

Provider Teletherapy/Distance Learning Readiness Checklist



Related Service Provider/ Discipline:

Date(s):

Teletherapy/Distant Learning Start Date:

What is your district allowing you to provide (i.e. home enrichment activities, consultation with families, teletherapy services, etc.)?

To be completed on own, with Regional/Lead, or shared with your Regional/Lead on request.

Materials

Complete	In Progress	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed EBS "Considerations for School Based OT & PT Conducting Teletherapy: A Response to COVID-19" webinars? Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed other webinars (i.e. coaching, parent/caregiver guide to being a facilitator, providing services to students with severe disabilities, etc)? Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed EBS teletherapy/distance learning resources? Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received district teletherapy orientation? Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have access to computer? Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Familiar with the new online platform? Yes <input type="checkbox"/> No <input type="checkbox"/> Platform: Received training computerized system training? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any required additional trainings needed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue to have access to your district email account and computerized documentation system account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any testing/assessment materials or therapy materials needed thru EBS?

Action plan for any incomplete items:

Caseload and Documentation:

Complete	In Progress	Needs Attention	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you collaborated virtually with your team members?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all families been contacted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have access to files for your assigned caseload?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All therapy sessions for the week are documented and attendance is current in your district computerized system?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any missed therapy sessions for the week?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All district & EBS Sign In Sheets are completed & signed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking district email & EBS United email daily?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All IEP documents are in compliance and completed in your district computerized system?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required student evaluations and reports (initial evaluations and re-evaluations) are completed and current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many upcoming pending screenings/assessments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you attended and participated in any virtual meetings yet? (i.e. SST, Eligibility, IEP, 504)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All documentation (i.e. parent contacts, session notes, data collection, progress monitoring, etc.) has been completed for the month?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All progress reports are completed for the most recent reporting cycle.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New intervention plans have been completed (if applicable)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicaid Billing are completed per district procedures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you started your monthly attendance log (if applicable)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a completed schedule?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A teletherapy schedule has been submitted to the district & your EBS Regional/Lead (if applicable).

Action plan for any incomplete items:

Summary and Any Additional Follow Up: