

Remote Learning for Speech Therapy Services During COVID-19

Some students with disabilities receive speech-language service from a Speech-Language Pathologist (SLP) as part of their individualized education program (IEP). Students receiving speech service are often working on goals related to receptive and expressive language skills, articulation, social skills, and/or other areas connected to communication and language development. This document is designed to help service providers identify ways to continue delivering services to students through remote learning or [telepractice](#). In addition to adhering to speech-language pathology professional standards of practice and ethical guidelines, SLPs must comply with their local education agency (LEA), state and federal regulation, policy and directives. Resources included in this document are provided as information to support planning efforts at the local level. Please refer to the [Special Education Emergency Contingency Plan](#) and [Guidance](#) for additional support in collaborating, creating, and documenting services.

Planning for Remote Learning

Step 1: Review student needs and identify priorities.

Thoughtfully consider each student and their IEP, situation, and intervention with applied clinical reasoning, as there is no single “answer” which sufficiently addresses all situations. Revisit each student’s IEP goals and objectives, accommodations, assistive technology and equipment needs, progress data, and any updated information from teachers and families. Identify learning targets that will best assist the student in continuing his or her progress. Some IEP communication goals may be implemented without special technology in the home learning environment (e.g., indirect or consult services), while others can be implemented through telepractice. It is important to consider ways to strengthen, maintain, and generalize existing skills and the overall SLP/student relationship during remote learning.

The following questions may help you identify priorities and strategies.

- What IEP skills does this student most need to work on given the current learning environment? What skills, if strengthened now, would best position this student to continue progress on goals once traditional school resumes? What skills are important for the student to maintain?
 - For example, if the student typically practices answering age-appropriate questions and using descriptive words during structured activities, you might use familiar and unfamiliar books to generate questions and prompt the use of descriptive language through shared reading. Subsequently, the student might share preferred activities from the home environment, providing an opportunity for you to generate questions and stimulate descriptive language related to the student’s personal experiences. By continuing these learning targets, the student is maintaining receptive and expressive language skills needed to make ongoing progress once traditional school resumes.
- Are there IEP skills that you targeted earlier in the year that can be revisited and/or revised to build performance fluency, promote generalization, and/or minimize regression?

- For example, perhaps the student previously followed a visual schedule at school. Now that the routine is different, the student may benefit from a schedule in the home setting (e.g., daily routine, schedule for at-home learning, mini-schedule for telepractice sessions). You can assist the family with setting up schedules with pictures or text to indicate the sequence of tasks or events.
- Are there new IEP skills or goals you may generate which will enhance learning in their home environment, such as [caregiver/parent](#) directed goals, as many of our complex cases and younger students will require high parent consultation/instruction versus direct therapist/student communication?
 - For example, with complex cases it is often necessary for a parent/caregiver to be present to assist with teletherapy session. Perhaps the caregiver does not feel comfortable using strategies recommended while assisting in their child performing activities. You may assist the family by targeting direct parent/caregiver education/consultation during this time so they will feel confident in assisting during sessions when needed and to continue building the student's speech and language development throughout each week.
- Are there materials, songs, or routines that you used during traditional speech therapy that can now be incorporated in telepractice to motivate student engagement and enhance continued learning?
 - For example, if you previously used a special puppet during therapy, perhaps you can have the puppet manipulate materials, hold a [book for shared reading](#), or participate in a familiar song. Perhaps the child can use a favorite stuffed toy from home to join in the activity.

Step 2: Gather family input and information regarding available resources

Family collaboration is critical in developing a remote learning plan. Reach out to inform each family of your desire to support their child's ongoing learning. Communicate with families to obtain information about available resources and regular routines in the home. Embedding speech-language strategies into the natural routine, when possible, creates authentic learning opportunities and minimizes stress on the family. As you develop a plan, focus on integrating skills that have been taught at school into the home setting with materials and routines the family has readily available. Each family is different, and resources may need to be adjusted over time. Listen, honor and integrate family input for working on and prioritizing IEP skills in your plan.

The following questions may help you gather relevant information from families:

- What resources are available in the home that can be used as therapy materials (e.g., books, toys, assistive technology, office or craft supplies)?
- What is the family's current access to various technologies that could support telepractice (e.g., computers, tablets, smart phones, internet and data plan, digital camera)?
- What time(s) of day and type(s) of communication (e.g., virtual meeting, phone calls, email) are best for the family?
- How much time during the day/week does the family have to devote to supporting speech therapy services (consider other family obligations/work, student needs/services, other instructional/related services, etc.)? Share enough resources and information to set families up for success, but not so much that they are overwhelmed by it.

- Does the family have any immediate needs that the SLP can help address? For example, does the student have a schedule and routine in place, does the family need visual supports for the home, does the family need guidance related to assistive technology or [augmentative communication](#) devices?
- As you determine each family's need, be sure to document all communication attempts (emails, phone calls –date/time) and the outcome of the communication.

Step 3: Create and communicate the plan.

Now that you have identified priorities from the IEP and collaborated with the family to understand their resources and needs, it is time to identify the service delivery methods that you will provide to meet student needs. Whether or not telepractice is an appropriate service delivery option should be made on a case-by-case basis. Each student and context must be assessed through each SLP's ethical and clinical reasoning to decide if telepractice would be appropriate. Considerations may include but are not limited to:

- Complexity of the student's needs/disability
- Nature and complexity of the planned intervention for students with direct speech services
- Support for the student, teacher, and parent for students who have consult or in-class support services
- Consensus of IEP team, student, and family
- Access and competence with technology (student, parent/family)
- Student-specific information, environment, context

Technology Platforms

In telepractice, a platform refers to the space on a computer screen that allows SLPs to use materials to provide speech therapy. The platform is like the table used during traditional therapy. Like a table, the platform helps SLPs present and use materials needed for therapy. The following are features of many telepractice platforms:

- Space for viewing game boards, flash cards, slides, lessons, worksheets, or photos for therapy
- Cameras display both the student and the SLP in large or small icons on the space, with video and audio for communication
- Screen Sharing between the student and SLP with access to materials on the internet (e.g., images, videos) that can be used for therapy
- Digital "whiteboard" space, where you can draw or type information in real time
- Extra features such as emoticons, animated reinforcements, game pieces (e.g., spinners, dice, timers), and the ability to take notes during sessions
- Platforms are typically HIPAA compliant, meaning that the platform complies with the requirements under the Health Insurance Portability and Accountability Act (HIPAA), ensuring patient protection and confidentiality.

Confidentiality

In recognition of the COVID-19 crisis and the potential unavailability of the most secure platform, licensees may follow HHS guidelines if more secure platforms cannot reasonably be accessed AND if the licensee

notifies and receives verbal consent from the patient or caretaker that the use of the platform may not be HIPAA compliant. [Enforcement of non-HIPAA compliant platforms](#) will be eased if licensee's use of those platforms is done in good faith within the guidelines given above. Also review TEA guidance on confidentiality found at [Special Education Privacy and FERPA considerations for virtual instruction](#) (PDF).

In addition to telepractice, a combination of methods might be appropriate for continued student progress. Service providers may choose to document the plan using the [Special Education Emergency Contingency Plan](#).

Examples of direct and/or indirect service delivery might include, but are not limited to, the following.

- Family consultation (e.g., phone, text, video calls, email), including modeling, training, and coaching on how to use resources and materials to support the creation, implementation, and adaptation of:
 - Daily schedules and visual supports for at home learning
 - Simple strategies to support positive behavior (e.g. first/then, use of choice, routines, simple reward systems)
 - Transferring activities and routines that the student has mastered or is very familiar with at school into the home setting
 - Assisting the family in the use of any equipment or assistive technology materials or tools
- Hands-on non-digital activities
 - work packets
 - project-based activities (e.g. cooking, baking, gardening activities that incorporate communication goals)
 - reading books/magazines
 - lessons, checklists, visual schedules for functional tasks (e.g., conversation starters and topics to engage in with family members, household chores, and self-care/daily-living activities)
 - leisure skills (e.g. learning a new game, developing a new hobby)
 - obstacle course using home objects (e.g. hop over a pillow, jump in a hoop, crawl under a chair, etc.) – you may incorporate expressive/receptive goals including spatial concepts, present progressive verbs, following directions, creating sentences, initiation, attention, etc.
 - hide and seek – perhaps incorporate goals by creating sentences, following directions, hiding objects with specific sounds to target articulation, etc.
 - simon says – you may use this activity to follow directions, create sentences, increase attention, etc.
- Digital learning activities
 - Family activities (e.g., watch videos, read online books, play web-based games) - make it as easy as possible for families to use online resources and include direct links and explicit instruction on how to reinforce student goals.
- Video instruction (live or recorded)
 - General instruction – activities appropriate for multiple students (e.g. social skills lessons)

- Individualized instruction – activities related to unique student-specific goals/objectives, touching base with the student for relationship-building and socioemotional check-ins
- Provide video modeling of hands-on tasks
- Telephone calls, chat, or text communication with the student (e.g. practicing communication skills)

Step 4: Implement Plan and Progress Monitor

- Touch base regularly with the student and family to monitor progress and adjust instruction and plan implementation (pacing, supports, quantity) as needed.
- Choose monitoring methods that allow evidence such as checklists, videos, photos, student/parent report, or audio recordings to show progress towards IEP goals.
- Document all communication attempts, instructional plans, and student progress.

Common Questions About Virtual Speech-Language Therapy Sessions

1. Can I provide virtual speech-language therapy sessions to my entire caseload?

New
5/14/20

Yes. An SLP may have the entire caseload attend virtual speech-language therapy sessions. Of course, the individual needs of the student must be considered, and the goals and objectives addressed. When assessing whether or not to consider virtual therapy during COVID, the therapist should consider whether there is a different option. Most likely, the option will be between virtual therapy and no therapy during this time. If it is possible to meet the needs of a students using virtual therapy, it is advisable to provide this type of therapy.

2. The student receives group sessions in school. Can virtual services be provided individually instead of in a group?

New
5/14/20

There is no requirement to designate sessions as individual or group in the student's IEP. The decision to provide services individually or in a group should be made by the SLP using appropriate professional and clinical judgment, while considering the educational need and best interests of the student. Some school districts include group and/or individual session designations in the IEP. The specific accommodations, modifications, and supports must be provided for the child in accordance with the IEP, 34 CFR § 300.323 (d)(2)(ii). Documentation of services being provided differently than the IEP should be documented with an IEP amendment or via [Special Education Emergency Contingency Plan](#) in agreement with the family/guardian.

3. Do all the IEP minutes need to be met during virtual speech-language therapy sessions?

New
5/14/20

Every effort should be made to provide students with the frequency and duration of services as stated in their IEP. In addition to telepractice sessions, a combination of methods might be appropriate for continued student progress. Service providers may choose to document the plan using the [Special Education Emergency Contingency Plan](#). Synchronous (direct) speech-language therapy sessions can include real-time sessions addressing the IEP goals. Asynchronous (indirect) sessions can include

services provided via work packets, recorded project-based lessons, and activities at the discretion of the SLP and family/guardian. Only real-time, synchronous sessions will count towards direct IEP minutes. Accommodations, modifications, and supports must be provided for the child in accordance with the IEP, 34 CFR § 300.323 (d)(2)(ii). If it is determined that an IEP needs to be changed or adjusted, LEAs should continue to follow local policies. The annual review and dismissal (ARD) committee may meet by teleconference or other means (if all members are able) to determine if some, or all, of the identified services can be provided through alternate or additional methods. Once the school reopens, the ARD committee must determine whether, and to what extent, compensatory services are needed.

4. Are goals for virtual speech-language sessions the same as goals provided during traditional school-based speech-language sessions?

New
5/14/20

The scope, nature, and quality of services provided via telehealth are the same as those provided during in-person sessions by the provider (16 TAC 111.212(c)). The quality of therapy services provided virtually should be the same as therapy provided in person. Goals may need to be adjusted based on what is most appropriate for the current learning environment and the student's current educational need. Any changes to goals should be documented by the ARD committee in an IEP amendment or documented as part of a [Special Education Emergency Contingency Plan](#) in agreement with the student's parents/guardian.

5. Can virtual speech-language sessions be submitted for SHARS billing?

New
5/14/20

The [SHARS parental consent and annual notice guidance](#) obtained prior to COVID-19 closures remain in effect. However, prior to the start of SHARS telehealth or virtual instruction, verbal or written parental consent for that delivery model is to be included in the student's special education folder. It must be dated and include the name of the district staff who received the information. Additionally, 16 TAC 111.212 (p) requires notification of telehealth services shall be provided to the client, the guardian, the caregiver, and the multi-disciplinary team, if appropriate. The notification shall include, but not be limited to the right to refuse telehealth services, options for service delivery, and instructions on filing and resolving complaints.

6. What special considerations are needed for virtual learning speech-language therapy sessions, particularly related to FERPA and HIPAA compliance?

New
5/14/20

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Resources for Remote Learning and SLP Telepractice Strategies

Websites with high quality information for telepractice, including tips on group therapy



COVID-19: Speech-Language Therapy Guidance

(512) 463-9000

disasterinfo@tea.texas.gov

tea.texas.gov/coronavirus

- [The Whimsical Word](#)
- [The Speech Express—Teletherapy Resources](#)

[Texas Statewide Leadership for Autism Training \(TSLAT\)](#)

Professional Guidance:

- [Webinar presented by ESC 10 on March 24: SLP Telepractice: Legal and Professional tips](#)
- [American Speech-Language-Hearing Association \(ASHA\) updates on telepractice](#)