Special Education and Early Intervention Tips
During COVID-19 Pandemic

Children with disabilities, from birth to 22 years old, have a right to receive a free appropriate public education (FAPE). According to the U.S. Department of Education, to the extent possible during the COVID-19 pandemic, children with disabilities should continue to receive their Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) services.1 To the extent that all of a child’s IEP/IFSP placement and services cannot be provided due to school or regional center closures caused by the outbreak, an IEP/IFSP team must be convened to determine which services can be provided, which can be provided through alternate or additional methods, and how to otherwise meet the child’s disability related education needs during the crisis.2

An IEP team can consider distance learning options in a child’s IEP/IFSP including online or virtual instruction, instructional telephone calls, and other curriculum-based instructional activities.3 Disability related modifications and services that can be effectively provided online include extensions of time for assignments, accessible reading materials, and some types of speech and language services through video conferencing.4 Teams may also determine that the parent will need access to consultative time in the IEP/IFSP, so that they, as the current providers of the child’s instruction in many cases, have the tools and modified materials that they need to support the youth. A modified educational program and IEP/IFSP must be uniquely designed by a qualified team including their general and special education teachers and/or any service providers (e.g., speech and language pathologist).5

A child’s parent or court appointed education rights holder has a right to meaningfully participate in the IEP/IFSP process.6 IEP/IFSP teams are not required to meet in person and can use technology to ensure meaningful parent participation.7 Convening an IEP/IFSP with relevant staff and parents allows an opportunity to reach agreement on what services will be provided during a school closure.8

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1 34 C.F.R. Sections 300.101, 300.201; DOE Guidance March 2020, pages 2, 7.
3 DOE Guidance March 2020, page 5.
6 34 C.F.R. Section 300.322, 300.342(b); California Education Code Sections 56341(b), 56343(c), 56400.4(b).
The following tips can be used by parents to advocate to support their children’s IEP/IFSP during the outbreak.

- Request, in writing, that your school/regional center convene an IEP/IFSP meeting, virtually or telephonically, to discuss the distance learning needs of your child.

- Request that your child receive a laptop, tablet, or other electronic device, plus sufficient internet connectivity, so that you can access remote learning opportunities.

- Consider your child’s attention span and ability to focus. Consider your work schedule, need to care for other children or family members, or other family needs that you must meet. Consider your ability to provide a quiet environment for your child to access distance learning resources and your availability and ability to support your child as they access services. Consider what coaching and materials you might need to support your child, including language translation support.

With all that in mind:

- Work with your IEP/IFSP team to identify what services your child has a right to in their IEP/IFSP that can still be provided. For example, many services, including speech and language, occupational therapy (OT), or school-based counseling/mental health services, can be provided through telehealth/virtually. For these types of services, consider:
  - Asking for the full amount of the service during the COVID-19 crisis as your child received prior to school/regional center closures
  - Whether the frequency and duration of services should be modified (e.g., 60 minute session per week may need to become 2 separate 30 minute sessions to accommodate for virtual teacher models and child attention/focus needs)
  - Whether the type of setting (e.g., large group, small group, individual) the service is provided in needs to be modified
  - Whether you, the parent and primary teacher during the outbreak, requires consultation time with your child’s professional provider to understand how to meet their needs between sessions; ask that this parent consultation be listed in the IEP/IFSP document
  - If your district is unable to provide the IEP/IFSP required service due to staff shortages, request that these services be provided by a non-public agency.
For speech and language therapy services:

- The American Speech-Language-Hearing Association\(^9\) guides that the use of telehealth practice must be equivalent to the quality of services provided in person. It must take into account a child’s specific needs (e.g., the child’s ability to maintain attention, sitting tolerance, level of cognitive functioning, and hearing and visual abilities). The child’s environment in which the telehealth practice will take place is also important including a quiet room with good lighting and minimal distractions. The technology used for telehealth practice should allow for optimal quality of video and audio transmission.

- If speech and language services are going to be provided to your child by IEP/IFSP team agreement, ask that this be documented in the IEP/IFSP in writing. Ask for parent consultation to provide feedback to discuss concerns about your child’s progress or how the telehealth practice is occurring.

For occupational therapy services:

- The American Occupational Therapy Association\(^10\) guides that OT services during COVID-19 could include online and virtual instruction, instructional calls and activities, services provided in an alternative location, or possibly services provided in a student’s home.

- Utilizing video communication systems, instructors can use the same activities that they would in person although a supporting adult with the child would help facilitate those activities.\(^11\)

- An OT Toolkit/Sensory Bin can also be essential to making distance OT successful (e.g., pencil grip, finger spacer, handwritten book with appropriately spaced lines for a child’s age and ability level, chalkboard/chalk/sponges; various sensory processing tools such as silly putty, therapy bands, Playdoh, weighted blankets or vests). Consider requesting any of the tools/sensory devices currently in your child’s IEP/IFSP be provided for their use at home, or work with your IEP/IFSP team to identify new tools required to successfully deliver/access distance OT services.

- Countless additional at home OT activities can be found through google searches.

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\(^9\) https://www.asha.org/Practice/Telepractice-Services-and-Coronavirus/
\(^10\) https://www.aota.org/Advocacy-Policy/State-Policy/StateNews/2020/Provision-School-Based-Coronavirus.aspx
\(^11\) One example is Presence Learning: https://www.presencelearning.com/schools/online-occupational-therapy-ot/
**For children with behavioral needs, consider:**

- Whether your child’s needs are severe in the home setting or there is a high potential for serious regression, requiring that 1:1 in person services continue, while still complying with social distancing and other health precautions. If the district is unable to continue to staff a 1:1 behavioral aide, request that this service be provided by a non-public agency.

- Whether provider/parent consultation plus tools would meet your child’s behavioral needs in the home. For example, week parental consultation could be utilized to share behavioral techniques that the school has found to be successful with the child, revise behavior reward systems, discuss documenting behavior needs, etc.

- Whether ongoing parent/provider consultation will be necessary to eventually transition your child back into school successfully.

- For youth in group homes, how school and home staff can coordinate services to meet the child’s needs including privacy and consultation between providers.

**Specialized academic instruction (SAI)** may be the ‘hardest’ service to provide in a meaningful way from a distance. Severity of student need, smaller classrooms, small group learning, individualized instruction, and general education modifications and accommodations all play a role in determining what types of distance learning will be effective for a child with a disability.

- If your child receives Resource Specialist Program (RSP) SAI, consider whether your child could access all of the SAI services currently provided for in their IEP. Consider whether small group or 1:1 SAI would meet your child’s needs, taking into account your child’s need for academic instruction as well as social interaction with other students through distance learning platforms. Consider asking the provider to join virtual general education learning sessions that your child is attending, and then doing a “breakout” session 1:1 or in a small group. Consider whether the provider could consult with the general education teacher on how best to address your child’s needs under these conditions.

- If your child receives Special Day Class (SDC) SAI, consider what amount of SAI services they could realistically benefit from in a day, taking into account their need for breaks, ability to effectively interact with technology, need for social interaction with other students, and your ability to support your child as they learn. Consider requesting at least 1 hour per day of SAI. Consider what types of daily living skills instruction your child requires to meet their IEP goals.
Consider what types of academic instruction can be provided through software programs, especially if this program was utilized to serve your child while they were in school. As schools are struggling to provide state adopted curriculum or common core, this can be a great time to build up basic reading, writing, and math skills that your child may be behind in. These basic skills lend themselves to many online programs.

Infant Stimulation services for children 0-3: Depending on the child’s needs, abilities, and age, infant stimulation services could be provided virtually or parent consultation could be a successful substitute.

Center Based Services for children 0-3: Consider the age of your child, what amount of time they could reasonably attend to virtual instruction, and your ability to support them. Center Based Service programs typically address global developmental delays and/or focus heavily on social engagement with peers. Consider the reasons why your child receives center based services. For example, if your child is working on their social skills, small group telehealth/virtual learning with a qualified provider could be provided with a small group of children from different locations. If the child is working on sharing, a qualified teacher could facilitate activities between the eligible child and other children in the home. Consider what types of developmental instruction can be provided through software programs.

Federal guidance references that children with disabilities may be eligible for compensatory services as determined on an individual basis by their IFSP\textsuperscript{12} and IEP teams\textsuperscript{13} due to any delays in service provision or decision making about how to provide services. Compensatory services should be discussed at an IEP/IFSP meeting after regional centers and schools reopen. To be prepared to ensure your child receives the compensatory services they are owed, keep a log of what services are provided to your child including the date, time, length of services, and who provides the service.

When signing a distance learning IEP/IFSP, consider including language to make clear that you are willing to accept the offered services due to the pandemic but that you are not waiving your right to any compensatory services owed to your child. “I consent to these interim IEP/IFSP services for implementation purposes only due to the COVID-19 Pandemic causing school/regional center closures. My child’s last agreed upon IEP/IFSP is dated xx/xx/xx. I do not agree to any changes to this IEP/IFSP. I reserve my right to seek compensatory services based on the placement, services, and supports listed in the xx/xx/xx IEP/IFSP.”

\textbf{FOR MORE INFORMATION:}

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\textsuperscript{12} 34 C.F.R. Section 303.342(b)(1); DOE Guidance March 2020, page 7.

\textsuperscript{13} DOE/OCR Guidance March 21, 2020, page 2.