RETURNING TO LEARNING AMIDST THE COVID-19 PANDEMIC:
Roles and Responsibilities for School Psychologists

PURPOSE

This document outlines potential roles and responsibilities for school psychologists during the remote instruction and return to learning phases of the COVID-19 pandemic. Each section provides general guidance on the topics; specific roles and responsibilities should continue to be determined collaboratively between individual practitioners and school administrators.

CORE ASSUMPTIONS

1. Practitioner decision-making will be based on their professional ethical standards and the best needs for each individual student or group of students who are the identified client in each case.
2. Each school district will establish standards for health and safety and will provide necessary Personal Protective Equipment (PPE) and other supplies.
3. Core educational goals have shifted and will remain different during this pandemic. This includes increased focus on social-emotional learning (SEL) and direct instruction to students on the use of technology needed for potential future periods of remote learning. These increases will likely mean that less time can be spent on academic instruction and/or other portions of the school day.
4. Consistent with the NASP Practice Model, this document focuses on only part of what can be a far more comprehensive scope of practice for school psychologists.

SUMMARY

➢ In stage 1-No Access-Students are still on full remote instruction: School psychology services will largely focus on consultation to staff and families, support for district preparation for later stages, and direct student support and evaluations that can be completed remotely.

➢ In stage 2-Limited Access/Cohort Size-A hybrid model where all (or almost all) students are attending school at least part time: School psychologists can support the development and implementation of behavioral and academic screening tools and supportive interventions at all tiers. In-person services begin at this stage, including the potential implementation of individual standardized assessments.

➢ In stage 3-Full Access-Full return to school: School psychology services will appear similar to pre-pandemic services, with continued consideration of new health and safety factors, consultation regarding social-emotional learning as noted above, and some potential role shifts depending on district wide and school wide needs.

ORGANIZATION OF THIS DOCUMENT

Created by Nate Jones, SERESC School Psychologist, and other leaders of NHASP

Guidance on School Psychologists' Role in Behavioral and Emotional Screening

PURPOSE

This section outlines key steps for school psychologist in their role in the process of screening all students for academic, behavioral, emotional concerns upon the return to learning in Stage 2.

KEY MESSAGES

1. An effective screening process involves commitment from the entire staff of a school and is built on a system of strong supports for all learners.
2. Multitiered Systems of Support (MTSS) methodologies are recommended as the most robust and research supported approach that includes screening.
3. School psychologists can have a variety of active roles in the screening process, including development/selection of screening tools, collection and analysis of gathered data, decision making about results, and providing needed services to identified students.
4. Effective implementation of screening tools and the development of a strong tiered approach to education can often take years to develop. But, educators are facing a need to implement these supports rapidly to meet the needs of students as they return to learning in the buildings. Therefore, readily implementable strategies are needed.
5. Preparation for action based on results of the screening is critical. This should not, however, delay the implementation of screening.

SUMMARY

The return to learning in school will bring the opportunity to re-engage with students who have had a broad diversity of life experiences since remote learning began. The differing impact of these experiences will not be known for some time and may never be fully understood.

Research on resiliency and related factors suggests that each individual student will respond in their own manner, even those who had quite similar experiences. School staff will have to be mindful of assumptions of student functioning, as some academic and behavioral/emotional concerns may not be evident. Research also indicates that internalizing disorders, such as anxiety and depression, may be difficult for school staff to identify without structured tools.

A structured screening process is strongly recommended to address the academic, behavioral, and emotional status of all students. This process may be used to both identify the overall status of the majority of students in a school as well as students who are demonstrating greater concerns. Note, districts should continue to comply with state regulations regarding non-academic screening of students.

Regardless of the implementation of screening tools, all schools should focus on providing expanded educational services for all students through general education, as well as more intensive interventions for students with greater needs. As is noted later, there is a clear danger of over-identification of students with disabilities following the return to learning in schools. This over-identification can best be prevented through an expansion of educational services provided to all students.

Guidance on Individual Student Evaluations in the age of COVID-19

PURPOSE

This section outlines key information and practice changes needed for school psychologists and other practitioners who complete individual student evaluations during the remote instruction and return to learning phases of the COVID-19 pandemic. This document should be considered along with guidance from the NH Department of Education (May 21, 2020) and Governor Sununu's Emergency Order #48.

KEY MESSAGES

1. The use of remotely administered individual standardized assessments is not recommended at this time. Instead, gathering information through review of existing records, interviews, observations, and other methods is recommended.
2. Teams must focus on what is best for the student, not what has been traditional action for the team in the pre-pandemic environment.
3. The team needs to develop clear evaluation questions and brainstorm various ways those questions can be answered, not just through standardized testing.
4. Educational teams should recognize that individualized standardized testing is not the only way to complete an evaluation.
5. Some students are not going to receive comprehensive evaluations at this time due to health and safety standards. Their education will need to be managed without this type of assessment data. Instead, other available data should be used to plan the student's educational program.
6. Working collaboratively with colleagues remains a key part of providing an appropriate education to our students in this time.
7. Professional ethics must continue to guide our practice.

SUMMARY

Certain types of evaluations will be possible at different stages of returning to learn. As long as guidance on health and safety risks is active, adjustments will continue to be needed throughout the evaluation process. These adjustments will have an impact on evaluation results and interpretations that must be considered on a case by case basis.

➢ Stage 1-No Access: Social emotional evaluations can be completed via tele-health, including interviews, consultations, file reviews, electronic rating scales, report writing, and participation in virtual meetings (if technology is available to families and evaluators)
➢ Stage 2-Limited Access/Cohort Size: Includes actions from stage 1, plus in person evaluations with enhanced health and safety standards.
> There may still be cases where the needed modifications mean the evaluation would still be too invalid (such as wearing a facemask during the ADOS) or unnecessarily risky, such as for students a high risk for infection.
➢ Stage 3-Full Access: While enhanced health and safety standards are active, continued use of PPE and sanitization strategies, and other adjustments will be needed.

Guidance on the progressive lowering of health and safety standards target groups who are at the highest risk of harm if services are not provided. In almost all cases, there is little risk of harm to a student if an individualized evaluation cannot be completed, as long as the educational team takes other measures to monitor and adjust that student's educational programming as appropriate.

SPECIFIC PRACTICE RECOMMENDATIONS FOR INDIVIDUAL EVALUATORS

1. For many students, sufficient information for eligibility and programming decisions can be gathered using file reviews, interviews, and rating scales.

2. School districts should be expected to provide clear health and safety standards, including for the wearing of PPE and sanitization. Districts should also be expected to provide necessary supplies. Individual practitioners should consider obtaining their own health and safety supplies to supplement as needed. Additionally, practitioners are encouraged to proactively collaborate with districts administration on the development of these health and safety standards.

3. Practitioners need to consider the materials they will need to implement needed practice modifications during evaluations, and then work with district administration to obtain those materials.

4. Research on remotely administered standardized assessments assumes multiple factors that cannot be recreated or assured at this time, including consistent/reliable technology, opportunities to safely provide students with evaluation materials, actions of the facilitator with the student, and environmental factors around the student. As such, we do not recommend remotely administered standardized assessments at this time.

   a. Remote evaluations, such as social-emotional evaluations, that are based on interviews and rating scales can be completed if technology of both the practitioner and family are reliable to do so.

5. To meet health and safety standards, in-person evaluations will require the use of PPE and other modifications that mean individualized assessments may have to be given in a way in which they were not standardized. These assessments were designed with specific standardized administration procedures and changing these procedures will impact validity and reliability of the assessments and may mean assessment results are inaccurate.

   a. Modifications to standardized administration procedures need to be explained to parents and school teams so they are adequately informed of concerns related to reliability and validity and have the opportunity to decline affected portions of the evaluation before starting evaluation procedures. In addition to being explained during the informed consent process, all modifications that are necessary to make in testing should be described in written reports, as well as their potential to impact validity and reliability of the assessment.

CONSIDERATIONS FOR THE TEAM

Know the Evaluation Process

1. Evaluation timelines and other requirements are dictated by state and federal laws. These laws have not changed and, therefore, all required timelines continue to apply. School teams should work directly with students and families on expectations during this time. Additional guidance on legal aspects of the special education process has been offered by other groups and this document does not seek to replace that guidance, nor should it be considered legal advice.
2. Standardized testing is just one part of the larger evaluation process designed to understand student needs. The term "evaluation" does not necessarily mean standardized assessment.
3. Make sure general education supports have been implemented with fidelity before evaluation procedures are considered. A systematic process to education is needed now more than ever.
4. Inclusion of school wide academic and behavioral screening data collected when students begin the return learning in schools (potentially the Fall of 2020) will help schools determine a baseline of skills and abilities to help identify when students are struggling relative to their peers.

Validity Threats to Evaluations.

1. Overall
   a. Standardized assessments are developed to provide an estimate of functioning based on specific standardized administration procedures. All standardized assessments have a known degree of inaccuracy identifying during the development and standardization. Deviating from standardized administration procedures introduces a new unknown degree of error and uncertainty into the results.
   b. The modifications required during this time of COVID-19 mean standardized assessment results may be less accurate, valid, and reliable than usual. As noted in this document, that change needs to be explained to families and school teams, considered when interpreting results, and described in written reports of all evaluations.
   c. Regardless of whether a student is evaluated in-person or virtually, the current level of distress among students and their families will impact their test performance and must be considered when developing interpretations of results.
2. Impacts during remote learning when the student being evaluated is at home.
   a. Research on the remote administration of standardized assessments typically completed in-person assumes multiple factors that cannot be recreated or assured at this time, including consistent technology, actions of the facilitator with the student, and environmental factors around the student. As such, the use of remotely administered standardized assessments is not recommended at this time.
   b. Some evaluations, such as social-emotional evaluations, can be potentially completed appropriately using virtual strategies. When students are evaluated in a remote fashion, however, multiple factors in the environment where they are located must be considered. These include limited control over distractions, the presence of others in the environment limiting the students willingness to engage and response to questions, sudden events that disrupt the student, unknown facts of fatigue and hunger from disrupted routines, and the possibility of easy access to motivating activities in which the student would prefer to engage.

3. Upon the return to learning in the school buildings, multiple threats to the validity of standardized assessments will continue to be present
   a. Some modification will be necessary and even basic modifications (using screens in person instead of paper books, wearing PPE, and other similar changes) will impact results in an unknown way. When developing interpretation of results, practitioners must be mindful of this new form of potential error and unpredictability.
   b. Vulnerable students, such as young students, students with emotional conditions, students with language impairments, students with hearing and/or visual impairments, students with developmental disabilities, and others may be greatly impacted by the use of PPE and evaluation results may have limited validity in these cases.

Outcomes of Evaluations to Consider

1. During eligibility decisions, decisions about whether a student has received adequate instruction will require a strong background knowledge of the student. Factors such as their age, academic performance before remote instruction began, level of participation in remote instruction will all need to be considered.
2. There is a potential to over-identify students as having disabilities. Again, understanding the student's background will help in identification of whether a longstanding condition exists.
3. The degree of interventions available to students in general education will need to expand in this time. Offering a broader range of supports in general education can help prevent over-identification of students as having disabilities. Additionally, if only limited evaluation data can be gathered, teams may need to offer interventions to more students than usual to not miss students who need them.

Ethical Considerations

1. Evaluations must still be completed in a comprehensive and student focused manner.
2. Parents/Guardians must be informed of how evaluation practices have changed and be given the opportunity to refuse evaluation, or portions of evaluation procedures.
3. Teams should remain informed about guidance offered by the state and federal governments and adjust their practices to comply with that guidance.
4. All educators have a responsibility to understand recommended health and safety guidelines and best practices in remote instruction.
   a. Strong ethical standards and problem-solving models have been developed by the National Association of School Psychologists and the American Psychological Association and are available in the Resources section.

Professional Self-Care will be important

1. All educators will need to be mindful of the impact of their own experiences during this pandemic.
2. School staff active support for each other remains an important aspect of the returning to learning in schools.

CONSIDERATIONS FOR THE PRACTITIONER

Each of the areas discussed below may require additional explanation in written reports, consideration of what information is included in written reports, and adjustments to how evaluation results are interpreted.

Evaluation Planning

1. Enhancements to the evaluation planning process are needed when considering evaluations during this time.
2. Parents/guardians, school teams, and students (when appropriate) should be informed of modifications to evaluations procedures that will be used and that these modifications may impact the accuracy of evaluation results.
3. Parents/guardians should be provided the opportunity to decline affected portions of the evaluation before starting evaluation procedures.
4. During the evaluation planning process, practitioners should focus on defining specific evaluation questions to guide the selection of appropriate evaluation components. In many situations, sufficient information to answer questions about eligibility and programming decisions can be gathered using file reviews, interviews, and rating scales.

Evaluation Setting

Adjustments to evaluation setting that may need to be provided by school districts and explained in written reports by school psychologists.

1. Personal Protective Equipment (PPE)
   a. Including surgical grade masks and gloves.
   b. If there is risk a specific student may likely remove their PPE, then schools may need to provide N95 grade masks.
2. Sanitization
   a. Supplies including hand sanitizer and sanitizing wipes
   b. Breaks during testing and between students to allow for ongoing sanitization
3. Physical adjustments to evaluation rooms
   a. Rooms with appropriate ventilation that allow for 6' of space between the evaluator and the student. Note, some evaluations require sustained close proximity to the student. These evaluations may not be able to be completed while the 6' standard is active.
   b. Potential use of physical barriers between the evaluator and the student, such as transparent walls, the use of double rooms with two-way mirrors, and similar strategies.
4. Technology usage
   a. The use of technology, such as computer monitors, to present evaluation material instead of traditional paper-based materials as these are easier to sanitize reliably. Note, it may be necessary for this to be done using a secondary computer monitor that can be placed close to the student and connected to the evaluator's computer.
   b. For remotely administered social-emotional assessments, evaluators need to be mindful of video technology usage. Some resources, such as guidance from the American Psychological Association, are provided in the Resources section.

    c. When possible for rating scales, evaluations should use scales that can be administered electronically through secure platforms instead of using traditional paper-based versions.

    d. As noted elsewhere, remote administration of standardized assessments that were developed as in-person tools is not recommended. While the limited research that has been completed does suggest equivalency between remote and in-person evaluation methods, specific technology and personnel requirements that were used in the research cannot be duplicated in the remote learning environment.

        i. School staff, including school administrators, should not require practitioners to engage in remote evaluation procedures which the practitioner does not feel are technically or ethically appropriate.

        ii. If a practitioner does opt to pursue remote administration of a standardized evaluation, they should review guidance including Pearson's guidance on the WISC-V administration noted in the Resources section.

Expanding Background Information

1. Obtaining a strong background on the student (through available record review and (remote or in person) interviews with caregivers and teachers is critical for understanding the impact of remote learning.

2. During intake and/or background interviews with caregivers should be expanded to add questions related to COVID-19 isolation as it relates to their family:

3. During clinical interviews with the student, practitioners should include questions related to COVID-19 isolation.

4. Specific recommended questions are available in the "Suggested COVID-19 Related Background and Clinical Interview Questions" section.

Interpretation of Results

1) Overall, extensive interpretations can be made of the results of evaluations based on interviews, file reviews, and observations. Practitioners will need to be mindful of the process of each evaluation and consider those factors in their interpretations. Practitioners are still encouraged to offer specific clinical impressions and recommendations when supported by evaluation results and explained clearly in written reports

2) Interpretation of social, emotional, behavioral, and adaptive skills rating scales:

    a. Many emotional, behavioral, and adaptive skills rating scales assume longstanding and current knowledge of the student that a teacher may not have. They also assume family members making ratings are not assuming the role of teacher in their interactions with their children.

    b. Will there be more opportunities to screen for anxiety and other emotionality? If the baseline level of emotionality has increased, practitioners will have to be mindful of individual student functioning.

        i. This may mean that typical student functioning no longer matches the normative sample of the rating scale.

    c. In particular for ratings of executive skills and adaptive skills, practitioners will have to consider who should be asked to complete the teacher response form. If students are
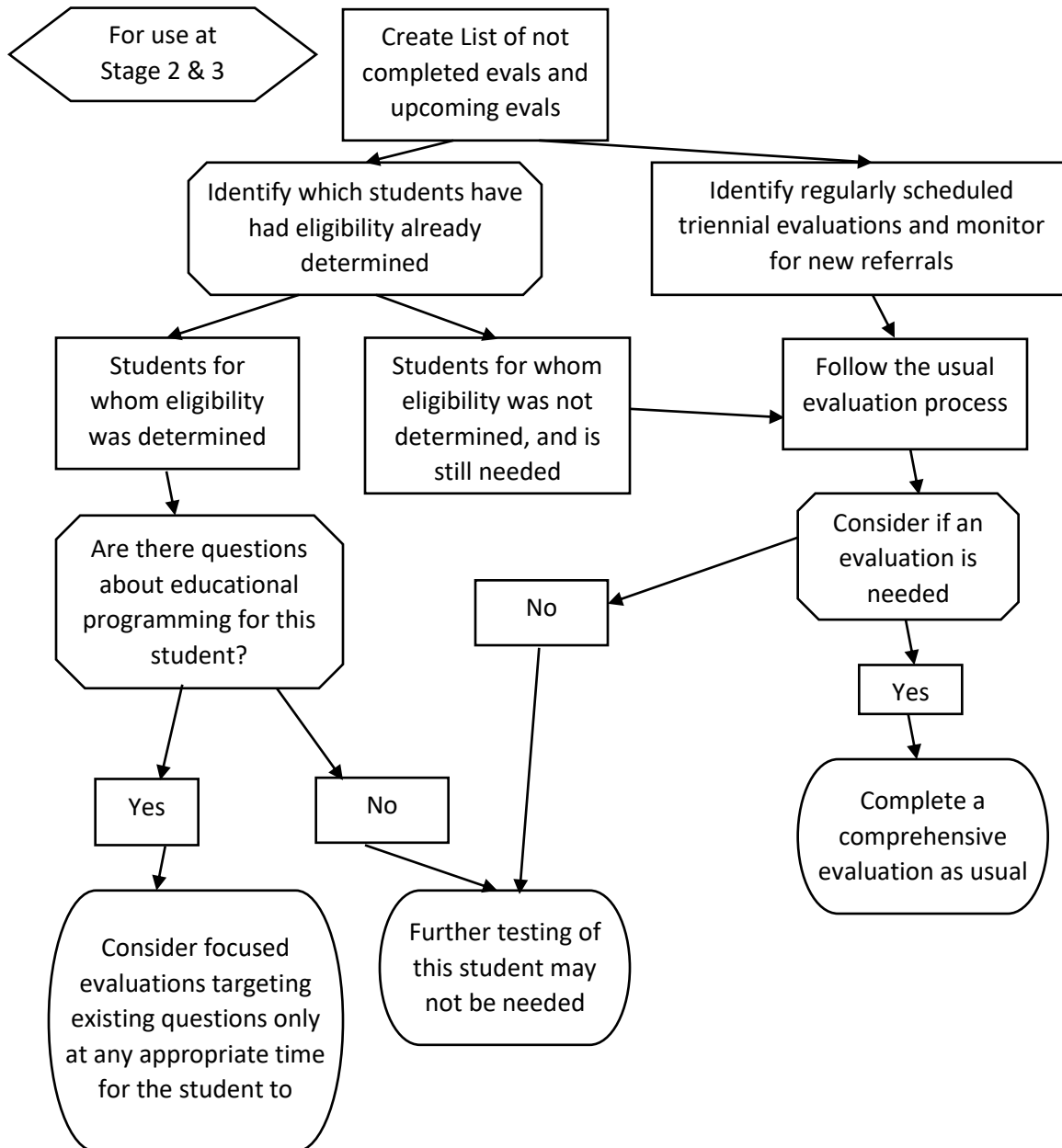
largely being educated at home, caregivers may be the only ones who have regular observation of learning habits. It is not recommended, however, to ask family members to fill out both the parent and teacher versions of the forms. Decisions on appropriate completion of the forms will need to be made on a case by case basis.

3) The extended time out of school may impact results of standardized cognitive and academic assessments. This could include:
   a. Students, especially younger students, may have had less access to the same level of education as students in the normative population of the assessment. This may lead to some students having lower scores than they would have if in-person school had not been interrupted.
   b. Knowledge based portions of cognitive assessments, such as verbal reasoning sections, may also show lower scores than expected. Alternatively, evaluations that target knowledge not typically gained in the classroom may show increases due to student exposure to new opportunities.

4) Some students have experiences varying levels of trauma during this pandemic. Research suggests that stress can impact cognition and may lead to reduced performance on measure such as working memory and processing speed. Understanding the impact of stress on student performance in evaluations is important, and can provide needed context for interpretations of results.

5) Language will need to be added to report templates regarding the pandemic, including observations from teachers, caregivers and student reports. For some practitioners, this will be best placed in a specific section i.e. *Covid-19 Response* following Developmental/Health History. Consideration of adding an additional statement in referral section that describes current educational environment.

6) Interpretation of classroom observations will need to be performed carefully. The period of remote learning and then the return to learning mean a loss and then need to re-establish routine, academic and social-emotional expectations, and instructional habits. With increased environmental stressors, many students may be struggling to access education. The increase of behavioral challenges in the classroom may be an obvious or immediate result and may be more the result of environmental changes than individual student functioning.

Evaluation Decision Making Flowchart

For use at Stage 2 & 3

Create List of not completed evals and upcoming evals

Identify which students have had eligibility already determined

Identify regularly scheduled triennial evaluations and monitor for new referrals

Students for whom eligibility was determined

Students for whom eligibility was not determined, and is still needed

Follow the usual evaluation process

Are there questions about educational programming for this student?

Consider if an evaluation is needed

No

Yes

No

Yes

Consider focused evaluations targeting existing questions only at any appropriate time for the student to

Further testing of this student may not be needed

Complete a comprehensive evaluation as usual

Suggested Actions for Each Kind of Evaluation

PURPOSE

On May 21, 2020 the NH Department of Education released guidance on special education evaluations. Three scenarios were offered, which are outlined below. This section provides specific recommendations regarding these different scenarios.

SCENARIOS

Scenario A: Referral Received from Early Supports and Services

1. Please note that comprehensive recommendations targeting evaluations with children in preschool are beyond the scope of this document. Some preliminary recommendations are offered.
2. The use of personal protective equipment (PPE) will be challenging for both the practitioner and the student when working with quite young children.
    a. Young children are likely to not be compliant with wearing PPE and requirements to wear it will likely impact their engagement in an assessment process and lead to inaccurate results.
    b. Similarly, the use of PPE by the practitioner may be quite distressing to a young child, lead to miscommunications due to muffled speech and an inability to read facial expressions, and have the potential to be generally upsetting to the child.
3. Appropriate distancing will be difficult for practitioners to maintain when working with young children. Modifications to standardized administration procedures to accommodate distancing requirements may significantly impact the accuracy of the assessments.
4. New arrival and departure regulations at school buildings that require parents to remain outside of the building may also be upsetting to young children. They can have a stronger reliance on their parents for comfort and adjustment in unfamiliar your settings and with unfamiliar adults.
5. School districts are recommended to pursue alternative options to standardized evaluations to gain the information needed for eligibility and programming decisions for young children at this time due to the significant concerns with the ability to obtain accurate and actionable results from standardized assessments.

Scenario B: New Referral

1. When processing new referrals for special education and section 504 services, teams should carefully review evaluation questions and determine needed information can be developed without using standardized assessments.
2. As noted, during remote education of Stage 1, practitioners are recommended to not use remote administration of standardized assessments due to significant concerns with their reliability and validity in this format.
3. Standardized assessment of social, emotional, behavioral, and adaptive functioning completed using rating scales and interviews can be performed with appropriate cautions by the practitioner to ensure results are interpreted appropriately.
4. When in-person learning begins again in Stage 2, practitioners should remain cautious in the use of standardized assessments given the requirements for health and safety modification. Educational teams and practitioners should actively decide in each case whether the use of

needed modification would increase the potential for invalid results to the point where standardized should not be used.

    a. The wearing of personal protective equipment by a student and the practitioner may have a significant impact on results. This is especially true for young children, students who rely on facial expressions and lip reading, and students who have other language and communication difficulties. Additionally, students with anxiety and other emotional conditions may be quite agitated by the use of PPE. In these situations, teams should consider not pursuing such an evaluation.

Scenario C: Reevaluation

1. The concerns outlined in Scenario B regarding new referrals also apply to considerations for reevaluations.
2. Additionally, if previous evaluations have provided substantial standardized assessment data, school team should be additionally cautious in recommending the use of standardized assessments.
3. Even at Stage 2 and Stage 3 of the return to learning, the use of personal protective equipment (PPE) and other such modifications will continue and the impact on evaluation results will continue to need to be considered

Methods for Obtaining Evaluation Information

PURPOSE

This section provides specific suggestions for how teams could effectively obtain evaluation information without performing standardized assessment. Note, this is not a comprehensive list and not all techniques listed below will be appropriate for all students.

When in-person activities are suggested, such as in-class observations, these assume that the student's school districts has reached Stage 2 of the return to learning. In-person activities are not included in Stage 1 recommendations.

Assessment Area	Evaluation Techniques to Consider
Academic Performance	- Parent/teacher interviews - Review of educational records - Review of previous standardized assessment data - Observations if the student is available for observation - Single-case subject design
Adaptive Behavior	- Parent/teacher interviews - Review of educational records - Review of previous standardized assessment data - Remotely administered rating scales - In-person rating scale administration when appropriate
Classroom Observation	- Review of Educational Records - Review of Previous Standardized Assessment Data - Observations of online classes if available - Observations of in-person classes if available
Communication Skills	- Parent/teacher interviews - Review of educational records - Review of previous standardized assessment data - Observations if the student is available for observation - Review of language samples gathered by parents or teachers
Health	- Review of medical records available to school nurse - By request from students' physician
Hearing Evaluation	- Review of educational and medical records - By request from students' physician
Vision Evaluation	- Review of educational and medical records - By request from students' physician
Motor Ability	- Parent/teacher interviews - Review of educational records

	• Review of previous standardized assessment data • Observations if the student is available for observation
Social/Emotional	• Parent/teacher interviews • Review of educational records • Review of previous standardized assessment data • Observations if the student is available for observation • Remotely administered rating scales • Virtual student interviews • In-person interviews when available
Intelligence	• Parent/teacher interviews • Review of educational records • Review of previous standardized assessment data • Observations if the student is available for observation

Created by Nate Jones, SERESC School Psychologist, and other leaders of NHASP

Suggested COVID-19 Related Background and Clinical Interview Questions

PURPOSE

This section outlines a set of recommended questions and considerations that school psychologists can include in their interviews with caregivers and with students regarding their experience during remote instruction. There is the potential that many students have faced adverse experiences or potentially traumatizing events during this time, including single and powerful events, repetitive events, and persistent high levels of stress and other emotionality in the home.

QUESTIONS CAREGIVERS

1. Were there any noticeable changes in behavior, interest in learning, etc. during this time?
2. Any challenging experiences you want to share about this time for your child or your family?
3. Did the child have access to expected caregivers at home?
4. Did you have big changes in your access to food, housing, clothing, and other basic needs?
5. Was the child aware of any relatives, friends, close community members, or others that became ill or died due to COVID-19?
6. During the spring 2020 school closure due to the COVID-19 pandemic, describe your child's access (or lack of access) to remote learning materials?
7. Did your child receive their IEP/504/Title 1/other educational services?
8. What sports, clubs, or other activities did your child miss out on during remote learning?

QUESTIONS FOR THE STUDENT

1. Last spring when the school closed because of the coronavirus, what was learning like?
2. What was different about being at home?
3. What parts did you enjoy about being at home?
4. What parts were the hardest about being at home?
5. Did anyone you know become ill or die due to COVID-19?
6. Were there big disruptions in your home life? And, did they lead to changes in your access to food, housing, or other similar needs?
7. Did you receive your IEP/504/Title 1/other educational services?)
8. Because so many things were closed this summer, what did your summer look like?
9. What it is like being back at school this year?

School Psychologist Roles in All Three Stages

PURPOSE

This section outlines tasks in which school psychologists can engage during each stage of the returning to learning. These tasks are provided as suggestions and variation in roles for school psychologists will continue to exist between school districts. For further guidance on the role of school psychologists, the National Association of School Psychologists has developed a Model for Comprehensive and Integrated School Psychological Services that is available in the Resources section.

School psychologists continue to be encouraged to seek to provide a comprehensive scope of practice in their work in the schools. At this time of disruption to the lives of our students, a focus on supporting the social emotional learning needs of all students and the well-being of the entire school community is important.

KEY SCHOOL PSYCHOLOGY TASKS AT EACH STAGE OF RETURNING TO LEARNING

Spring, 2020: During No Access

1. Ask to help support district in behavioral and academic screening of all students
2. Maintain student specific services if you provide them
3. Volunteer to support staff and administration as a consultant

Summer 2020: During No Access

1. Be part of the return to learning conversation
2. Support development/refinement of screening of academic and behavioral needs for K-12
3. Support development/refinement of SEL instruction at tier 1 for K-12
4. Support development/refinement of SEL interventions for tier 2 and 3 for K-12

Fall 2020: When Limited or Full Access Begins

1. Identify all students who could have been evaluated during remote learning and those scheduled for triennial evaluations this fall, as well as monitor for all new referrals
   a. Follow the Evaluation Decision Making flow chart
2. Provide academic and behavioral consultation for specific students
3. Provide direct services to students as appropriate
4. Consult on implementation of behavioral and academic screening and support services
5. Consult on implementation of SEL curriculum for tier 1, and implementation of SEL interventions at tiers 2 and 3

SCHOOL PSYCHOLOGISTS' DETAILED ROLES AND RELATED TASKS

Stage 1: No Access

1. Tasks
   a. Behavioral & Academic Consultation
      i. Collaboration with case managers, school counselor, and others about their support to families in supporting student behavior and academic growth while learning at home
      ii. Related activities could include:
         1. Communication with staff via phone, video, email, other means
         2. Creation of plans
         3. Gathering and organizing resources
         4. Participation in meetings with school staff and family members
   b. Assessment
      i. Support for the development of academic and behavioral screening tools for all students.
      ii. Virtual attendance at referral meetings, disposition of evaluation meetings, and other evaluation related meetings
      iii. Completion of limited evaluations
      iv. Related activities could include:
         1. File reviews
         2. Behavior rating scales and similar evaluation instruments
         3. Virtual interviews with family members/caregivers, school staff, and students
         4. Creation of evaluation reports
      v. No individual face to face evaluations will be completed either virtually or in-person in Stage 1
   c. Counseling / Individual Support
      i. Virtual individual or group counseling and other meetings with students as requested
      ii. Related activities
         1. Consultation and communication with staff and families
         2. File reviews
         3. Session planning
         4. Sessions
         5. Note taking following sessions
   d. Staff & Administrative Support
      i. Virtual participation in existing teacher meetings such as PLCs, offering teacher consultation time, and similar
      ii. Virtual consultative support to school administrators around academic and behavioral programming questions
      iii. Related activities
         1. Consultation and planning with administrators
         2. Supporting the development and enhancement of social emotional learning curricula for all students through a tiered model

3. Direct virtual participation in classrooms such as structured study halls and advisory periods on student questions around mental health, learning, and other areas
4. Research and development of resources
5. Sessions
6. Note taking following sessions

e. Family Support
   i. Virtual support to families through virtual office hours, individual support as requested by school teams
   ii. Related activities
      1. Consultation and planning with administrators
      2. Research and development of resources
      3. Sessions
      4. Note taking following sessions

f. Professional Development
   i. Virtual professional development for school staff on educational and behavioral questions, including both small group instruction, large group didactic trainings, and other supports
   ii. Related activities
      1. Consultation and planning with administrators
      2. Research and development of resources and presentations
      3. Sessions
      4. Note taking following sessions

Stage 2: Limited Access/Cohort Size

1. Stage 2 includes all tasks from Stage 1, most of which can now be performed either virtually or in-person depending on scheduling factors.
2. Additional Tasks
   a. Behavioral Consultation
      i. Developing behavioral support plans, completion of functional behavior assessments, and other supports to manage student behavior while at school, and transitioning between home and school
      ii. Consultation regarding managing academic instruction in the combination of virtual and in-person teaching
      iii. Additional related activities could include:
         1. Observations and data gathering in educational environments
   b. Assessment
      i. Support for the implementation of academic and behavioral screening tools.
      ii. Face to face evaluations can be completed in accordance with school district specific and guidance on health and safety guidance from health officials
      iii. Additional related activities could include:
         1. Face to face standardized evaluations
   c. Counseling / Individual Support
      i. Same as Stage 1

      ii.   Additional related activities

          1.   Same as Stage 1

   d.   Staff and Administrative Support

      i.   Support for implementation of social emotional learning curricula for all students through a tiered model

      ii.   Same as Stage 1

     iii.   Additional related activities

          1.   Same as Stage 1

   e.   Family Support

      i.   Same as Stage 1

      ii.   Additional related activities

          1.   Same as Stage 1

   g.   Professional Development

      i.   Same as Stage 1

      ii.   Additional related activities

          1.   Same as Stage 1

Stage 3: Full Access

1. Role can include all activities described in Stages 1 & 2. More activities will be completed in-person.
2. Additional considerations will need to be used given health and safety concerns for all students in with school district specific
3. Some services previously implemented in person may continue to be offered remotely when appropriate

Authorship

This document was created by the NH Association of School Psychologists (NHASP) in response to questions received from members of the association, educators in NH, families, and policy makers.

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Resources

In this document, a number of resources were discussed. They include the following:

➢ National Association of School Psychologists Practice Model

  o https://www.nasponline.org/standards-and-certification/nasp-practice-model

➢ National Association of School Psychologists COVID-19 Podcast page, including a podcast on Academic Screening Post COVID-19

  o https://www.nasponline.org/covid-19-webinar-series

➢ National Association of School Psychologists Professional Ethics

  o https://www.nasponline.org/standards-and-certification/professional-ethics

➢ National Association of School Psychologists guidance on ethical problem solving

  o https://www.nasponline.org/standards-and-certification/professional-ethics/informal-ethical-problem-solving-of-colleagues-misconduct

➢ American Psychological Association Professional Ethics

  o https://www.apa.org/ethics/code/

➢ SERESC video series on Supports for Families During Remote Learning

  o https://www.seresc.net/

➢ Pearson Assessments statement on telepractice and the WISC-V

  o https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/telepractice-and-the-wisc-v.html

➢ American Psychological Association guidelines on telepsychology

  o https://www.apa.org/practice/guidelines/telepsychology