

ASPR TRACIE Technical Assistance

ASPR TRACIE, in collaboration with ASPR's Pediatric Centers of Excellence, collaborated on a webinar series focused on how the COVID-19 pandemic may affect children. Recordings from each of the webinars in the series are [now available](#).

Due to the large number of questions received during the question and answer session of the fourth webinar in the series, [Impact of COVID-19 on Children with Special Healthcare Needs](#), speakers were not able to respond to all of the questions during the webinar. These questions were sent to panelists and their answers are provided in this document. NOTE: Questions that were similar or covered the same topic area were consolidated and/or reworded to streamline the Q&A.

Question 1: How are some school districts meeting Individualized Education Program (IEP) needs for children that have a learning disability (LD)?

Answers:

- School districts have had to scramble to meet the needs of all students, particularly those with IEP needs. This has highlighted where the gaps remain and where resources will need to be focused. Covering all IEP needs for kids who have LD was a challenge pre-COVID. The varied and changing approaches to school reopening are certainly much more complicated and critical for children who were receiving services via an IEP.
- These general references provide an overview of national practices and may help inform this question:
 - [IDEA Best Practices During the COVID-19 Crisis](#)
 - [NASP USDOE Guidance for IDEA Service Delivery FAQ for School Psychologists](#)
 - [US Department of Education: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities](#)
 - [California Department of Education: Special Education Guidance for COVID-19](#)
 - [Colorado Department of Education: COVID-19 and Special Education](#)
 - [Boston Children's Hospital: COVID-19 and IEPs: Education for Children with Special Needs](#)
 - [Resources for Supporting Children's Emotional Well-being during the COVID-19 Pandemic](#)
 - [COVID-19 Pandemic Intensifies Disaster Recovery Challenges for K-12 Schools](#)
 - [Reopening K-12 Schools during the Pandemic \(Prioritizing Health, Equity and Communities\)](#)

Question 2: Can you provide any suggestions or recommendations for children with neurodevelopmental challenges whose needs are not being met through distance learning? Are there any promising practices?

Answers:

- Speak to the child's care team and see if they have any recommendations and then bring those to the school. If children are not having their needs met through distance learning, there are a few ways to approach this.
 - Share your concerns with the school.
 - The primary pediatrician can serve as an advocate for return to school vs additional services.
 - Referrals to medical-legal partnerships (MLPs) to help families who are not receiving adequate services.
- Parents should request an IEP meeting with school personnel to exchange input on how the child's neurodevelopmental needs are being met in the COVID-19 context of the child's IEP. If the child's needs are not being met via the current structure, the parent/caregiver or IEP team members should request a meeting and problem solve this together. I think that in some districts, in-person delivery of services for children with active IEPs are prioritized separately. I think this could be an example of a best practice. Limited resources are prioritized to those with certain needs and specific IEPs.
- Another member of the WRAP-EM MH Reachback Response Team suggested: "For children with special healthcare needs (SHCN) who are engaged in distance/virtual learning, it is necessary for many of them to have one-on-one attention from a tutor or another person designated by the school system. Some of this instruction can be managed virtually, but some children will need in-person meetings for supplemental individual instruction. How this is negotiated is different for every school system and for every child. Parents might need to engage parent advocates or even might need to take legal action to make certain that their child is getting the academic support that is needed. Some school systems are providing these supports already, which eases the burden on parents and also helps keep the child with SHCN caught up with his/her peers and with goals for learning for that academic grading period."

Question 3: Of the 33% of learning disability students noted on slide 43, what types of LD's are most prevalent?

Answer: According to the [National Center for Learning Disabilities](#), the most common types of learning disabilities are those that impact the areas of reading, math, and written expression: dyslexia, dyscalculia, and dysgraphia.

Question 4: Dr. Lin- Can you share more about the virtual reality used for the physical therapy study you noted in your presentation?

Answer: The virtual reality paper was a case report of two patients with spina bifida. The two participants were given a virtual reality unit and asked to complete a 60-minute moderate intensity program designed by HHS. For additional information, please read the

case report: Lai et al. [Feasibility of a Commercially Available Virtual Reality System to Achieve Exercise Guidelines in Youth With Spina Bifida: Mixed Methods Case Study](#). JMIR Serious Games. 8(3):e20667.

Question 5: Dr. Schreiber- Where can I access the “Anticipate. Plan. Cope.” guide you mentioned during your presentation?

Answer: *Anticipate.Plan.Cope: Parent Coping in times of COVID-19 and other emergencies (APC)* is in final development and testing with key stakeholder groups. We hope to have this available to schools, mental health agencies, hospitals, disaster relief organizations and others as soon as possible. We will post updates on [wrap-em.org](#). Interested entities can also contact me at m.schreiber@ucla.edu and I will send them an update and put them on our APC distro list. [Contact ASPR TRACIE](#) for a one-pager fact sheet on APC.