Students with Disabilities: Initial Overview of Concerns
To Address in Return-to-School Guidance, Policy, and Practices
May 9, 2020

I. Masks & Gloves

a. Issues of Concern

● Students with disabilities may be unable to safely wear masks, including students with autism who experience difficulty wearing masks due to sensory issues, students with respiratory impairments who require supplemental oxygen to breathe, and students with other disabilities that prevent them from safely wearing, putting on, or removing a mask.
● Students with disabilities affecting social skill development, for example students with autism, may have difficulty picking up on social cues and/or learning social skills if instructors and peers are wearing masks and they cannot fully read facial expressions.
● Masks create communication barriers for deaf and hard of hearing students who need to read lips, and for students who experience difficulty with eye contact.
● Students may have allergic reactions to materials in gloves, especially latex.
● Required mask and glove use (for teachers or students) may cause anxiety for students with disabilities, including students with autism.
● Students may feel uncomfortable wearing masks due to challenges related to mental health and/or trauma. The requirement to wear a mask may increase some students’ anxiety about going to school, and/or some students may be worried about being teased or bullied for reasons related to mask-wearing.

b. Recommendations

● Consider face shields instead of masks for teachers, staff and students.
● Encourage use of transparent facemasks that will allow students to read lips and see facial expressions of teachers and peers.
● Accommodate students who cannot wear masks because of disabilities, including students with autism impacted due to sensory issues, students with respiratory impairments who require supplemental oxygen to breathe, and students with other disabilities that prevent them from safely wearing, putting on, or removing a mask.
● Develop social stories about using masks.
● Consult student medical records to identify allergies when determining what types of gloves to use.
• Develop guidelines to reinforce and support students in a positive way, especially students who may feel uncomfortable wearing masks due to challenges related to mental health and/or trauma. Develop strategies to provide social support and to decrease bullying of children who experience challenges with masks and other PPE.

II. Social Distancing

   a. Issues of Concern

• Children with disabilities may require 1:1 (and sometimes hand over hand) services that make social distancing virtually impossible.
• Students require OT, PT, other services as well as toileting assistance, physical assistance, and medical assistance that requires touching.
• Some students with disabilities have IEPs requiring the provision of in-home special education services. Social distancing and safety protocols designed for the school environment may not be appropriate or feasible for in-home services.
• Mixing students from different classrooms for small group services may increase risk of infection spread.
• Social distance practices are not developmentally appropriate for early childhood and early elementary education.
• Students may experience difficulties self-regulating, learning social skills, and learning group work skills when movement and socialization are severely restricted.
• Students with disabilities who struggle with social boundaries, for example students with autism, may experience difficulty maintaining new distance and hygiene practices.
• Attempts to comply with social distancing protocols may result in increased segregation and isolation of students with disabilities inconsistent with their needs and in violation of the requirements of federal and state special education law. See Section V below.
• Socially distancing will interfere with the use of allowable physical restraint protocols, legally permitted in limited emergency situations to order to prevent imminent, serious, physical harm when other less intrusive alternatives have failed.
• There is a concern that time out and seclusion spaces will be over-used to address students with disabilities’ failure to comply with new health and safety protocols, or to address trauma-related behavioral issues, in violation of state and federal law.

   b. Recommendations

• Implement COVID-19 testing protocols for staff, especially staff providing 1:1 services.
• Develop social distance guidelines that address the need for small group and also 1:1 hands-on services.
• Provide appropriate PPE, including eye protection and transparent face covers, for staff who provide hands-on support for students with disabilities and assist with health care needs, including the administration of medication, blood sugar checks, and tube feedings.
• Develop training for staff who provide hands-on services, including instructions for using PPE and for changing and cleaning clothing exposed to bodily fluids.
• Develop context-specific safety protocols and ensure that staff who provide in-home special education services receive appropriate PPE, training, and guidance, consistent with other essential workers providing in-home services.

• Support students with disabilities who may experience difficulty learning new social distance practices because of difficulty with social boundaries and difficulty adjusting to new routines. Develop social stories and other strategies to help address these needs for students with autism and other disabilities.

• Develop guidance to prevent the use of seclusion and time-out in violation of state and federal law.

• Consider whether social distance guidelines may be safely adapted for early elementary settings to allow young children to work or play together in small groups.

III. Transportation

   a. Issues of Concern

   • Students with disabilities may experience difficulty complying with mask requirements on the bus, including students with autism who experience difficulty wearing masks due to sensory issues, students with respiratory impairments who require supplemental oxygen to breathe, and students with other disabilities that prevent them from safely wearing, putting on, or removing a mask.

   • Students with disabilities may experience anxiety due to new social distance and hygiene rules, or due to the use of masks and gloves by bus drivers and monitors.

   • Complying with new social distancing and hygiene rules may be particularly difficult for students who require transportation to educational settings requiring longer bus rides.

   • The bus environment may pose additional safety concerns for medically fragile students.

   • Students who use 4 point harnesses or other car seats will require 1:1 assistance that makes social distancing virtually impossible.

   b. Recommendations

   • Develop protocols, including increased bus monitor presence, to ensure appropriate sanitation and social distancing for students with disabilities and medically fragile students.

   • Review transportation needs for each student on an IEP, and revise IEPs to add services when necessary, including bus attendants, assistance, training for providers, and other services, modification, or arrangements necessary to meet a child’s needs as required by 603 CMR 28.06(8) and 28.05(5) and to help students safely comply with new social distance and hygiene rules.

   • Provide PPE and training for bus attendants who provide 1:1 support for students with disabilities and medically fragile students.

   • Provide training and support to help students adjust to new transportation protocols.
IV. Transitioning Successfully to Reopened Schools

a. Issues of Concern

- Students with disabilities who experience difficulty with changes in routine, for example students with autism, may experience difficulty returning to school, especially if schools reopen with new or irregular schedules, such as staggered start times, half days, or rotating schedules that combine remote and in-person learning.
- Students may experience anxiety about returning to school, including students who experienced reduced anxiety learning in their home environment than they typically experience in the classroom.
- Rotating staff schedules may cause difficulty for scheduling Team Meetings.

b. Recommendations

- Create video introductions from providers and teachers, and recorded tours of new buildings or programs.
- Schedule opportunities for students to ride new bus routes and visit new school buildings in person before the academic year begins.
- Identify and incorporate aspects of remote learning that helped students access the curriculum into ongoing in-person instruction when schools re-open.

V. Participation in General Education Settings with Nondisabled Peers

a. Issues of Concern

- Attempts to comply with social distancing protocols may result in increased segregation and isolation of students with disabilities, inconsistent with their needs and in violation of the requirements of federal and state special education law. For example, social distancing protocols and scheduling requirements are likely to impede provision of special education instruction, services, and supplementary aids and services within the general education classroom as required by a student’s IEP. This could result in the removal of students with disabilities from the general education setting and may not only increase segregation of all students, but could also increase the disparate rate of placement in separate settings of Black, Latino, and other non-white students.
- Due to the documented systemic inequities that have resulted in a disproportionate impact of COVID-19 on Black and Latino communities, students with disabilities from these communities may have experienced higher rates of loss, trauma related to illness of family members, parent job loss, eviction, and food insecurity, and other significant barriers to accessing remote learning. There is grave concern that schools will be unable to provide adequate instruction to address these lost learning opportunities, resulting in an increased opportunity gap between students of color with disabilities and their white peers.
- There are concerns that students with disabilities, including low-income students and students of color who may be exhibiting behaviors related to the trauma they have experienced due to COVID-19, will be removed from the general education setting inconsistent with their needs and in violation of the requirements of federal and state special education law.
If a school district is providing a combination of in-person and remote instruction, there is increased concern that students with disabilities will be isolated from their nondisabled peers. The majority of students with disabilities have IEPs requiring placement part-time in the general education classroom and placement part-time in a separate setting where they receive specialized instruction and related services. If students are only in-school on a partial basis (ie. ½ days or every other week) and receive the “pull-out” services while schools are open, they are likely to have limited opportunities to be educated with their nondisabled peers.

Academic regression experienced by all students may create difficulties for making decisions about retention. There is concern that decisions regarding retention may have an adverse effect on students with disabilities who are students of color.

b. Recommendations

- Develop strategies for providing additional services and supports required in a manner that ensures students are educated in the least restrictive environment, and are able to participate with nondisabled peers in academic, nonacademic, and extracurricular activities to the maximum extent appropriate.
- Ensure that students with disabilities are not removed from the general education classroom unless required by their IEPs.
- If a school district is providing a combination of in-person and remote instruction, ensure that students who require both services in the general education classroom and services in other settings pursuant to their IEPs participate in the general education classroom with their nondisabled peers during in-person instruction time.
- Develop trainings for staff that acknowledge and educate regarding the systemic inequities that have resulted in the disparate burden of COVID-19 on Black and Latino communities.
- Provide guidance for trauma sensitive practice for addressing the needs of students with disabilities.
- Encourage schools to utilize data that enable them to identify and address disparate rates of placement in separate settings of Black, Latino, and other non-white students. Where possible, encourage schools to compare pre- and post-COVID data on placement of students with disabilities in separate settings to ensure that disparate rates of placement of Black, Latino, and other non-white students do not increase when schools re-open.
- If a school district is providing a combination of in-person and remote instruction, address steps school districts should take to ensure that IEPs are fully implemented, and clarify the role of remote learning plan services, if any.
- Develop policies and practices to ensure that any decisions about retention are made consistent with the requirements of federal and state special education law. Encourage schools to collect data on retention to identify and address disparities in retention of Black, Latino, and other non-white students with disabilities. Where possible, encourage schools to compare pre- and post-COVID data on retention to ensure that students with disabilities, particularly students of color, are not disproportionately retained.
VI. **Compensatory Services/Additional Services or Placement**

a. **Issues of Concern**

- Many children with disabilities will require additional, supplementary, and/or compensatory services because of the district’s inability to fully implement students’ IEPs when schools were closed.
- Some children will require revised IEPs, with additional services or different placements to adequately address their learning needs.
- Schools and families will need to find time in student schedules for the provision of compensatory services.

b. **Recommendations**

- Encourage schools to use data from remote progress monitoring and other sources, including classroom assignments in conjunction with feedback and information provided from parents and students, in decision making about revising IEP’s and providing compensatory services.
- Develop strategies for scheduling compensatory services while ensuring students are educated in the Least Restrictive Environment.
- Provide individualized services (including in-person services) as soon as possible, including over the summer.

VII. **Evaluations**

a. **Issues of Concern**

- Because of the months of delay in providing required initial evaluations and re-evaluations, districts will face a huge back-log and students will continue to face delays in receiving essential services.
- Schools may experience an increase in initial evaluation requests in the fall.
- Social distancing creates barriers to accurately assessing social skills.
- School policies that restrict outside visitor access may impact parents’ rights to Independent External Evaluations, by preventing evaluators from observing student in school.
- Emotional, social, and academic regression experienced by all students creates a risk of:
  - Misidentifying residual trauma as a behavioral problem.
  - Failure to provide necessary services due to misidentifying a disability as regression due to COVID-19.

b. **Recommendations**

- Develop protocols so that districts can provide in-person evaluations safely over the summer and in the fall.
- Develop guidance and training for school staff to provide any evaluation (or portion of an evaluation) that can be administered remotely in a valid and reliable manner as soon as possible.
- Identify evaluations that can currently be administered remotely in a valid and reliable manner, and train staff to provide these remote evaluations as soon as possible.
develop visitor protocols that give parents and independent evaluators access to the school building in a manner consistent with school social distancing and health policies.

VIII. Medically Fragile Children

a. Issues of Concern

● Some medically fragile students, including students with auto immune impacts, will not be able to safely return to schools in the fall.
● Vigilance and anxiety about COVID-19 symptoms may lead to stigmatization of students with chronic medical conditions or other physical disabilities in school.

b. Recommendations

● Respect family decisions to keep children at home.
● Ensure that children at home can access the classroom and learn remotely.
● Review evidence of whether remote learning has been successful and if not consider alternatives including use of technology to enable the student to fully participate in the classroom with peers.
● Provide at-home services if possible, and/or provide alternatives including use of technology to enable the student to fully participate in the classroom with peers.
● Develop strategies for teaching social skills to children at home.

IX. Day and residential schools

a. Issues of Concern

● Students with challenging behaviors (i.e. spitting, biting, etc.), as well as co-morbid conditions (i.e. epilepsy), require hands-on services that make social distancing virtually impossible.
● Residential environments pose challenges for social distancing and preventing infection spread.
● It may be difficult for students who are currently learning in residential school settings to continue to receive academic instruction and other services during a COVID-19-related school closure.
● There is a concern that children in residential schools who are placed in quarantine, including students who present mild to no symptoms, will be isolated and will not receive necessary educational services, treatment, or opportunities to access outdoor environments or fresh air.

b. Recommendations

● Provide sufficient PPE for on-site staff.
● Ensure that all residential schools maintain protocols for quarantining students exhibiting COVID-19 symptoms that comply with public health guidelines and meet student health and safety needs.
● Develop guidelines for responding to medical, academic, and emotional needs of students during an outbreak or school closure.
• Develop residential school emergency plans addressing licensure and other issues necessary to ensure that students who turn 22 can remain in the school until they can move to a safe environment.
• Develop protocols to ensure that staff in residential schools receive appropriate PPE and training to support students who have been exposed to COVID-19, and that students in quarantine continue to receive educational services, treatment, and access to outdoor environments or fresh air, in a manner consistent with public health and safety.
• Develop guidance for residential schools to track and report data to DESE on the amount of services provided for each student pursuant to the students’ IEP.

X. Transition services for older youth

a. Issues of Concern

• Students with disabilities are experiencing a delay in the provision of transition services, including access to work experience/internships, travel training, and higher education due to COVID-19.
• Significant numbers of students will turn 22 and become ineligible for special education services during COVID-19.

b. Recommendations

• Develop a plan to identify and provide a remedy for the population that aged out of transition services during COVID-19 (i.e., delaying their exit from special education for a specified period of time unless they prefer otherwise)
• Ensure students have access to participate in higher education, including MAICEI even if instruction in colleges is remote. Develop safety protocols for provision of community-based transition services

XI. Communication with Families

a. Issues of Concern

• Lack of effective communication with families has contributed to students’ feelings of helplessness and disconnection from school and exacerbated the traumatic impacts of the pandemic; this must be addressed now so they can return to school ready and able to focus and learn.
• Families of students with disabilities and medically fragile students need support and flexibility in determining when it is safe to send children back to school.
• Families, many of whom may have experienced trauma due to COVID-19, will have important information about their students’ emotional, physical, and academic needs, and will need to help their children understand and adapt to new a new model of in-person school.
b. Recommendations

- Build on the foundation for parent engagement already established in the Student Opportunity Act and the Commissioner’s guidance by requiring locally-tailored, collaborative, school-based family engagement plans at each school-site to address the traumatic impact of the crisis (as recommended in forthcoming letter from Massachusetts Advocates for Children on addressing the traumatic impacts of the pandemic).
- Train staff in trauma-sensitive communication practices and develop resources to support families, staff, and students who may have experienced trauma due to COVID-19.
- Establish a plan for frequent communication with parents in their primary language, including daily check-ins, communication about changes to school or classroom practices, and new health and safety information.
- Reach out to parents of students with disabilities and medically fragile students to discuss student needs and concerns about the new protocols.
- Provide guidance for parents about helping children understand and comply with new health and safety requirements in school.
- Ensure technology support and training for parents of children with disabilities and medically fragile children who are not able to return to school in the fall.
- Create opportunities for students with disabilities and their parents to provide recommendations and feedback about school reopening plans, including health and new school policies.

XII. General Issues of Concern

- Masks:
  - Families may experience financial barriers to providing students with masks
  - Students will require clear social rules about when it is appropriate to remove masks (i.e., during lunch time).
- Transportation:
  - Sanitation of buses, PPE, and reliable testing for drivers and monitors is necessary for safe bus transportation to resume.
  - Families might not have resources to transport students to school privately, even if mileage reimbursement is available.
- School schedules:
  - Families who rely on free/reduced lunch may experience food insecurity due to staggered start times.
  - Difficulty accessing childcare and work schedules may create barriers to participating in school with staggered start times.
- Discipline:
  - Enforcement of new behavior norms to ensure social distance, masks, and hygiene may lead to disciplinary action that disproportionately harms students of color or students with disabilities.