



**School-Based Speech-Language Pathology Services
During Emergency Situations:
A Guide for Practitioners and Districts**

**Submitted by NJSHA School Affairs Committee
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This document has been created to address speech-language pathology services during state of emergency school closures that occur for an extended period of time (i.e., three days or more). These suggestions are being made to satisfy the requirement of delivering effective speech-language telepractice in a crisis situation. *This is not an endorsement for telepractice as a regular service delivery model for speech-language pathology services in New Jersey schools. It is written specifically to address emergency closure and reopening situations.*

During a state of emergency districts have been directed to, “...*deliver to the greatest extent possible*” the special education and related services students require. The New Jersey Department of Education (NJDOE) is working to provide maximum flexibility recognizing the difficulties within this type of environment and that different districts face different challenges.

DEFINITIONS & TERMS

The **American Speech-Language Hearing Association (ASHA)**, “...adopted the term **telepractice** rather than the frequently used terms **telemedicine** or **telehealth** to avoid the misperception that these services are used only in health care settings. Other terms such as teleaudiology, telespeech, and speech teletherapy are also used by practitioners in addition to telepractice. Services delivered by audiologists and speech-language pathologists (SLPs) are included in the broader generic term telerehabilitation (*American Telemedicine Association, 2010*).”

During typical times, Public Law 117 (<https://www.njleg.state.nj.us/2016/Bills/AL17/117 .HTM>) specifies that, “*Telemedicine*” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission. “P.L. 117 further states, “*c. (1) Telemedicine services shall be provided using interactive, real-time, two-way communication technologies.*”

*Also during typical times, “...for the purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting **two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.** This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.”*

(<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>)

According to the New Jersey Division of Consumer Affairs, “During the state of emergency and public health emergency related to COVID-19, New Jersey has relaxed the usual technological requirements for providing telehealth and telemedicine. Providers may now use a broader range of communication tools, including audio-only telephone or video technology commonly available on smartphones and other devices. **While providers now have the**

flexibility to use all available and appropriate technologies, they must ensure that their choice of communication tools allows them to meet the applicable standard of care. “ <https://www.njconsumeraffairs.gov/COVID19/Documents/FAQ-Telehealth.pdf>

Despite the relaxation of telehealth requirements, the New Jersey Speech-Language Hearing-Association (NJSHA) believes that the applicable standard of care for school-based telepractice direct services, requires a combination of simultaneous audio and video, in real time, between speech-language specialists (SLSs) and the preschool and school-age students they serve, even in an emergency situation during school closures.

THERAPY

Currently telepractice is allowed during emergency school closures under the *Temporary Rule: Modification of N.J.A.C. 6A:14, Special Education*. Since there are no regulations and policies surrounding such practices in place for NJ schools, NJSHA recommends the following as acceptable parameters for *telepractice during a state of emergency situation*.

In using the term telepractice, as adapted from ASHA and the guidelines for the definition of telepractice set forth by P.L. 117, NJSHA recommends defining what telepractice is for the school-based SLSs.

Definition: Telepractice is speech-language pathology services conducted with an interactive audio and video connection in real time. This is to create an experience similar to in-person therapy. Telepractice services may connect a student or group of students with an SLS.

- **On occasion**, an emergency situation may occur during which either the SLS or the student may lose technical video capabilities. Again, telepractice should be virtual remote therapy which includes the use of visuals, such as screen sharing or shared screen control, coupled with audio as long as the service is **student interactive and in real-time**.
- Districts should be responsible for providing the means by which telepractice will be delivered for SLSs and students. See: **Technology Guidelines for Telepractice** for details.
- Group sessions are permitted under the *Family Educational Rights and Privacy Act* (FERPA) which differs from *Health Insurance Portability and Accountability Act* (HIPPA). District Administrators should clarify the difference between the two, for SLSs, as it applies to telepractice during an emergency situation. The New Jersey Principals and Supervisors Association (NJPSA) has a recorded webinar that NJSHA has found helpful for this purpose.

Just as the IEP team is tasked to determine the Least Restrictive Environment, the SLS should determine the Least Restrictive form of telepractice to provide according to each student's unique situation and needs. Please see ASHA's [Top 10 Ethical Considerations in Using Telepractice](#)

The following are questions and concerns that have been raised by SLSs throughout the state.

What happens if telepractice is not working? Once telepractice is deemed appropriate and services have begun, it is important for the SLS to allow a transition period of at least 4-6 sessions before making any changes to the telepractice delivery model. Some items to consider, and to document, adjusting during this transition period include:

- Availability of family/facilitator support as needed
- Family/student training/support
- Length of therapy sessions and time of day
- Behavior modification supports needed
- Technology capabilities (e.g., alternative platforms, wifi availability)

If making any determination to discontinue or change the form of telepractice, the IEP team, including the parent, should be consulted. The decision should be documented in **Written Notice**. Such decisions are made based on the individual needs of the student and should not be disregarded for administrative convenience or budgetary exigencies.

What happens if a student does not attend scheduled telepractice?

Documentation for missed sessions should be maintained, as should the attempts made to contact the parent/student (e.g., phone calls, email reminders, texts, U.S. Postal Service). After reasonable attempts have been made to engage a student in telepractice, that information should be relayed to the case manager and/or administrator for follow-up. A district's administration should be responsible for determining the number of attempts to reach a parent that is considered "reasonable" and how to address this situation.

What happens if the student is not able to benefit from telepractice?

Some students may be precluded from receiving telepractice speech-language pathology services because of the type or severity of their disability. For such students, compensatory services should be considered by the Individualized Education Program (IEP) team upon reopening of schools. If it is determined that compensatory services are warranted, it is the responsibility of the district, not the individual SLS, to provide those services.

TECHNOLOGY GUIDELINES FOR TELEPRACTICE

Technical Equipment for the SLS

Telepractice sessions between SLSs and the students they service are virtual (i.e., remotely delivered) instruction that require both audio and video equipment to provide a near in-person therapy experience via the internet. In order to provide effective IEP driven services remotely, SLSs must be equipped at home, minimally, with the following items:

- Laptop or desktop computer with embedded or external webcam and built-in microphone.
- High-speed internet connection—no less than 3 MB is needed for optimal connection and screen sharing; no less than 5 MB upload and download speeds if a video source is to be shared (e.g., PowerPoint, TeacherTube or other video recordings) Check for connectivity using: <https://www.speedtest.net/or> <https://fast.com/>
- Headphones with attached microphone to allow the SLS and student to hear each other as clearly as possible
- Secure video conference platform that is both FERPA and HIPAA compliant (e.g., WebEx; G-Suite—Google Meet, GoToMeeting; Doxy.me— Professional; TheraPlatform—Pro; Zoom—Business Version)
- Virtual phone number that works on smartphones and the web so the SLS can place and receive calls from parents/students regarding telepractice services (e.g., Google Voice) in order to avoid sharing the SLS's personal phone number with students and/or parents.

Technical Equipment for the Student

Districts should ensure that all students have adequate technical means by which they may access telepractice sessions. If students do not have the items listed below, they may be paid for by CARES funding or Medicaid reimbursement revenue received by the district for speech-language pathology services. The minimal technical requirements for students should include:

- Laptop or desktop computer, smart phone, or tablet, with embedded or external webcam and built-in microphone
- High-speed internet connection
- Headphones with attached microphone to allow the SLS and student to hear each other as clearly as possible

- Accessibility features to support the secure video conference platform chosen by the district

Workspace Environment for SLS Telepractice

When an SLS is setting up a telepractice office space in his/her home, certain considerations should be taken into account. Most importantly, the space has to provide a comfortable, welcoming environment for both the SLS and the students being served. The “office” does not have to be a specific room, but rather a space selected because it is:

- Quiet and free of any ambient noise that may interfere with communication.
- Private and clear of distractions, both in and behind the workspace, that could draw a student’s and/or parent’s attention away from therapy session activities. Be aware of anything in the background to be sure it is appropriate for the student, parents, and/or colleagues to see.
- A well lit area to ensure the student is able to see the SLS’s face and materials clearly. It is best to have light overhead and in front of, rather than behind, the SLS. A desk or floor lamp can be used to help balance the light coming in from a bright window behind the SLS.
- Equipped with adequate desk/table space and a comfortable chair to allow for leg space. Room must be available for equipment, therapy materials, and paper for notes and/or data collection.

For more detailed information, see:

ASHA Telepractice—Key Issues.

https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956§ion=Key_Issues

ASHA Telepractice Checklist for School-Based Professionals

<https://www.asha.org/uploadedFiles/ASHA-Telepractice-Checklist-for-School-Based-Professionals.pdf>

Crouse, Stacy. *How to Set up Your Teletherapy Home Office.*

<https://www.stacycrouse.com/post/how-to-set-up-your-teletherapy-home-office>

PresenceLearning. *Best Practices for Setting Up a Home Teletherapy Office.*

<https://www.presencelearning.com/best-practices-for-setting-up-a-home-teletherapy-office/>

Shook, Jill. *How to Choose a Teletherapy Platform.*

<https://www.privatepracticeslp.com/blog/teletherapy-platform-how-to>

Szwabowski, Andrea. *What Telepractice Platform Features Can Enhance Your Sessions?*

<https://leader.pubs.asha.org/doi/10.1044/what-telepractice-platform-features-can-enhance-your-sessions/full/>

PROFESSIONAL DEVELOPMENT FOR THE SPEECH-LANGUAGE SPECIALIST

Districts should ensure that SLSs have access to professional development webinars, produced by certified, discipline specific, licensed professionals, regarding the proper use of speech-language pathology telepractice for preschool and school-aged students. These webinars should address the use of the district's chosen secure platform, telepractice therapy methods and materials, as well as remote assessment, to greatly improve the quality of speech-language pathology services delivered via telepractice. Administrators should also be educated in the appropriate use of telepractice.

USE OF PARENTS/FAMILY MEMBERS AS TELEPRACTICE PARTNERS

Children, especially preschool and early elementary school students, will need parental facilitation and supervision during telepractice sessions, especially in the beginning of the program. ***Prior to initiating remote therapy, SLSs should coach parents/family members, perhaps through the use of a "Parent Checklist," using the following suggestions:***

- To the greatest extent possible, set up telepractice equipment in a quiet area of your home, free of distractions.
- Set up equipment for sessions and log in 5-minutes early to make sure it is in working order and ready for each therapy session. Be available to troubleshoot technological difficulties during telepractice sessions.
- Help facilitate the activities with your child if s/he is unable to independently engage with the SLS during telepractice sessions.
- If your child is old enough, teach him/her the basic computer skills needed for speech-language therapy telepractice sessions.
- Help instill and reinforce appropriate behavior of your child during telepractice sessions.
- Ask questions about how you can help and tell the SLS what materials/toys you have in your home.
- Remember that telepractice may not work well each session. Be sure to check with the SLS to get ideas for things you can do during your everyday routines to help facilitate improved communication skills.

- To avoid unnecessary interruptions during therapy, be sure your child uses the bathroom and has had a snack or meal before each telepractice session.
- To help promote cooperative behavior, prepare your child before the session by setting a timer, providing verbal reminders and/or visual schedules indicating that therapy will begin shortly. This will allow time for your child to complete activities and reduce confusion or disappointment in having an activity pulled away from him/her when it is time to begin the session.

For additional information, see:

Moorer, Laura. *Speech Therapy Services Through Telepractice*.

<https://www.apraxia-kids.org/speech-therapy-services-through-telepractice/>

TheraPlatform. *Telepractice (Teletherapy) Basics for Speech and Language Pathologists*.

<https://www.theraplatform.com/blog/241/telepractice-teletherapy-basics-for-speech-and-language-pathologists>

SPEECH AND LANGUAGE ASSESSMENT

N.J.A.C. 6A:14-2.5(a)1.-2. states evaluations must include, *“Use a variety of assessment tools and strategies to gather relevant functional and developmental information...”* and *“Not use any single procedure as the sole criterion for determining whether a student is a student with a disability...”*

Evaluation tools and strategies used are based on the unique needs of each individual student. Assessment via telepractice may not be successful in all circumstances or for all students and/or families. The SLS must consider the benefits and challenges of remote evaluation such as the student’s culture and linguistic influences, education level, age, availability of equipment, the capability of a facilitator (i.e., parent/family member at home), and other relevant characteristics and information discussed in this section.

SLSs should cease evaluation if deemed inappropriate and continue at another time or wait until in-person evaluation is possible. SLSs must document the assessment procedures and environment clearly in the evaluation report. ASHA notes, “This may include skills observed by the clinician versus skills reported by others, use of an interpreter/translator, any behaviors that may have impacted performance and interpretation of results, and recommendations for reassessment.”

Language Assessment

NJSHA recommends the following relative to language telepractice evaluations and reevaluations. Evaluations should be conducted by qualified personnel utilizing results of previous evaluations/data; family interviews and expressed concerns; school data on file, including classroom data; and other informational resources for determination of eligibility. *Any assessment is to be completed with fidelity.*

NJSHA agrees with the New Jersey Association of School Psychologists (NJASP) that remote administration (in students' homes with parent facilitators) of standardized diagnostic tests is not best practice. At this time, not enough evidence exists to demonstrate equivalence of face-to-face administration of expressive and receptive language testing. Although some are available, the standardized language assessments currently used by SLSs have not been normed or validated to be used via telepractice.

As per NJASP, "Deviations from standardization often invalidate the results of these tests, potentially impacting eligibility decision-making. According to N.J.A.C. 6A: 14-3.4 (f), "each evaluation of the student shall: "Apply standards of validity, reliability, and administration for each assessment by trained personnel in accordance with the protocols and instructions of the producer of the assessment." Standardized test(s) shall be: "i. individually administered; ii. valid and reliable; iii. Normed on a representative population; and iv. Scored as either standard score with standard deviation or norm referenced scores with a cutoff score."

Guidance from *Pearson*, a company that publishes many of the assessments available on Q-Global (i.e., its virtual platform), cautions that,

"Professionals should remain mindful to:

- *Follow their own professional best practice recommendations and respective ethical codes*
- *Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers and payors*
- ***Develop competence with assessment via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development***

Professionals should use their clinical judgment to determine if assessment via telepractice is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility."

<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/telepractice-information.pdf> Retrieved on 7/14/2020.)

Also, a facilitator who is not a professional, such as a parent or guardian, may not be able to ensure that the technology is in order, nor refrain from helping a child who is struggling with an answer by repeating questions or stimuli, explaining what the question means, prompting or assisting to help the child to be successful thereby breaking standardization, thus invalidating results.

In addition to having an untrained and/or potentially unreliable facilitator to be on site with the child, NJSHA believes that fluctuating audio/video signals, assessment materials that require the child to respond by pointing to an image the SLS giving the test may not be able to see, and more, will compromise the validity and reliability of the test scores. These limitations of virtual assessments, which by nature include many parameters over which SLSs have no control, can seriously impact the results obtained.

Therefore, the SLS should consider conducting standardized language testing, in-person at a later time, if appropriate. Because of the reasons stated above, it is best to consider the ways in which to perform functional assessment. This means of assessment, also required by N.J.A.C. 6A:14-3.4, can and should be used in eligibility determinations.

A valid functional assessment means much more than having a conversation with a student. Many students can hold an appropriate conversation without being able to use academic language in explanations of what has been taught or comprehend the meaning of expository text and academic language.

An observation allows an SLS to pinpoint the manner in which potential language deficits interfere with academics. Ideally, if school is open even part time, it is recommended that the SLS observe the student in class, even via a secure telepractice platform, as long as the targeted student can be seen and heard. If observing a student in class, the SLS should prepare the teacher by suggesting that s/he periodically (to avoid misconception of singling out any one student) question the student about facts and information that requires him/her to use critical thinking for inference or prediction.

If school is closed or the child is not in attendance, the SLS can ask the parent to set up a situation in the home where the student can be observed interacting with adults and/or siblings using a secure virtual platform. Such observations should include situations during which the student may be seen answering questions, interacting in his/her typical manner, and/or using role play. Such pre-set situations could include playing a board game, interacting with another person using doll house furniture and dolls or action figures, using and sharing building something with blocks, or “reading” a book with another person. In each scenario, the play partner (adult or another child) should be prepared to ask the student questions, give directions, and/or maintain some kind of dialogue.

When academic weaknesses related to a possible language deficit are noted, the SLS can design some functional tasks to further assess these issues. Functional tasks in addition to observation include, but are not limited to, the following suggestions:

- Language samples - collecting 200 or more utterances in different speaking situations may be captured through video at home and during a virtual meeting. Language samples can provide reliable and valid data/information, using

appropriate clinical techniques and strategies, for many areas of suspected disability. Language samples may be used for students five (5) years of age or younger.

- Narrative Analysis – (for students five (5) years of age or older) solicit a narrative based on a wordless picture book or a movie or TV show that the student has seen recently, or a book s/he read recently. Narrative analysis parameters may be found online (e.g., Spivey, B., *Narrative Stages*. http://www.handyhandouts.com/viewHandout.aspx?hh_number=350). Via analysis, the SLS will learn a great deal about whether or not a student is capable of creating a cohesive narrative. The above site defines true narratives as having, "...a central theme, character, and plot. They include motivations behind the characters' actions and include logical and/or temporally ordered sequences of events. Stories at this stage include five story grammar elements: an initiating event, a plan or character motivation, an attempt or action, a consequence, and a resolution to the problem."
- Brown's Stages will aid SLSs in understanding and predicting typical expressive language development in children. The stages provide a framework within which to understand and predict the path that normal expressive language development usually takes, in terms of morphology and syntax.
- Present brief social stories or scenarios– for pragmatic deficits elicit the student's reaction or solution to a problem. Ask the teacher and parents for specific information about social situations that are challenging for the student in order to create a scenario pertinent to individual needs.
- Use a selection of written expository text(s), that has not been taught previously, and have the student listen to, and then read from a different part of the text to determine the student's ability to comprehend and paraphrase. This will provide information on the differences, if any, between the student's reading and listening comprehension. It will also provide information on the student's knowledge of grade level vocabulary and the benefits of strategies such as scaffolding.
- In addition to the above language tasks, SLSs may want to ask parents to submit a video demonstrating a child interacting with other children and/or familiar adults in a naturally occurring situation.

Articulation, Voice, and Fluency Assessments

For articulation, voice, and fluency evaluations and reevaluations, standardized tests may be used to elicit speech sounds or speech samples in the case of fluency. The N.J.A.C. 6A:14-3.6 (b) requirement for **articulation** eligibility reads:

1. Articulation/phonology: On a standardized articulation or phonology assessment, the student exhibits one or more sound production error patterns beyond the age at

which 90 percent of the population has achieved mastery according to current developmental norms and misarticulates sounds consistently in a speech sample.

Articulation assessments **do not require standard scores** but, instead, the comparison of sound errors or persistent phonological processes to developmental norms. A speech sample will provide insight into intelligibility, which is an important consideration.

The N.J.A.C. 6A:14-3.6 (b) requirement for **fluency** eligibility reads:

2. Fluency: The student demonstrates at least a mild rating, or its equivalent, on a formal fluency rating scale and in a speech sample, the student exhibits disfluency in five percent or more of the words spoken.

Speech samples, which can be obtained via telepractice, should be collected and analyzed for rate of speech, types and percentage of disfluencies, as well as secondary characteristics when video is used. Feelings and attitudes may be considered using probing questions and questions from scales created for that purpose.

The N.J.A.C. 6A:14-3.6 (b) requirement for **voice** eligibility reads:

3. Voice: On a formal rating scale, the student performs below the normed level for voice quality, pitch, resonance, loudness or duration and the condition is evident on two separate occasions, three to four weeks apart, at different times.

Prior to any voice evaluation, best practice dictates that medical clearance from an otolaryngologist (i.e., ENT) should be obtained.

For **voice** assessments, collected speech samples via telepractice, will allow SLSs to perceive and judge pitch, intensity, quality, resonance and prosody. Vocal habits and abusive behaviors can be observed via video. Teachers and parents may also provide information about these habits and behaviors. Determining degree of respiratory support may be attempted via video.

Preschool Assessment

A memo has been issued from the Department of Health, which is in charge of IDEA Part C regulations for Early Intervention Services in New Jersey.

For assessment of those children exiting EI, the **NJEIS has suspended Policy 11, which requires conducting an exit evaluation** using the *Battelle Developmental Inventory-2 (BDI-2)* **Instead, practitioners have been advised to base continued eligibility on available clinical information**, such as, "...progress notes, outside information and other applicable data."

Relative to EI clients transitioning to preschool, which will place those students under the purview of the NJDOE, the memo advised to use available technology platforms, teleconference calls or regular phone calls when convening required meetings.

NJSHA recommends that children requiring an evaluation to enter a preschool program, be evaluated functionally via telepractice using the guidelines above. They may also employ parent questionnaires, data from the EI exit report and videos that may be submitted by parents. The *Receptive-Expressive Emergent Language Test-Third Edition* (REEL-3), which is a standardized assessment based solely on parent responses to questions may be used.

For additional information, see:

IDEA Waiver Authority Recommendations

<https://www2.ed.gov/documents/coronavirus/cares-waiver-report.pdf> pp. 11-12.

NJASP Evaluation Guidance

<https://drive.google.com/file/d/1z9AC9dCjZN-g0iDYuW25wwVYYDHpzT8b/view>

Pearson Telepractice Information

<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/telepractice-information.pdf>

REOPENING/RECOVERY

Coronavirus Aid, Relief and Economic Security (CARES) Act Uses in the Schools

According to the Wallace Foundation, “*The CARES Act includes a long list of allowable activities, ...such as support for principals and other school leaders to meet the needs of their schools; support for education technology essential to distance learning; and support for measures to address the unique needs of low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness and foster care youth. Also on the list is support for summer learning and afterschool programs.*”

With this in mind, NJSHA would like to make the following recommendations regarding possible district expenses that could be covered through CARES Act funding.

An additional source of funding could be the use of SEMI revenue which is generated primarily by speech-language pathology providers.

- **To Ensure Safety of Students and SLSs Upon Reopening, SLSs should be supplied with:**
 - *Masks with clear front panels*—In order to deliver in-person therapy services safely after schools reopen, SLSs will need masks that allow students to see their mouths and facial expressions. Visual cues and emotions can be missed when an SLSs face is covered. Traditional masks cover one’s face and do not allow students to see facial expressions and catch visual cues during communication.

- *Clear safety face shields*
- *Latex-free disposable gloves*
- *Hand Sanitizers*— compliant with CDC guidelines
- *Disinfectant surface cleanser wipes* (e.g., Clorox, Lysol)
- *Long rectangular, or wide round, table* to maintain adequate social distancing in the therapy room
- *Clear, vinyl sleeves* for test materials that need to be touched
- *Laminating equipment* so that materials can be disinfected since paper cannot.
- **Supply Technology for Students and the SLSs to use for Remote Therapy**
Any technical equipment needed for appropriate therapy, in-person or remote, should be provided by the district for both SLSs and students they serve.
 - *Laptop or desktop computer* with embedded or external webcam and built-in microphone.
 - *High-speed internet* connection
 - *Headphones* with attached microphone to allow the SLS and student to hear each other as clearly as possible
 - *Access to secure video conference platform* that is both FERPA and HIPAA compliant
 - *Subscriptions or materials* appropriate for telepractice (e.g., Boomcards, Ultimate SLP)

For additional information, see:

Centers for Disease Control, U.S. Department of Health and Human Services. Information for Schools & Childcare Providers. www.cdc.gov/flu/school

Melnick, H., Darling-Hammond, L., Leung, et. al. *Reopening Schools in the Context of COVID-19: Health and Safety Guidelines From Other Countries.*

<https://learningpolicyinstitute.org/product/reopening-schools-covid-19-brife>

Wallace Blog. *The CARES Act: Five Things That School and District Leaders Need to Know Now.*

<https://www.wallacefoundation.org/news-and-media/blog/pages/the-cares-act.aspx>

Considerations for Re-opening/In-person Services

- Personal protective equipment and sanitizing supplies should be available
- Therapy room with space to maintain adequate social distancing (*Note: This may require smaller group sizes.*)
- Enough time allotted between therapy sessions to clean/disinfect common surfaces and materials

Blended Services

Should schools reopen using a blended approach, students may receive services in person, via telepractice, or a combination thereof. The following are considerations:

- Students or SLSs deemed medically compromised may continue to receive or provide speech-language pathology services via telepractice.
- Students who have demonstrated the need for in-person therapy should be prioritized to be scheduled on days they will be in the building.

ADDITIONAL RESOURCES:

- [New Jersey Speech-Language-Hearing Association](#)
- [ASHA State-Telepractice-Policy](#)
- [CARES ACT:THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT](#)
- [ASHA- Consensus statement on clinical judgment](#)
- [Top 10 Ethical Considerations in Using Telepractice](#)
- [Brown Stages of Structural Analysis of Morphology and Syntax](#)
- [ASHA-Telepractice-Checklist for School Based Professionals.pdf](#)