



Via Email: Carolyn.Marano@doe.nj.gov

June 25, 2019

Carolyn J. Marano, Assistant Commissioner  
Division of Student Services  
New Jersey Department of Education  
100 River View Plaza  
Trenton, NJ 08625-0500

RE: Delivery of Related Services to Students with Disabilities Through Telepractice

Dear Ms. Marano:

On behalf of the American Speech-Language-Hearing Association, I write to express concern regarding the rescission of the 2017 guidance on the provision of related services to students with disabilities through telepractice.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders. Over 6,900 ASHA members reside in New Jersey.

Telepractice is applying telecommunications technology to deliver audiology and speech-language pathology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation. Use of telepractice must be equivalent to the quality of services provided in person and consistent with adherence to ASHA's Code of Ethics<sup>1</sup>, Scope of Practice in Audiology<sup>2</sup>, Scope of Practice in Speech-Language Pathology<sup>3</sup>, and state and federal laws (e.g., licensure, Health Insurance Portability and Accountability Act [HIPAA; U.S. Department of Health and Human Services]).

Because clinical services are based on the unique needs of each individual client, telepractice may not be appropriate in all circumstances or for all clients. Candidacy for receiving services via telepractice should be assessed prior to initiating services. The client's culture, education level, age, and other characteristics may influence the appropriateness of audiology and speech-language services provided via telepractice.

Schools are currently the most common setting in which telepractice services are delivered. This is due to several factors, including shortages of clinicians in some school districts, distances between schools in rural areas, and opportunities to offer greater specialization within a district.

The effectiveness of telepractice as a service delivery model in the schools is well documented by numerous researchers.<sup>4,5,6,7,8</sup> In addition, parents, clients, and clinicians report satisfaction with telepractice as a mode of service delivery.<sup>9,10,11</sup>

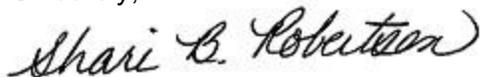
The administrative body responsible for defining telepractice-based services in a school or school district should:

- ensure that telepractice clinicians (who may not reside in the state where the school is located) meet all state requirements to practice in the school;
- make certain that telepractice clinicians have knowledge, skills, and training in the use of telepractice;
- recognize that every student may not be best served by a telepractice model and give students the opportunity to receive traditional in-person services;
- inform parents that they have the right to decline telepractice services for their child;
- provide parents with an informed consent, satisfaction survey, or other feedback option and opportunities to discuss concerns about their child's progress or the telepractice program;
- document service delivery via telepractice on the Individualized Education Plan (IEP) and during the IEP meeting;
- formulate policies that ensure protection of privacy during the services as well as documentation of the services;
- provide on-site support for the telepractice sessions, including the assignment of an individual to accompany the student to the session and provide support during the session;
- develop a plan for in-servicing staff, training on-site facilitators, and maintaining ongoing contact and collaboration with teachers, parents, and other school personnel—thereby ensuring that state standards are met; and
- develop a system of program evaluation to measure the effectiveness of the service and satisfaction of the stakeholders.

ASHA encourages you to reconsider your rescission of the 2017 guidance on provision of related services through telepractice and hope you will issue updated guidance on the provision of those services.

We appreciate your consideration of our position on issuing new guidance for the provision of related services through telepractice. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at [sadams@asha.org](mailto:sadams@asha.org).

Sincerely,



Shari B. Robertson, PhD, CCC-SLP  
2019 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2016a). Code of ethics [Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy).

<sup>2</sup> American Speech-Language-Hearing Association. (2018). Scope of practice in audiology [Scope of Practice]. Available from [www.asha.org/policy](http://www.asha.org/policy).

<sup>3</sup> American Speech-Language-Hearing Association. (2016b). Scope of practice in speech-language pathology [Scope of Practice]. Available from [www.asha.org/policy](http://www.asha.org/policy).

<sup>4</sup> Gabel, R., Grogan-Johnson, S., Alvares, R., Bechstein, L., & Taylor, J. (2013). A field study of telepractice for school intervention using the ASHA NOMS K-12 database. *Communication Disorders Quarterly*, 35, 44–53.

<sup>5</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

<sup>6</sup> Grogan-Johnson, S., Gabel, R., Taylor, J., Rowan, L., Alvares, R., & Schenker, J. (2011). A pilot exploration of speech sound disorder intervention delivered by telehealth to school-age children. *International Journal of Telerehabilitation*, 3, 31–42.

<sup>7</sup> Lewis, C., Packman, A., Onslow, M., Simpson, J., & Jones, M. (2008). A Phase II trial of telehealth delivery of the Lidcombe Program of Early Stuttering Intervention. *American Journal of Speech-Language Pathology*, 17, 139–149.

<sup>8</sup> McCullough, A. (2001). Viability and effectiveness of teletherapy for pre-school children with special needs. *International Journal of Language and Communication Disorders*, 36, 321–326.

<sup>9</sup> Crutchley, S., & Campbell, M. (2010). Telespeech therapy pilot project: Stakeholder satisfaction. *International Journal of Telerehabilitation*, 2, 23–30.

<sup>10</sup> McCullough, A. (2001). Viability and effectiveness of teletherapy for pre-school children with special needs. *International Journal of Language and Communication Disorders*, 36, 321–326.

<sup>11</sup> Rose, D. A. D., Furner, S., Hall, A., Montgomery, K., Datsavras, E., & Clarke, P. (2000). Videoconferencing for speech and language therapy in schools. *BT Technology Journal*, 18, 101–104.