time. We are pleased with the overwhelming response to our webinar last month, and the archived views, with over 8,000 folks tuning in. For us, that confirmed that we need to do a better job of sharing information that can be put to use fairly easily, to maximize experiences and opportunities for our children with disabilities and their families.

I hope today's collaboration with these professional organizations is a step forward to disseminate quality information more widely.

Our OSEP-funded investments are continuing to organize and develop key resources and information through products and webinars to help those on the front line of providing services to children with disabilities and their families.

I also know from our work to prepare today's information that your professional organizations are also working to provide assistance.



As I said during our last webinar, OSEP resources for children K- 12 can be found at the National Center for Systemic Improvement and resources for early intervention and early childhood special education can be found at the Early Childhood Technical Assistance Center. You may also find links to those resources at the OSEP IDEAs That Work website, where you registered for this webinar. We will continue to post resources as we move forward to returning to school and in-person service delivery. During the presentation we will share links to the organizations joining us today, and you'll also find a one-pager with the links on the IDEAs That Work website.

During the last webinar, I announced that OSEP developed two briefs that provide evidence-based and promising practices to support continuity of learning for children with disabilities, and implementation examples for families, teachers, and providers. Today I'm pleased to announce a third evidence-based practice brief on Related Service Providers. Links to these briefs and websites will be included later in the presentation. Today we're partnering with a few of the related service professional organizations, and later we'll share examples from a couple of our OSEP projects.

I'm pleased to welcome these organizations to partner with us in this webinar in our effort to share resources to help the front-line providers and families navigate our new time.

After the presentation, we'll have time for some questions. Please enter your question about the presentation resources in the chat.

You may also enter suggestions for specific resources you would like us to develop and share, and we'll do our best to continue to assist you in the efforts.

Thank you in advance to all of the presenters and staff helping us to develop this webinar, and most importantly, as I always remember to say, as a parent of a child with a disability, a former special education teacher and administrator, a most humble and sincere thank you to the teachers and providers for all your efforts to continue to provide services to children with disabilities and their families.

(Musical intro playing)

**National Association of School Psychologists (NASP)**

<https://www.nasponline.org/>

Thank you to OSEP for this opportunity to share some of the resources that the National Association of School Psychologists has developed in response to the pandemic.



NASP has created the COVID-19 resource center where all related resources are located, and you can access these from the front page of our website. Within this resource center, there are 3 broad types of information. First, the *Ask the Experts Webinar Series* and accompanying guidance documents. Secondly, resources for practitioners, families and educators addressing virtual services in special education, crisis response, and school mental health, and thirdly, a variety of supporting documents accessible to the public. I'm going to take you quickly through some of what you might find in each of these areas.

In early March, NASP began creating a series of webinars designed to help practitioners explore problems of practice related to remote service delivery. Each webinar was led by our nationally recognized expert scholars, exemplary practitioners, and external stakeholder partners. Since that time, we've created 21 webinars that address critical questions of practice, provide advice and guidance, and offer suggested strategies and resources. There are three major types of webinars in this series.

We have webinars that offer general guidance for school psychologists on how to adapt their services for virtual environments, and also webinars that provide specific recommendations for how to plan and deliver IEP services, such as counseling and behavior supports, or how to conduct virtual suicide or threat assessments.

We also created the *Return to School Special Series* which addresses both academic and mental health issues and talks about how practices must be adjusted when we return to school. We can't just pick up where we left off in March and these webinars help school psychologists navigate this new territory keeping in mind the importance of understanding how students might have experienced trauma and loss over the last few months, while also remembering the importance of utilizing MTSS processes, and practices that enable valid and reliable decision making.

While not all of the webinars are public in the special series, each webinar is accompanied by a written guidance document that is publicly accessible. This includes the newly released document compiled by NASP and the American School Counselor Association addressing school reentry considerations for social emotional learning and mental and behavioral health.

We also have a variety of resources available for families and educators addressing all different types of mental health needs. Many of the topics are also translated into other languages. As we all know, the pandemic and the protests have brought many equity issues to light. Here we have resources to address equity considerations for service delivery and resources to help people better understand COVID-related racism. Additional resources related to social justice are available on the NASP website, including adaptable lesson plans for educators, and other resources addressing racism, privilege, intersectionality, implicit bias, and supporting vulnerable populations.



The newly released *NASP Framework for Effective School Discipline* offers evidence-based strategies for effective school discipline policies and practices that are critical to promoting students' successful learning and well-being.

And as we return to school, we will need to carefully consider how our schools create safe, welcoming and supportive environments for all children. NASP's general school safety resources, including our "Guidance for Measuring and Using School Climate Data" and our *PREPaRE* crisis prevention, curriculum can help address these needs.

All in all, we've worked to create the resources and information that we believe will help schools and families support the mental health and learning of students, whether they be participating in classes virtually or face to face.

Thank you!

(Music playing.)

### **The American Occupational Therapy Association (AOTA)**

[www.aota.org](http://www.aota.org)

Hello, my name is Patty Laverdure, and I'm an occupational therapist that's been working in school based practice for about 30 years.

Occupational therapy practitioners working in educational settings collaborate with caregivers and team members to provide access to and participation in school routines for all students.

Occupational therapy helps students fulfill valued roles that foster participation and performance and promote successful transition to independent living, Post-secondary education and careers after graduation.

We support students identified with, or suspected of having disabilities that interfere with their ability to perform and participate in necessary or desired occupations.

Occupational therapy practitioners, address functional and academic achievement.  
Collaboratively setting high expectations for that achievement.  
Achievement, designing specialized instructional methods and implementing specialized evidenced based instruction.



We build opportunities for students to engage socially in healthy and productive roles that promote the development of authentic relationships and belonging in their school communities.

We apply our knowledge of biological, physical, social, and behavioral sciences to evaluate and intervene with people when challenges compromise occupational engagement.

And in the case of educational environment, you might find us engaged on the playground facilitating a student's social interaction in play with their classmates.

You may find us in the art room, adapting tools and materials to facilitate a student's participation in the art assignment.

Then, again, you may find us in the classroom, promoting engagement and performance in literacy activities, such as reading and writing.

You will always find us, however, working shoulder to shoulder with the members of the educational team, solving challenging problems, implementing individualized instruction and interventions, and carefully monitoring and measuring progress toward achievement of goals and long term outcomes.

COVID-19 has dramatically impacted the face of education and services for all children and youth.

And occupational therapy is an essential support to the school teams as they design and implement remote learning and plan for educational re-entry.

We understand how an educational impacts of disruptive roles, routines, and occupations on both students and staff and we can use our expertise to rebuild meaningful routines that facilitate participation, achievement, and role satisfaction.

The American Occupational Therapy has developed tools and resources for members to support student engagement in home roles, roles and routines such as bedtime and Sleep, Hand Washing, toileting, chores and homework during COVID.

We have tools that enhance physical activity and sensory and emotional and behavioral regulation.

We collaborate with family and team members to access, evaluate and optimize PPE, conduct contact risk assessment, and use technological interventions.

These resources and many others can be accessed at the AOTA Website at [AOTA.org](http://AOTA.org)  
Occupational therapy practitioners are uniquely positioned through their understanding of the relationship of occupation, health, and well-being, to find scientifically grounded and practical solutions to the challenging occupational needs of schools and school teams at this time.



Thank you.

(Music playing.)

**Academy of Pediatric Physical Therapy (APTA)**

[www.pediatricapta.org](http://www.pediatricapta.org)

Greetings. I'm Cindy Miles, President of the American Physical Therapy Association and APTA Pediatrics, and we'd like to thank the Office of Special Education Programs for the invitation to participate today and the opportunity to share our organizational resources and supports. Our members provide family centered services across the lifespan and participate in individual family service plans for children birth Through 3 and individual education plans for children 3 Through 21.

Partnerships and collaborations such as APTA pediatrics at APTA as well as other organizations such as OSEP are essential. Major shift in practice for all of our members has been to virtual visits, including telehealth. Therapists that have initiated telehealth are acutely aware of the extensive variables related to tele health services, especially when delivered to children in accordance with the individuals with disabilities act or IDEA.

PreCOVID, this major shift in delivery options might have warranted a change in the child's individual plan, but in this crisis, service delivery options are fluid and may change quickly. The burden then falls to the therapist to explore the federal, state and organizational legalities that regulate alternate service delivery models. It is imperative that therapists understand that ultimately we are responsible for the legal and ethical delivery of our services. Children are the most vulnerable members of our society, especially children with diverse abilities. We must be cognitive determinants in the aftermath of this pandemic.

When schools reopen and IEP services resume, we will be negotiating unfamiliar pathways. The IEP team must be at the table when determining related services. During school closure, if the district continues to provide educational opportunities to the general student population, they must ensure students with diverse abilities have the same opportunity for equal access, including virtual video visits, instructional telephone calls, or perhaps home based services. Employing ethical and clinical reasonings, therapists must consider individual and family priorities and services when determining appropriate services and delivery models to meet each child and family's concerns and goals.

So, whether you're just testing the waters, or you've already jumped in, the resources we've provided in the next few slides will enhance your options.



Early intervention resources for therapists and families. Tele health resources. We must stress the importance of advocacy to champion for ongoing telehealth as an adjunct to direct services going forward. COVID resources, including school-based services. COVID resources including a webinar of pathways to practice through COVID and beyond. And there you will be able to find a plethora of slides related to telehealth, early intervention school, resources for reopening, and PPE. Also Choose PT has great fitness and exercise videos for families and children.

When we emerge, we will discover an unprecedented landscape in pediatrics over the next few years. It is imperative that we start collecting outcomes and residing research related to telehealth, changes in respiratory health, and monitoring all systems.

We look forward to your questions. Please do not hesitate to reach out to APTA with questions at [advocacy@apta.org](mailto:advocacy@apta.org) We have the opportunity to forge ahead together, renewed, resilient, as a community, a nation, as one world. We must imagine the possibilities where we can make a difference.

(Music playing.)

### **American Speech-Language-Hearing Association (ASHA)**

[www.asha.org](http://www.asha.org)

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who include school-based audiologists, speech-language pathologists (SLPs), and audiology and speech-language pathology support personnel.

Audiologists and SLPs are now engaging in online distance learning and telepractice, to provide assessment, individual and group services, online classroom-based services, and consultation. Here are two of the resources created to support our members' decision making. For SLPs in early intervention, ASHA developed a series of recorded web chats with experts on conducting evaluation and intervention via telepractice, as well as how to empower families and professionals.

Here are a few of the resources ASHA has developed for families of children ages birth to 3 who have expressed concerns about telepractice and their child's progress during this time.

Educational audiologists make sure a child's hearing devices are working and that teachers and other students model good communication strategies. While at home, ASHA has tips for parents to help them care for their child's hearing health and optimize communication.





In preparation for the new school year and the continued use of masks, ASHA has urged the CDC to consider the use of clear facemasks and other flexible communication to protect people with hearing and other communication disorders.

Here are some tips on how to engage students using digital platforms:

Use a visual schedule and create a consistent structure for each session. Consider what motivated students during in-person service delivery and find virtual options.

Consider adjusting the session length and time of day to increase student participation. For students using AAC, utilize parent coaching to integrate language activities into daily routines.

Adapt technology options such as document cameras, screen mirroring, or a large TV screen with a headset to minimize auditory distractions.

Recognize that speech and language services will look different for each student. Parents and other educators can support the audiologist and SLP by working together to find creative and flexible solutions to meet individual student needs.

For school-based SLPs and other specialized instructional support personnel (SISP) the ASHA Workload Calculator: COVID-19 Edition can be used to identify the amount of time spent on preparation, learning and using technology, delivering services, and compliance with federal, state, and district mandates.

The Telepractice Checklist provides information for preparation and planning when providing services via telepractice.

The Documentation Checklist helps SLPs organize and record each step of service delivery and data collection in one document.

As schools are considering returning to face-to-face learning, ASHA has developed considerations for audiologists and SLPs. Visit [www.asha.org](http://www.asha.org) for more information.

Thank you!

(Music playing)



## **School Social Work Association of America (SSWAA)**

[www.sswaa.org](http://www.sswaa.org)

My name is Christy McCoy, President of Elect for School Social Work Association of America and I have also been practicing as a School Social Worker for St. Paul Public Schools for the past 16 years. It is honor to be here with all of you today.

As a nation and individuals, we are navigating two very significant crises that are resulting from COVID-19 pandemic and also the aftermath of the deaths of George Floyd, Breonna Taylor and Ahmaud Arbery. These crises have shed light on longstanding social inequities and injustices toward African Americans as well as other marginalized groups.

In this time of crisis, the critical services that school social workers provide are more important than ever. Best practice suggests that to effectively meet the social, emotional and physical needs of our students to ensure academic success it is important to use an interdisciplinary approach that includes all of us here today.

School social workers are highly qualified licensed mental health professionals and practitioners who are part of a continuum of mental health service delivery in our schools.

For those of you who may not know, School social workers' hold a degree in social work which encompasses specialized preparation in cultural diversity, social justice, risk assessment and intervention, collaboration, and clinical intervention strategies to address the mental health needs of students and depending on one's job description and qualifications, many school social workers across the nation provide clinical services but all school social workers are trained to provide emotional support and resources directly to students and families especially in times of crises.

In the midst of our current circumstances, school social workers have been called upon to provide a continuum of support to students, their families and educational communities who are struggling with increased physical and mental health needs such financial stress, death of loved ones, racialized trauma as well as ongoing uncertainty and instability. Additionally, school social workers are critical points of contact within a school district offering support to school staff who must address their own needs and distress.

Research has repeatedly shown that students affected by trauma, poverty and mental health issues are unable to access learning and engage in school. No doubt when we return this fall, we will all have been impacted to some degree by these crises, but some students and staff will be experiencing the results of serious prolonged exposure to trauma and scarcity. Responding to this is something that school social workers have explicit and specialized training in, as well as skills



to assist students and their families in accessing the resources, support and help that will enable them to re-engage in school.

Thus, we must prioritize mental health support if we expect our students to truly recover and regain skills from the lost in-class instruction time. School districts and educational personnel throughout this country are facing a challenge unlike anything in our history, but by coming together as school staff and communities and focusing on the whole child we can meet it and potentially create an educational system that is better able to meet the needs of all students.

To help support our members, students and families, we have been a variety providing resources as shown on this slide, and one resource that I want to mention is called “Dare to Soar” it is a podcast that is hosted by Dr. R.C. So, I welcome any of your questions and thank you for your time today.

(Music playing)

### **Early Childhood Technical Assistance Center (ECTA)**

[www.ectacenter.org](http://www.ectacenter.org)

ECTA Center has collected resources to support remote service delivery and distance learning during the COVID-19 pandemic. We use this term to describe the remote provision of services and supports using audio or video technology, connecting providers and educators with parents or other caregivers to facilitate their child's learning and development throughout their daily activities and routines.

On our website, practitioners will find a variety of resources, including checklists and video examples to help illustrate what high-quality remote service delivery might look like during the pandemic, including considerations for addressing equity.

On our Provider and Educator Use of Technology page, you'll find a wealth of resources, including this Video Conferencing 101 document, a more extensive resource document on planning for the use of video conferencing, and this short video on building your video conferencing skills.

The tips we will review also apply to meetings, coaching sessions, parent-to-parent support groups, and really just about anything else. Video conferencing will continue to be an essential part of our lives and how we communicate, so we ought to learn to use it effectively. And let's face it. Each of us could stand to get better at certain aspects of it. The tips are organized by three categories, the technical stuff, your environment, and interactions.



The video also has a companion self-assessment checklist that you can use to review what you've learned. Although designed specifically for early childhood, these resources have great tips and information that can be supportive to teachers and related service personnel serving school-aged students as well. While content will vary, the effective strategies are often the same.

Further down this page, you'll find a number of video examples that illustrate home visits during the pandemic. In "Supporting Grayson's Family," an early interventionist works with a family to identify strategies for embedding sign language during snack time.

It is so important to embed strategies in the family's daily routines. I know that they're different right now, but for Matt and Niki, they've got those routines that they do every single day. It gives Grayson multiple opportunities during the day to practice them, which helps him master those skills. One of the opportunities that we had at the visit was he was having snacks, so he was able to do the sign "please" for them, and it was just a natural opportunity for them to then model "thank you."

If he didn't have hearing loss, we would just tell him to say "thank you" but instead, we have to sign it. I kinda enjoy it. I've always wanted to learn sign language, so I guess I have to learn a lot of it. When he wants something, we try and get him to sign "eat" if he wants to eat or "please" and then we give him what he wants. And "thank-yous" have been a little tough.

Say please. Good job.

That is awesome.

In a home visit with Liam's family, the occupational therapist works with the mother on positioning her son during playtime.

(Mother speaking in Spanish) Well, we have been working on sitting down. The baby has hydrocephaly, so he does not have a lot of balance, and we have had problems doing that, sitting him down. We have been working on that and Miss Marta has taught me some positions to sit him and exercises for his legs and for balance and he has improved a lot, yes.

(Miss Marta in Spanish) Just like that, I like how he is sitting there on your leg. That is also a good position because his knees are in 90 degrees and his ankles too and his feet are steady on the floor. So that is also a good position for him to play.

(Mother speaking in Spanish) And I exercise his knees like this

(Miss Marta in Spanish) Exactly, Perfect perfect.



We hope you will explore these items that we've collected to support your work providing remote service delivery and distance learning opportunities for all young children and their families. We'll continue to work to support state IDEA early childhood programs with updates to these pages. Find us online at [www.ectacenter.org](http://www.ectacenter.org).

(Music playing)

**Sarah E. Moreau/Arctic Vision**

[www.arcticvision.org](http://www.arcticvision.org)

Hello, I'm Sarah Moreau. I'm a Teacher for Blind and Visually Impaired, Orientation and Mobility Specialist and Low Vision Therapist in Wasilla, Alaska. I completed the O&M program at Portland State University in 2019. I am an OSEP COMET grand recipient. Early 2020 a colleague and I wanted to launch an interactive online class to a handful of students who live in remote areas to address loneliness and the sense of belonging as they may have been the only student in their school or community and all the kids would have one common interest – orientation mobility.

But as you all know, COVID-19 hit, we no longer had access to those students, or their Orientation and Mobility specialist, or their school districts support, and the kids did not have internet access.

So, one Tuesday night my colleague and I decided to launch a Facebook ad saying that we would have a zoom meeting for all students in middle school grades 6 through 8 to come together to talk about orientation mobility. We met once a week for one hour, and on Thursday morning had over 80 participants.

We had so many participants we had to call another Orientation and Mobility Specialists to break out into small groups to facilitate safety, and to allow the students to communicate and grow relationships with one another. The teachers loved it so much they're able to see the students connect with others, make friendships, and see where they are independent level more than they are able to see on a one to one instruction type lesson.

Since this is not the students learning method or learning medium of course is on a consultation method and not instructional level. The teachers met on Fridays to help learn concept implementation, and the parents met weekly to bring families together and share their experiences. We had to put a deadline on it, and so we ended at the end of the school year May 22nd.



You can contact me at [www.arcticvision.org](http://www.arcticvision.org) or contact me at [arcticvision2020@gmail.com](mailto:arcticvision2020@gmail.com)

Thank you.

(Music playing)

**California Polytechnic University Pomona**  
**Adapted Physical Education Program**  
[https://www.cpp.edu/~pvetter/ape/APE\\_Information.htm](https://www.cpp.edu/~pvetter/ape/APE_Information.htm)

Good Day. My name is Dr. Beth Foster, I am an associate professor in Adapted Physical Education at the California State Polytechnic University in Pomona. During the current COVID pandemic, my students have continued to provide direct adapted physical education services during our 'safer at home' order through pre-recorded physical activity videos which have then been emailed to the student's families and also shared on our YouTube channel for families to be able to access and view. These videos provided instruction on the student's adapted physical education goals and objectives. Here is an example of some videos.

(You Tube Video) Matt here and today we are going to examine the stationary, one-handed dribble. Now what I would like you to do, is obviously stand stationary and then you are going to dribble the ball four times, catching after. Now this demonstration number one. (Counts while bouncing the ball) One. Two. Three. Four – now catch.

In addition to providing instruction through pre-recorded physical activity and motor skill videos, we also had ZOOM sessions with the adapted physical education students and their families to review their performance and progress. This was a fun time to check in with the student and we also utilized this time to see if the families had any questions pertaining to the skill videos and implementation of the motor activities. Here is a picture of one of our ZOOM sessions.

To further provide direct adapted physical education services, we developed individualized physical activity month calendar based on the student's abilities and skills. The calendars contained activities for each day of the month. Some activities included were fitness exercises, yoga or stretching, and also emotional and mental health activities. For each day, there was an explanation of that day's activity challenge to complete. We encouraged the entire family to partake in the activities and daily challenges of the physical activity month calendar. I will now provide some examples and explain each of the calendars to you.



You can see on this calendar a bunch of various physical activities working on various motor skills for each day of the month.

For this calendar each day of the week is based on a physical activity theme, such as meditation Monday, cardio Thursday and balance Friday.

Thank you so much for learning how we provided direct APE services.

(Music playing.)

### **Question and Answer Segment**

**Laurie VanderPloeg:** Thank you to all the organization partners, and OSEP investments for sharing these resources and strategies, and to all our engaged stakeholders for joining us today. Our purpose for this and future webinars is to highlight some of the quality resources available to support the incredible work of teachers and providers and parents. Thank you for the questions you've been sharing. We'll now begin to respond to them. You can continue to submit questions in the question box.

So Christy – our school social worker, what steps or strategies are school social workers using to increase student engagement during COVID-19?

It looks like Christy is having some audio issues right now. Oh, maybe...

Christy, go off mute, we can't hear you.

Christy, you're on mute...

Laurie, give her a wave so she knows.

Christy, you're on mute...

Okay, she's saying she's off mute. So why don't we switch to another question, Laurie, and work on the back end to get Christy back up and running again.

**Laurie VanderPloeg:** Okay. Let's try Cindy from APTA. When delivering physical therapy through telehealth, what are some key practices to be more effective?

**Cindy Miles:** Thank you. I think we need to remember that telehealth is the ultimate coaching, and it's been a fantastic experience, although it's been scary. We have resources on the PowerPoint slide provided to ensure law and regulations are met. Check your malpractice insurance and investigate the differences between occurrence and claims made policy and there are some good articles related to that. Document criteria for providing virtual visits and when to resume face-to-face or hybrid telehealth; you want to protect both the family and the provider. Determine if evaluations are appropriate. And determine if specific tools to provide for virtual



evaluations and it might be appropriate to do a face-to-face eval and then move back to telehealth. I must stress though that HIPAA laws have not changed. I believe that is important to protect our families and maintain the highest level of privacy protection. Making sure that the family understands the consent form and what they are agreeing too. If there's a language barrier, find resources to help, and the consent must come from the parent, not the child. I see a lot of language that has been put in there that says "Joey consented to and Joey agreed to" and Joey is a 2-month old baby, so make sure to pay attention to that. Find a platform to conduct it -- there's a guide on the slide (audio break) and identify barriers to technology. There's grants and services to provide for that. Coordinate with your schools and individuals to coordinate with the family and put them in the direction that works for them. Again, if there's a language barrier, same as above. Be prepared for every visit to maximize your time. Practice, practice, practice. This is new to some of us. And some of us might not have been familiar with this 3 or 4 months ago. Take advantage of online trainings and don't stop seeking training. There's more resources available to consistently improve how you're implementing services for our diverse families. Be prepared, book a secure room with adequate space that's secure, quiet and check your background. Always make sure you make eye contact with the family and child. Wear a solid colored top, one color on the entire top, this can help the child to see your movement. Wear a mic so if you step away from the computer the same level of engagement is there. Check your lighting. And most importantly, think about engagement. Continue to think about resources, games, and apps. I was excited to hear our providers' enthusiasm for the family's engagement; it was great for all that were not EI providers to understand the beauty of early intervention that many of us love. Keep in mind you're a guest in the family's home and respect the unique cultural and ethnic environment. Send them home exercise programs and give prep, a list for them to have. Safety is a priority. Make sure an adult is present, especially if the child is younger or using adaptive equipment. Use your judgment about what age you want the child to just be. Adequate space for the family and follow up and adjust with feedback as needed. Track those outcomes. And recognize novel signs or symptoms that might be unique and related to COVID-19. Put your detective hat on with the ever-changing signs and symptoms. This is only the beginning, let's think about research and when you would start your next case study.

**Laurie VanderPloeg:** Thank you. Stacy from NASP, this is a question I hear often. When we resume risk assessments, what will we need to do differently?

Stacy Skalski: The most important thing that we are going to need to do is to remember the impact of the trauma and the disruption of school will be significant for most kids. We need to figure out what that is in terms of student performance. If we don't consider that from the start, we're in danger of identifying kids for special ed inappropriately. That being said, it makes sense that instead of diving right back into assessments we actually implement a course of classwide interventions for students as a way of leveling the playing field. Once we know that kids have had consistent instruction for a period of time, we can think about screening for special ed needs





and the potential for moving to a full evaluation. NASP has created a series of webinars and some guidance documents to navigate this. I encourage people to look at the website and check that out.

In the fall, a lot of what we do heavily depends upon how schools actually look. If schools are virtual, we're limited in our available valid and reliable standardized tools, and we're going to need to rely much more heavily on curriculum-based measurement, RTI, and other ecological based assessments. If schools are face-to-face, we'll need to consider the impact that any modifications to the testing environment could have on students. For example, if a student and a grownup are required to wear masks, face shields, or work behind protective barriers, I've heard all of these things suggested in schools, all of those things will impact the validity and reliability. We have to actually ask ourselves what the impact is and make adjustments for that. So, for example, if a child is in a situation where they are doing that, we have to ask how will that impact their ability to hear? How will that impact the rapport or impact their comfort level during the assessment? And all of those modifications need to be noted in the evaluations, and those testing results, if you feel that they have impacted the kid significantly, we need to be very conscious of making any high stakes decision making based on the results. And we have to remember there are no assessment norms that reflect gaps in instruction for up to 6 months for the potential trauma experienced during this time. So, to do our best for kids we need to use MTSS processes, use good collaborative decision making, and use the most valid and reliable assessment processes that we can come up with.

**Laurie VanderPloeg:** Great, thank you. Patty, with AOTA, how can occupational therapy support schools and school teams as they both continue to provide distance learning to students and prepare students to learn?

**Patricia Laverdure:** Thank you for this question, I think it is really important. I'll echo a little bit of what Stacey said earlier. Since the start of the pandemic, OT practitioners have been collaborating with teams to identify learning goals and identify effective instructional methods that can be used during distance instruction. We're working with teaching staff and related service providers to promote accessible instruction, provide adaptive strategies and materials, and establish ways for students to engage in learning activities and demonstrate their understanding. We're really working hard on developing specialized instructional interventions to help teachers accommodate to those individual differences in their remote instruction, things like movement breaks, preparatory activities, activities such as that really helps students begin to engage and gives teachers the opportunity to recognize the learning that's being made in that particular context. We're facilitating methods to help students adjust to new routines associated with distance learning. Pacing and sequencing to reduce eye strain and fatigue is an example of that. Along that line practitioners have been working with teachers and school staff to coordinate student access to needed educational resources like visual supports, learning software, and



positioning devices, all of which are critical to student learning. Simultaneously we've been working with caregivers to manage disrupted routines and build new ones at home, we have been coordinating with caregivers and students to find creative ways to facilitate and carry over their learning through self-care, chores, play and leisure, and education, all of which are valuable not only for learning, but also are very helpful to support family life during the pandemic. As we ready for reentry, OTs are hard at work helping school and caregivers build the effective roles and routines that promote engagement and learning. We have built a number of resources on the AOTA website that really help look at roles, look at routines, and help with the decision-making processes of how to support families and school teams engage in those activities. So, we'd like to invite you to take a look at our website to capture a few more of these resources.

**Laurie VanderPloeg:** Great. Thank you. All right. Stacey, ASHA. My district is requiring that I see students on my caseload via telepractice. Do I need to adhere to the same regulations and professional guidelines I did before COVID-19?

**Stacey Glasgow:** Short answer, yes! In some states, audiologists and SLPs need a teaching credential, and in others they need a state license. So, we counsel people to be mindful of those requirements. During the pandemic, many states have added flexibility and relaxed some rules around telepractice and telesupervision. However, others have not. So, ASHA developed a state-by-state telepractice tracking chart to help audiologists and SLPs know what's allowed within their state. As far as professional guidance around decision making, best practice still applies in a digital format. So when you're working with students with communication needs and distance learning, educators can continue to work on slowing down your speaking rate to give students time to process, to add emphasis to the important parts of your message so that students are attending to what they need to be mindful of, using visuals and gestures. I hear people talk about camera fatigue. They get tired of being on camera. But our faces give a lot of information about our message. So, it's important for students to be able to see those. Repeating instructions, providing instructions in writing so students can refer back if they missed a part of the message. Being explicit about the hidden curriculum involved in online instruction. I think we need to be aware of making it really obvious for kids where they need to go, what they need to do, and the expectations for them to participate. And then just providing wait time. We know that even providing 3-5 seconds of wait time will yield higher accuracy in responses, more kids are willing to respond, and you get less of the "I don't know" responses. So, feel free to ask your school speech language pathologist or educational audiologist for more information.

**Laurie VanderPloeg:** Great. Thank you. Christina, ECTA. Are there resources to support the preschool 619 teachers and providers to support how they can plan distance learning to preschool age children?



**Christina Kasprzak:** That's a great question. There are resources for preschool on our webpage. But this question gives me a chance to highlight a couple of new videos that were posted specifically for supporting preschool age children and their families. On our provider-educator use of technology page, where you'll find all these resources including videos, there's a new video called *Preschool Remote Learning During the Pandemic at Carver Elementary*. That has a gen ed teacher, an itinerant early childhood special ed person, and an SLT, and they describe together how they did remote learning services during the pandemic: how they reached out to families, how they did synchronous and asynchronous activities, and specifically how they supported children on IEPs. There is a second video that is specifically targeting preschool and that is called *An Inclusive Preschool During the Pandemic Remote Learning at Big Walnut Elementary School*, and that video illustrates how two preschool education interventionists worked together and they figured out how to do remote learning services for their inclusive classroom. They used their typical classroom visual schedule and they provided synchronous and asynchronous activities again and figured out how to provide individual support for children with IEPs. So I hope you'll see there are a lot for preschool folks on the website, and I hope preschool folks won't discount the home visiting videos online, because although some of the children in the videos may be younger ages, much of the content relates to communication with families, coaching and supporting families virtually. So much of that content is relevant across ages.

**Laurie VanderPloeg:** Thank you. Sarah, she is our orientation mobility specialist from Alaska. Is there a good resource on how to do distance consultation for children who are blind and visually impaired?

**Sarah Moreau:** Sure. Thank you for that question. I want to reiterate and echo what everyone else has been saying. Also for anyone working with students who are blind or have a visual impairment, including those who are nonverbal or have a neurological vision loss, always consult with your teacher for the visually impaired in the local area that's working with the students, including early intervention specialists. As far as distance consultation, please visit [www.arcticvision.org](http://www.arcticvision.org). There's a tab, "more info" with a link to the Portland State University module on providing distant consultation and when to role release to a paraprofessional, parent, or caregiver to review any of the content that's been taught to any of the students, as well as path to literacy has a great amount of resources for anyone working with the blind and visually impaired. ACBRE is our credentialing, and they have our code of ethics and scope of practice. So, check them out. Thank you for having me today.

**Laurie VanderPloeg:** Thank you. Let's do one more question. Christy, how are school social workers meeting the need of social emotional of students through distance learning?

**Christy McCoy:** Can you all hear me?



**Laurie VanderPloeg:** Yes.

**Christy McCoy:** Good. I apologize for the audio difficulties! Thank you for having us here today. All of us quickly had to adapt to telemedicine as a means to engage with our students and families and meet their needs. And school social workers found that as much as we might try to follow the schedule of a regular school day, many of us worked well into the evenings in order to reach our students and families and to provide the support they needed. Furthermore, we continued individual and group sessions with students to increase their engagement and to provide for their support. In addition, we, one of the things that I did is I facilitated an education support group as well as the grief group to really address some of the needs. That was a combination of our gen ed students as well as special education students. Now, typically school social workers would also conduct home visits as a way to not only increase engagement, but to meet the social emotional needs of our students. But because of the COVID-19 pandemic, school districts across the nation varied in their openness to allow school social workers to continue this practice. In my district, for example, school social workers weren't able to do home visits. But that changed after the death of George Floyd. When we were able to then drop off resources and using the protocol followed by the CDC guidelines. One of things that I wanted to mention was in our slides, we got really creative in meeting the social emotional needs. We found some of our social workers were using asynchronous mechanisms like Kahoot and fun ways, games to talk about intense feelings. We had social workers reading books. We did a lot of different engagement, whether that was teaching about visualization exercises, how to cope with intense feelings, and creating virtual offices and calming spaces for them as well. Those are some ideas of how we engaged with students and helped meet their social-emotional needs.

**Laurie VanderPloeg:** Thank you. We have one more quick question for NASP. Are there any aspects of virtual service deliveries that could or should be incorporated into practice when we return to school?

**Stacy Skalski:** Absolutely. We heard a lot of our members regarding a lot of terrific things. We heard about kids on the autism spectrum and internalizing disorders who actually found it easier to engage in counseling because they were using technology, because they were not in a face-to-face environment. So, I think we need to really think about how to do that with each one of the kids and their needs. We heard teachers and school psychologists who were collaborating much more because they could just dial them up and call them. It made it so much easier to access them rather than waiting for them to come at the end of the week at their scheduled time. We heard from school psychologists saying they saved an enormous amount of time not driving school to school, and they were able to put that into prevention-based services for kids and intervention-based services for kids. I think we really need to think about that for rural areas, and how we can provide more expedited and more thorough services as a result of virtual service. In



my mind I think we should use these discoveries to figure out how to enhance virtual services in the future to make sure they can get and are able to access the services they need in order to be successful in school.

### **Closing Remarks**

**Laurie VanderPloeg:** Great. Thank you. Our time is almost over. So again, thank you to the presenters and participants. We hope you'll find the resources shared today very helpful. We continue to navigate these challenging times. Through our funded investments and collaborative partnerships, OSEP is committed to supporting your continued efforts to improve services and supports for children with disabilities and their families. Our next webinar will be held on August 4th from 2:00 to 3:30 Eastern Standard Time, and we hope to share strategies and resources focused on return to school. We look forward to seeing you all then and thank you for attending, and good luck.

(End of webinar)