

## **Perspectives for School-based Physical Therapists in Massachusetts during COVID-19**

(Dated 4.27.2020)

The purpose of this document is to:

1. Provide direction for school based physical therapists (PTs) who are considering how to provide school-based related services under IDEA using alternate education models during the COVID-19 pandemic.
2. Provide direction to LEAs as to the role of PT and suggestions for appropriate alternate approaches to school-based physical therapy during extended remote learning periods such as during the current COVID-19 Pandemic.
3. To inspire to action all the new and innovative ways school-based PTs can, and should be supporting students and their families during extended periods of distance learning such as during the COVID-19 Pandemic.

### **I. Introduction**

School-based physical therapy practice is evidence-based and clearly defined in the Federal law (IDEA, 2004) and administered with state regulations. However, best practices for related service provision for students being educated at home while isolated/practicing social distancing during a pandemic has not been articulated. This document was created to support the educational needs of students with disabilities, and their related service providers. Students with disabilities need to be healthy and well so that they may continue to learn and participate in their educational programs when they return to school. As experienced school-based PTs, the authors provide their synthesis of a variety of publicly available guidance documents, practice models, and evidence.

Information provided in this document is accurate, to the best of the authors' knowledge, as of the date noted in the heading. Because this information is based on the authors' interpretation of best practice in this new remote environment, we did not seek endorsement by any local, state, or federal agency. Readers are urged to consult local sources to determine how best to move forward. This document has been developed specifically for school-based PTs practicing in **Massachusetts**. However, these concepts may inform practice in other states and other settings. PTs from other jurisdictions are encouraged to seek clarification about their specific practices from their state Department of Education, state regulations for PT practice, and their Pediatric State Advocacy Liaison from the Academy of Pediatric Physical Therapy (<https://pediatricapta.org/>).

### **II. Background:**

#### ***Best Practices in school-based therapy***

Physical therapy under the Individuals with Disabilities Education Improvement Act (IDEA, 2004), is provided, when required, as part of a student's Individualized Education Plan as a related service to support a student's access, participation, and progress in their educational program within the least restrictive educational environment (LRE) (Rose & Laverdure, 2012). Published professional perspectives and evidence describe integrated approaches to school-based physical therapy as the preferred model (McEwen, 2009). These approaches include services with other students present, within the context of typical school activities and routines, and in the physical environment where the student spends their day. Effective school-based physical therapy service delivery must include knowledge sharing activities with the education team (including students and their families) such as consultation, collaboration, information sharing, documentation, and communication with outside healthcare providers.

School-based services differ from services provided by PTs in other settings. School-based physical therapy services are determined through consensus with the education team in the IEP development process. As noted above, goals targeted for intervention by the PT must reflect what is needed to participate in the context of the student's educational setting. School-based PT is ethically bound (APTA Code of Ethics) and shaped by the following principles:

- School-based physical therapy practice is an ICF focused, participation driven model used to support progress in the educational setting.
- PTs advocate for meaningful participation of all students in the school community.
- PTs work collaboratively with all members of the school community.
- PTs are evidence-based practitioners and use outcomes measures and data to document student success.
- PTs are mindful of social determinants of health and their impacts on participation in education.
- PTs strive to support teachers in the implementation of educational programs and to share discipline specific knowledge.
- PTs partner with families and acknowledge their priorities.
- PTs promote awareness of the movement/fitness/function/physical activity needed to access educational activities while in school and the health and wellness required for students for meaningful participation beyond graduation.

### ***Current situation regarding education in Commonwealth of Massachusetts***

All schools in Massachusetts are closed through June 29, 2020, the remainder of the academic year, as ordered by the Governor of the Commonwealth of Massachusetts, to allow for social distancing to stem the COVID-19 pandemic. Per US Department of Education Office of Special Education guidance (March 21, 2020):

“If an LEA closes its schools to slow or stop the spread of COVID-19, and does not provide any educational services to the general student population, then an LEA would not be required to provide services to students with disabilities during that same period of time.”

“.....IEP teams should convene to discuss the provision of compensatory services to address an individual student's needs on a case by case basis if no educational services are being offered during the closure.”

Below is a compiled list of information from MA DESE and US DOE in chronological order. For more information please click the link at the title of the document.

<p><a href="#">USDOE guidance</a> <b>(March 12, 2020)</b></p>	<p>“If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). SEAs, LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student’s IEP developed under IDEA, or a plan developed under Section 504. “</p>
<p><a href="#">USDOE clarification</a> <b>(March 21, 2020)</b></p>	<p>“In this unique and ever-changing environment, OCR and OSERS recognize that these exceptional circumstances may affect how all educational and related services and supports are provided, and the Department will offer flexibility where possible. However, school districts must remember that the provision of FAPE may include, as appropriate, special education and related services provided through distance instruction provided virtually, online, or telephonically.”</p> <p>This guidance document also recognizes that:</p> <p>“The determination of how FAPE is to be provided may need to be different in this time of unprecedented national emergency....Finally, although federal law requires distance instruction to be accessible to students with disabilities, it does not mandate specific methodologies. Where technology itself imposes a barrier to access or where educational materials simply are not available in an accessible format, educators may still meet their legal obligations by providing children with disabilities equally effective alternate access to the curriculum or services provided to other students.”</p>
<p><a href="#">MA DESE updated guidance from the Commissioner</a> <b>(March 30, 2020)</b></p>	<p>“5. Serving Students with Disabilities During the COVID-19 School Closure:</p> <p>On Thursday, March 26, DESE issued a <a href="#">new FAQ on serving students with disabilities</a> during the COVID-19 school closure. The document reflects <a href="#">updated guidance from the U.S. Department of Education</a></p>

	<p>released on Sunday, March 21. The updated federal guidance states that during this national emergency, “school districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students.” In Massachusetts, DESE recognizes that these unprecedented circumstances may affect how all educational and related services and supports are provided. While USED and DESE will offer flexibility where possible, USED has emphasized that many disability-related modifications and services may be effectively provided remotely or online.</p> <p>The provision of FAPE may include, as appropriate, special education and related services provided remotely through resources and supports (such as strategies, projects, and packets provided to students matched with regular and ongoing communication from special education team members) and services and instruction (such as virtual, online, or telephonic instruction). Districts should make every effort to use creative strategies to provide special education instruction and services to the extent feasible. Moreover, any educational opportunities offered to the general student population, including enrichment activities and resources, must be made accessible to students with disabilities.”</p>
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***Massachusetts is a state of local control***

It is important to be aware of communication and recommendations from MA DESE and US DOE, however, districts will be interpreting recommendations and determining district specific responses. Massachusetts is a state of local control, and school-based therapists should look to their district, collaborative, or individual school for the principles and guidelines for providing services during this time.

Given this background information, SB PTs should:

- Review the information in the table above and the MA DESE Commissioner’s guidance regarding the recommendations and guiding principles that districts and schools are using to inform their decisions and plans.
- Remain vigilant to changes: PTs should continue to check the Massachusetts Department of Elementary and Secondary Education (DESE) website, contacts, and/or American Physical Therapy Association of Massachusetts website to understand what is required and monitor any changes that occur.\*\*

**III. Considerations for practice during extended school closures and distance learning**

Alternate education models that may be under consideration by school divisions include online or virtual instruction (synchronous or asynchronous), instructional telephone calls, and other curriculum-based instructional activities (USDOE March 12, 2020). Additionally, school divisions “may identify which special education and related services, if any, could be provided at the child’s home (USDOE, March 12, 2020). The choice of the model will be dependent on the educational needs of the individual student.” In light of decisions by school divisions, IEP teams must individually determine what can and should occur for each student.

Given the current circumstances of the COVID-19 outbreak, school divisions and PTs must recognize the need to maintain their personal safety and flexibility in addressing the related service requirements of students with disabilities within the guidelines of the division. Related service provision while students are at home, practicing social distancing, could not realistically replicate services provided in a traditional face-to-face educational model. However, there is much that PTs can do and that students require to maintain their health and wellness so that they can continue to learn at home and to fully participate in their educational programs when they return to school.

Considerations in determining how school-based PT services could be delivered during this time should include:

1. Are there language barriers and/or cultural implications to consider in the delivery of alternate education models?
2. Are social determinants of health factors in delivery of services and how can these be addressed?
3. What are the student/family resources? What items are present in the home that can safely be used to support instruction?
4. What delivery model options are being used/available for educational services for the students in the division?
5. Which student IEP goals will be addressed during this period, based on the student/family priorities?
6. How are the student’s educational needs shaped by their home and environmental context?
7. What interventions are appropriate given the current context? Can these interventions be provided safely? Are there confidentiality, privacy, health or safety concerns?
8. What related services are required to meet the urgent/current educational requirements?
9. What is the most appropriate delivery method to meet the individual student’s special education and related service requirements in their current LRE (home)?

#### **IV. Models of Service Delivery during COVID-19 Pandemic**

Possible options for alternate education delivery during the COVID-19 outbreak are mentioned by the USDOE in their guidance document dated March 12, 2020 (online/virtual (synchronous/asynchronous), curriculum-based instructional activities, instructional phone call or other methods). These examples are not all inclusive. Supplemental USDOE guidance dated

March 21, 2020 notes that these options are not mandated by USDOE and urges LEAs to address student special education and related service needs with flexibility, recognizing that “school systems must make local decisions that take into consideration the health, safety, and well-being of all their students and staff.” (USDOE, March 2021).

Some divisions may have the ability to offer all students a continuum of options; others may only have one or two options available due to their local needs and resources. These guidelines and examples are to assist school-based PTs and education teams with determining the appropriate approach for individual students.

### ***Collaboration***

Collaboration between teachers and PTs has been described as an evidence-based practice in special education that assists with integrating the activities guided by the PT into school contexts. Collaboration, through sharing of discipline specific knowledge with other education team members, should be part of any approach to service delivery. Crucial elements that PTs should use to support student success and the health that is needed for function, fitness and participation while learning in the home setting are:

- Consultation/collaboration with students, families, teachers and administrators.
- Formal instructional sessions with education team members
- Communication with outside healthcare providers, vendors
- On-going contact with students, families, caregivers
- Use of coaching models, consultation and recommendations of specific equipment, strategies or approaches
- Awareness of accommodations that are on the IEP that might impact a change in home environment

### ***Potential models for service delivery that may be considered (per USDOE and MA DESE Guidance):***

Note: SB PTs should consult with their LEA attorney to determine if appropriate consent and liability waivers have been recorded prior to initiating alternate service delivery models.

1. Online/Virtual
  - a. Synchronous activities:
    - i. Defined as activities that take place “live” or “in person” virtually (i.e. telehealth).
    - ii. Must be relevant to IEP goals and participation in educational activities deemed important by the IEP team.
    - iii. When to use:
      1. When live engagement enhances participation.
      2. When invitation is most easily conveyed in this format.
      3. Visual/kinesthetic learning preference by student or family.
    - iv. All activities should be in collaboration/consultation with the teacher, ideally presented collaboratively. Examples:

1. Adapted PE class: 5 students log in to a teacher- led physical education class. Prior to the meeting, the teacher and PT collaborated on activities and ideas. The students need endurance activities so the teacher and physical therapist lead the students through warm up and targeted fitness activities. They document students' performance, might choose to set goals ahead of time and these activities support student's IEP goals.
2. Motor group: 5 preschool students log on to an online platform at a pre-appointed time. The teacher and PT have collaborated on a motor group that the students can participate in. Perhaps the parents received a list of activities ahead of time of items to gather (a ball, a pillow). The motor group consists of warm up activities, and teacher or PT-led yoga or play/obstacle type activities using these items that address IEP goals.  
Note: Districts may require additional consent to address privacy and confidentiality concerns when providing services to a group of students or in a group setting. Parents should be informed of the group setting and documentation is required that the parents were notified.
3. Preschool snack time: teacher has 4 parents in a Zoom® call and students are having snack, virtually. The teacher leads activities that mimic classroom routines if possible. The PT is consulting with regard to access of meal time routine which could include positioning.
4. Collaborating with the teacher and family for positioning using common objects in home. Student is Level 5 GMFCS and the family is working with the teacher for switch activation during a literacy activity. PT works via video to help the caregiver find items to assist with positioning for function.
5. Guiding families through motor learning activities and providing education. PT may work with the student with motor deficits with mother present to facilitate motor learning of a new skill in a 1:1 session.

b. Asynchronous activities

- i. Defined as delivered on a learning management platform but not in real time. Can include sharing of information (e.g. instructional videos on a learning management system or posting of written materials) and communication and problem-solving involving team members including the student and family through the use of asynchronous discussion boards on a learning management system.
- ii. When to use:
  1. Parents/caregivers/student not available for synchronous activities.
  2. Families have inconsistent access to computers or technology.

3. Student/family have solid home routine and understanding of specific activity/routines.
4. The student does not require direct therapy intervention.
- iii. Examples:
  1. Students who need to engage in cardiovascular activity to maintain their endurance, through sharing of specific instructional videos linked to content on the learning management system.
  2. Sharing of a written home exercise program on the learning management system for increasing walking time with the student . Student tracks their daily activity and submits a log as an assignment on the learning management system.
  3. Sharing of a recommendation for student routine for use of a stander, with a log for family to use. Family also shares photos of student in stander in a closed discussion board on the learning management system and seeks input and suggestions for adjustments.
2. Curriculum-based instructional activities
  - a. Defined as materials created for students and families and typically distributed as a hard copy vs. electronic formats. This might be used because a family does not have technology/internet access. Student materials should be created with consideration of specific student accommodations and needs for access in mind.
    - i. Suggestions on materials:
      1. Materials may need to be translated.
      2. Written materials should be free of jargon and written to promote readability.  
(<https://www.aafp.org/dam/AAFP/documents/journals/afp/PatientHandoutInstructions.pdf>).
      3. Documents should include PT contact information.
    - ii. When to use:
      1. When broadband internet connectivity will not be available to students and families.
      2. When there is not consistent availability for the family to participate in or supervise synchronous activities.
      3. When preferred by the student or family or when activity information lends itself to this format and allows for family use when not connected to an online learning platform.
      4. Could be used in conjunction with other models.
  - b. Examples of activities includes:
    - i. Written:
      1. Creation of lists/programs of common fun activities for outdoor play and recreation with modifications for children of varying motor abilities.
      2. Suggested recommended routines/schedules that support participation in educational activities.



3. List of appropriate websites and applications (eg GoNoodle, Cosmic Kids Yoga), apps (eg Class Dojo) to promote physical activity.
  4. Printed documents with specific therapeutic activities for individual students.
  5. Providing a household chores checklist to promote independent living skills based on age level and functional abilities.
- ii. Audio-visual:
    1. Yoga groups, kids' exercise classes delivered via DVD.
    2. Videos via DVD that demonstrate specific interventions for a student.
3. Instructional phone calls:
    - a. Defined as audio-telephone calls delivered either individually or via phone conferencing.
    - b. Mechanism for follow up should be identified with established time frames to responsible person(s).
    - c. When to use:
      - i. Family has limited internet access and desires contact with the PT.
      - ii. Auditory learning is the preference of the student or family.
      - iii. To clarify curricular based instructional activities provided to the student/family.
      - iv. To promote team engagement and problem solving via real time conferencing.
      - v. Can be used in conjunction with other models.
    - d. Examples:
      - i. Call with a parent and a teacher: student has Cerebral Palsy (GMFCS level V) and PT is working with the teacher and parent about how to set up a switch so that the student can participate in a literacy activity.
      - ii. Phone call with family to review specific activities related to mobility at home that includes walking on stairs or curbs. The therapist makes specific recommendations/suggestions.

## **V. Specific directions regarding telehealth provision of school-based PT services**

In moving toward alternate models of service delivery for children served under IDEA Part B, PTs need to recognize the legal obligations of their licensure under the Massachusetts Board of Allied Health. PTs undertaking a telehealth service delivery model should be familiar with the rules and regulations of providing Telehealth in the Commonwealth of Massachusetts, as outlined by the following documents:

- Governor Baker's Executive Order ["Order Expanding Access to Telehealth Services and to Protect Health Care Providers"](#) (March 15, 2020)
- [MassHealth Bulletin 289](#)
- Division of Insurance [Bulletin 2020-04](#) (follow-up to MassHealth Bulletin 289)

Additional Telehealth resources can be found at the websites below:

- [APTAMA COVID-19 Resource Center](#) (see “Telehealth Resources”)
- [APTA National Telehealth Guidance & Resources](#)

Important items to be aware of during the implementation of Telehealth in Massachusetts during COVID-19:

- Telehealth is within the scope of physical therapy practice and there is no exclusion to the practice of PT via telehealth under current regulations.
- Services are to be provided in a manner consistent with current clinical practice, including maintenance of HIPAA compliance, billing and coding regulations, etc.
- The School-Based Medicaid Program is continuing to accept billing for telehealth practices, but urges Providers to do the following:
  - “Providers will be able to bill MassHealth for telehealth beginning April 1, 2020 for dates of service beginning March 12, 2020. Please review the following sections of the bulletin: Background, Billing for Covered Services Delivered via Telehealth, Other Considerations, and Additional Information. SBMP-specific information for telehealth to supplement All Provider Bulletin 289 is forthcoming.” ([Letter from MassHealth to SBMP dated 3/25/2020](#))
- A client’s appropriateness for treatment via telehealth should be determined by the PT on a case-by-case basis, with selections based on PT judgment, client preference, technology availability, risks and benefits, and professional standards of care.
- A PT is responsible for all aspects of physical therapy care provided to a client and should determine and document the technology used in the provision of physical therapy.
- There are specific elements of informed consent to be considered in telehealth provision, including an acknowledgement of the limitations of such an approach.
- The requirements for the supervision of physical therapist’s assistants remain unchanged in the telehealth environment.
- Privacy and confidentiality concerns should be addressed. Parents should know that while every effort is being made to maintain confidentiality during the session, confidentiality could be breached due to a technicality beyond the therapist’s control.

## **VI. Suggested best practices specific to school-based telehealth provision**

- PTs who undertake telehealth in the school setting are obligated to determine the appropriateness for each individual student and independently ascertain the student and family’s proficiency with the use of technology to access the services.
- If the PT determines that telehealth is not a safe way to deliver service, then telehealth services should not be accessed.
- PTs should have an initial orientation visit with the student and their family/caregivers to:
  - Obtain consent
  - Review the use of the technology
  - Discuss expectations for the telehealth sessions including:

- identification of individuals who will be present with the student during sessions
- explanation of expectations for individuals participating in the telehealth sessions and an assessment of the ability of these individuals to safely carry out any PT-directed activities with the student
- appraisal of resources available in the home including space and equipment.
- Technology support should be available to the PT and student/family.
- FERPA (Family Educational Records Protections Act) considerations:
  - Materials uploaded into learning management systems require privacy protections under FERPA
  - LEAs must recognize confidentiality and privacy obligations when purchasing educational applications and software
  - PTs should be aware that materials shared on learning management systems such as video of students, written submissions, discussion board postings, videos fall under the category of protected educational records. Privacy and confidentiality of this information must be maintained.
  - Physical written programs and videos of students are also protected educational records.
  - Generally, apps that do not require individual student log-ins do not present privacy concerns

PLEASE CONSULT YOUR LEA IF YOU HAVE QUESTIONS ABOUT STUDENT RECORDS  
AND PRIVACY

- HIPAA (Health Insurance Portability and Accountability Act) and privacy concerns:
  - On March 17, 2020 the US Department of Health and Human Services announced they “will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.” (Retrieved from <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>)
    - The notification indicated providers using Google Hangouts, Skype, and Facetime, Facebook video chat will be exempted from penalties during the COVID-19 outbreak.
    - Use of platforms such as Tik-tok, Facebook Live and other “public facing” platforms remain prohibited
    - Providers seeking additional privacy protections should enter into business associate agreements (BAAs) with HIPAA certified vendors.
    - Families and clients should be informed of the potential of privacy and confidentiality breaches when using alternate platforms.

**VII. Required resources for school based PTs for alternate education delivery models**

- Access to division-issued technology devices that are available to all instructional personnel:
  - Might include laptops, tablets, internet hotspots etc.
  - Personal devices are not encrypted and do not meet privacy standards and should not be used.
- Access to all relevant software including email, productivity software (e.g. word processing, presentations, spreadsheets, calendar), video conferencing software (e.g. Zoom account, doxy.me), applications approved by the division (e.g. ClassDojo), learning management systems (e.g. Blackboard, Canvas, Google Classroom).
- Training in the use of all relevant technologies.
- Technology support provided by division personnel.
- Reimbursement for time spent training and provision of services outside of direct therapy intervention such as online orientation visits with families, preparation of materials for home instruction, and documentation, cost of mailing items.
- Flexible work hours as PTs are also practicing social distancing and may have demands of childcare and caregiving for others in their homes.

## VIII. Summary and Conclusions

This document summarizes guidance sources regarding the provision of PT services under alternate models. School-based PTs offer important value to the efforts of school communities in serving the needs of students with disabilities when school is closed and alternate education models are being utilized. School-based PTs share discipline specific knowledge with students, families, teachers, and administrators in order to support educational needs and ensure students are ready to return to school when closures end. PTs must take a flexible approach to services during the COVID-19 pandemic. When contemplating alternate models of services provision to students with disabilities PTs must collaborate with education team members to determine the most appropriate delivery methods.

It is our intent that this document will support your school-based physical therapy practice in Massachusetts during the COVID-19 Pandemic. We welcome your feedback and thoughts, and fully recognize that there may be a need for further iterations of this document. This document was modified to address Massachusetts specific changes for providing remote learning experiences during the COVID-19 Pandemic.

***For more COVID-19 school-based physical therapy inquiries, please reach out via the question submission at the bottom of the APTAMA COVID-19 Resource Center. This can be found at the following link: <https://www.aptaofma.org/covid-19-resource-center>***

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