ASHA Telepractice Documentation Data Checklist for School-Based SLPs



This form is designed to assist school-based speech-language pathologists (SLPs) with documentation and tracking of service delivery via telepractice.

| Student: | Grade: | | |
|---|------------------------|--|--|
| Schedule: | School: | | |
| SLP: | Case manager: | | |
| Student Number: | Teacher(s): | | |
| IEP Due Date: | Reevaluation Due Date: | | |
| Individual/group/virtual classroom/consult/other (please list): | | | |

| FORMS / TASKS | DATE(S) | IN PROGRESS | COMPLETE | NOTES |
|--|-------------------|-------------|----------|-------|
| PREPARATION | | | | |
| Email school administrators to learn whether a FERPA Consent for Disclosure form needs to be obtained from parents or if one is on file (see sample on pg. 9 FERPA and COVID-19) | Sent Received N/A | | | |
| Obtain parental informed consent for telepractice services. | | | | |
| Document (a) all attempts to obtain consent forms and (b) communication with administrators. | | | | |
| File/save a copy (hard copy/ electronic) of consent forms in a secure location. | | | | |
| Schedule ongoing collaboration with teachers and related service providers to determine a schedule for virtual sessions. | | | | |
| Identify a facilitator and provide information and training to parent or caregiver on the facilitator's role. | | | | |
| Determine the method of provision of services (e.g., co-teaching, small group, 1:1, morning meetings). | | | | |

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|--|---------|-------------|----------|-------|
| PREPARATION (continued) | | | | |
| Contact parent(s) to schedule the sessions. | | | | |
| Identify any technology access barriers that the family and/or student may have. | | | | |
| Document all of your attempts to troubleshoot barriers by keeping detailed records of all communications that you've had with administrators, school staff, and parents. | | | | |
| Document all initial and ongoing family/caregiver contacts that you've had over the phone, via email, or via a district-approved electronic platform. | | | | |
| Identify additional supports needed—such as hiring an interpreter, using assistive technology, or obtaining English language leaner (ELL) support. • Document all attempts to consult with other service providers. | | | | |
| Review any individualized education program (IEP) accommodations, modifications, and/or supports to access learning at home. | | | | |
| Review district or state guidelines on documenting progress (i.e., progress report forms) during COVID-19 school closures. | | | | |
| Review district policies for IEP reviews during COVID-19 school closures. | | | | |
| Collaborate and coordinate with the student's general education teacher and with other service providers. | | | | |
| Develop temporary distance learning plans, if required by your state and/or district. | | | | |
| For each interaction, document the number of service delivery minutes, and note if that number differs from what is specified on the student's IEP (if so, provide rationale). | | | | |
| Create lesson plans and/or carryover activities as directed by your district. | | | | |
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| FORMS / TASKS | DATE(S) | IN PROGRESS | COMPLETE | NOTES |
|--|---------|-------------|----------|-------|
| INTERVENTION AND PROGRESS MONITORING | | | | |
| Collect Data Document the student's progress on IEP goals addressed during the session. Include observations from (a) parents, (b) general | | | | |
| education teacher, and (c) other support staff. • Document type of service delivery (e.g., in-person vs. virtual). | | | | |
| Ensure that the intervention task and criterion for success align with the student's needs using telepractice service delivery. | | | | |
| Document the type of telepractice technology used. | | | | |
| Check whether the telepractice technology is functional. | | | | |
| Describe the type of support that the facilitator needed to provide services | | | | |
| Indicate whether the facilitator was engaged. | | | | |
| Describe the student's behavior during the telepractice session (e.g., engaged, distracted). | | | | |
| List environmental factors that may have impacted telepractice services (e.g., distractions by others in the room). | | | | |
| Complete your progress report; remember to include intervention and observational data, per district guidelines. | | | | |
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| FORMS / TASKS | DATE(S) | IN PROGRESS | COMPLETE | NOTES |
|---|---------|-------------|----------|-------|
| ANNUAL IEP REVIEW FORMS | | | | |
| Draft the student's IEP, together with all other members of the IEP team. | | | | |
| Send procedural safeguards to parents or caregivers. | | | | |
| Send the Prior Written Notice form to parents or caregivers. | | | | |
| Consult district and state policies for acceptable forms of consent. | | | | |
| REEVALUATION/ASSESSMENT | | | | |
| Review district policies for triennial evaluations during COVID-19 school closures. • Document reasons for (a) completing assessments online or face to face and (b) | | | | |
| requesting extensions of evaluation timelines. Send Prior Written Notice form to parents or caregivers. | | | | |
| Complete reevaluation and assessment report. • See Considerations for Speech, Language, and Cognitive Assessment via Telepractice for more information. | | | | |
| Include observations and feedback from parents, general education teachers, and other support staff. | | | | |
| Collect work samples. | | | | |