



To: New York State Education Department Approved or Supported Special Education Schools and Center-Based Programs (Section 853, 4410 and 4201 Programs)

Dear Program Leaders,

Per federal and state guidance, when appropriate and feasible, students with disabilities will continue to receive their recommended special education programs and related services remotely during the current school closure. The following outlines the NYCDOE's expectations for services provided by your school or center-based program in support of this effort.

Please note that this guidance does NOT apply to paraprofessional, nursing, SETSS services, or SEIT services.

Please note that New York City Department of Education is committed to making three free meals available daily for all NYC children. For more information, please visit: <https://www.schools.nyc.gov/school-life/food/free-meals>. Please share this information with your families.

### **Remote Delivery of Instruction**

We encourage all schools and center-based programs to implement a remote learning model. To the extent feasible and appropriate, you should aim to provide the special education programs recommended on your students' IEPs.

For DOE resources on remote learning, please visit <https://www.schools.nyc.gov/learn-at-home>. For support with remote preschool instruction questions, please contact [4410oversight@schools.nyc.gov](mailto:4410oversight@schools.nyc.gov).

### **Remote Delivery of Related Services (Tele-therapy)**

Our expectations for the remote delivery of related services include:

- Providers will participate in scheduled webinars regarding available online learning tools. These webinars will be posted in the "Register Me" link from EasyTrac. Administrators are also welcome to attend these webinars so you can be a resource to your providers in the future.
- Providers will immediately review all mandates on their caseload to determine whether services can be delivered to their students remotely during this time. If the provider determines that tele-therapy services are appropriate, they will document the therapeutic plan for the student and share the information as determined appropriate by their supervisor/program leader.
- As providers review student mandates, they will make initial contact with each student's parent using a script we will provide to determine whether the student has access to a video capable, internet enabled device, and to obtain consent for tele-therapy. This conversation will be documented in EasyTrac using the Parent Contact Log.
- Providers will collaborate with others in the program to develop a schedule for tele-therapy. They will use the EasyTrac calendar as a starting point for this exercise, grouping when feasible in accordance with the IEP recommendation.



- Providers will share and confirm the schedule with the student’s family, and initiate service in accordance with the schedule. As always, all sessions must be documented in EasyTrac using the appropriate session type for tele-therapy.
- For any student for whom the provider determines that it is not appropriate to provide remote tele-therapy services or the family does not have access to an appropriate video-enabled device and/or internet, the provider will conduct a weekly check-in session with the family and/or student. This check-in will serve as an opportunity to connect with the student/family and provide suggestions in support of student function during this time. These consultations will be documented in EasyTrac using the Parent Contact Log.

### **Documenting Initial Contact with Parents regarding Tele-Therapy**

For each session on a provider’s caseload that the provider determines is appropriate to provide through remote tele-therapy services, the provider should contact the parent to determine the following:

- **Parental Consent for Tele-therapy:** Does the parent consent to tele-therapy? Make sure the parent is aware of the following:
  - Delivery of face-to-face services will not be possible during a school closure.
  - Services will be delivered via secure video conference to their child in their place of residence by a provider who will be located at a remote site.
  - They have the right to be informed of all parties who will be present at the tele-therapy session.
  - Some services the child receives may not be appropriate for delivery via tele-therapy.
  - They have the right not to consent to their child's participation in services delivered via tele-therapy.

The parent’s response should be documented using the Parent Contact Log in EasyTrac, using either the “Parental Consent for Tele-therapy – Granted” or “Parental Consent for Tele-therapy – Declined” designations as appropriate.

- **Access to Technology:** Does the child have access to the internet? Does the child have a video enabled laptop or tablet that can be used for tele-therapy. If not, does the child have access to a smartphone that can be used for tele-therapy?
  - Where clinically appropriate, and the family provides consent, tele-therapy must be delivered using a video-enabled device.
  - If the family declines or is unable to participate in tele-therapy, but otherwise consents to remote Speech, OT, or PT, and the therapist confirms that the service may be provided appropriately consistent with the student’s IE/IESP goals, service may be delivered by phone with the mandated frequency.
  - As previously indicated, where phone therapy is not appropriate, therapists should provide weekly consultations until a device is obtained.
- **Schedule for Tele-therapy or Consultation:** The provider should confirm the schedule for tele-therapy, phone-only service, or parent consultation – whichever is deemed appropriate.

## **Delivering and Documenting Related Services**

- **Videoconferencing Software:** Providers should use the same software for remote learning and related service delivery. The DOE recommends Microsoft Teams or Google Classroom. For schools that do not have access to these software platforms, DOE also recommends Google Calendar and Google Hangouts for scheduling and delivering tele-therapy services, as this software is free and accessible to all. We will be providing separate guidance for using these programs to schedule services and consultations.
- **Phone Therapy:** Counseling services may be provided without a video component. In addition, where the family declines or is unable to participate in tele-therapy, but otherwise consents to remote Speech, OT, or PT, and the therapist confirms that the service may be provided appropriately consistent with the student’s IE/IESP goals, service may be delivered by phone with the mandated frequency.
- **Hours of Service:** services should be provided during the school’s regularly established hours of operation.
- **Session Materials:** The program or provider will share supporting session materials in advance of the session and confirm that a caregiver or other on-site support person will be available to assist the student in accessing materials and participating in the session.
- **Session Privacy:** In order to maintain privacy, providers should conduct all tele-therapy sessions in a private location. Sessions must not be recorded.
- **Documenting Services and Consultations:**
  - Services delivered via tele-therapy should be documented using the EasyTrac Service Log Wizard and selecting the “Therapy – Tele-therapy” session type.
  - Services delivered by phone should be documented using the EasyTrac Service Log Wizard and selecting the “Therapy – Phone Only Service” session type.
  - Weekly consultations should be documented in the Parent Contact Log.
- **Tele-therapy training:** DOE has worked with tele-therapy experts to develop and provide the following six webinars regarding clinical best practices. They can be accessed [through this link](#):
  - **#1 Foundations of Telehealth**  
Anna Wallisch, PhD, OTR/L & Lauren M. Little, PhD, OTR/L
  - **#2 Troubleshooting Telehealth Sessions**  
Lauren M. Little, PhD, OTR/L & Anna Wallisch, PhD, OTR/L
  - **#3 Occupational Therapy Interventions for Telehealth Delivery**  
Lauren M. Little, PhD, OTR/L & Anna Wallisch, PhD, OTR/L
  - **#4 Occupational Therapy Progress Monitoring via Telehealth**  
Anna Wallisch, PhD, OTR/L & Lauren M. Little, PhD, OTR/L
  - **#5 Speech Therapy Interventions for Telehealth Delivery**  
Kate Eichstadt M.S. CCC-SLP & Kristen E. Vincent, M.A. CCC-SLP
  - **#6 Speech Therapy Progress Monitoring via Telehealth**  
Kate Eichstadt M.S. CCC-SLP & Kristen E. Vincent, M.A. CCC-SL



Finally, in-person services, including but not limited to schools, clinics, and homes, should NOT be provided. If a child has exceptional medical issues, and would be put at risk by suspension of in-person services, please email [SpecialEducation@schools.nyc.gov](mailto:SpecialEducation@schools.nyc.gov).

Once again, thank you for your continued partnership, patience, and support for our joint efforts to safely maintain services to students during this challenging period.

Take care and stay safe and healthy.

Sincerely,

Special Education Office  
New York City Department of Education

Office of Medicaid Operations  
New York City Department of Education