A Case Study on Special Education and the COVID-19 Pandemic

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The Impact of the COVID-19 Pandemic on Special Education: A Case Study

Megan Cercone

The University of Akron
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Abstract

The purpose of this research project is to explore the possible impact of the COVID-19 pandemic on special education by evaluating the experiences of one child with disabilities who attends public schools. METHODS: A semi-structured interview was conducted with the two parents of the child, who has physical disabilities and an IEP through his school, meaning he receives special education services through intervention teachers, physical therapists, occupational therapists, and speech therapists. The interview was recorded and transcribed, and then interview transcripts were evaluated to identify themes in the subjects’ responses regarding their child’s experience with public education during the pandemic. RESULTS: Analysis revealed the student had struggles with telehealth therapy services, exhaustion, and socializing that the subjects attributed to the pandemic. Contrarily, the subjects saw positive impacts regarding communication with teachers, insight on their child’s education, and newfound understanding from teachers that they credited with the pandemic. DISCUSSION: Overall, these results may provide insight for experiences in special education during the pandemic. In all, these results indicate the COVID-19 pandemic will have lasting impacts on special education.

Keywords: pandemic, COVID-19, Special Education, Disabilities, Special Needs
Introduction

The COVID-19 pandemic has affected all aspects of life. One portion that was significantly impacted by the pandemic is education, specifically special education. According to the U.S. Department of Education, in the 2019-2020 school year, 14% of all students enrolled in public schools had disabilities (COE – Students with Disabilities, 2021). Unfortunately, it is difficult to know exactly how detrimental the COVID-19 pandemic has been for students requiring specialized education. This study strives to answer the following question: what are the implications of the COVID-19 pandemic for one student enrolled in public school special education? To do so, this project used data from an interview with the parents of a student with special needs to find common themes indicating the impact of the pandemic for that student. The purpose of this qualitative project was to explore the implications of online public schooling for a student with special needs, how this type of teaching impacted his Individualized Education Plan (IEP) and investigate solutions to the consequences of the pandemic for special education. This work will add to the literature on students with IEPs and could provide insights for further research on this topic with a more generalized population.

Literature Review

Special Education Regulations

Special education has been an essential part of American public education since 1975, the initial inception of the Individuals with Disabilities Education Act (IDEA). IDEA serves several purposes as federal legislation, including providing requirements and a framework for special education and authorizing funding to support state special education efforts (Lipkin et al., 2015). Part of the framework for special education includes several key factors, such as a free
appropriate public education, development of an Individualized Education Program, and least restrictive environment (Section 1401 – Individuals with Disabilities Education Act, 2019).

Congress defines free appropriate public education as special education services provided without charge at public expense, meeting state educational standards, and following all IEP requirements. According to IDEA, an Individualized Education Plan is a requirement of every child with a disability and is a statement that is collaboratively written, reviewed, and revised to fit the individual educational needs of each child. Finally, the least restrictive environment refers to the idea that children with disabilities should be taught and assimilated with other children as much as possible (Section 1401 – Individuals with Disabilities Act, 2019).

**Services Provided Under IDEA**

IDEA also specifies services related to special education that are required alongside a public education. These services provide additional support and accessibility to students with disabilities and include counseling, interpreting, occupational therapy, physical therapy, speech-language pathology, and technology services (Lipkin et al., 2015). Occupational therapy and physical therapy are standard related services provided in the classroom. School-based practitioners have several roles in special education, like reviewing records, determining future intervention strategies, and collaborating with teachers to maximize benefits for the child. These specialists work with teachers as a team to create an education plan and learning environment individualized for each student (Neal, et al., 2004).

Referrals to specialists like physical and occupational therapists depend on the child’s performance in the classroom. Practitioners assess students’ daily functionality and ability to carry out tasks in the school and use this information to shape treatments. The goal of treatments in school is to keep children with special needs integrated into the classroom with other students.
as much as possible (Neal et al., 2004). Therapists collaborate with teachers to create exercises and activities that help reach the goals of IEP. At the same time, incorporating the student with disabilities into a typical classroom is an essential role of many practitioners of the related services outlined in IDEA (Neal et al., 2004).

Furthermore, IDEA also provides the structure for identifying children with disabilities that impact academic achievement and require special education. In the 2019-2020 school year, 14 percent of all public students received special education services under IDEA (COE – Students with Disabilities, 2021). The IDEA defines disabilities in categories of “intellectual disabilities, hearing impairments, speech/language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities” (Section 1404 – Individuals with Disabilities Education Act, 2019). This framework allows school specialists to move forward with creating a detailed IEP.

To measure the extent of impairment a child experiences in school settings, practitioners conduct different assessments. Two common examples are the School Function Assessment and the Sensory Profile. The School Function Assessment uses information from several school team members to measure the estimated amount of assistance a child needs in school activities. The Sensory Profile uses parental perceptions of a child’s abilities in the home, giving meaningful insights into actions that practitioners can use in school. These are only a few tools, but they are essential parts of identifying a child’s needs and building a detailed, effective Individualized Education Plan (Neal et al., 2004).

Typical Educational Delivery
Another critical specification in IDEA is the requirement that professionals collaborate on the development and delivery of special education services for children with disabilities. Collaboration among practitioners is essential for positive outcomes for children in special education. Several types of collaborative efforts exist on a continuum. In multidisciplinary collaboration, professionals work independently toward a similar goal. The interdisciplinary model integrates experiences from several professionals working toward a common goal. Finally, the transdisciplinary model combines all work areas for professionals working toward a common goal. Combining the expertise of several professionals creates a uniquely integrative environment for innovative special education practices (Dillon et al., 2021).

In addition to collaboration, another important component in special education today is inclusive education. This notion is supported by IDEA and pushes for the inclusion of all students with disabilities in the general education classroom for all learning objectives. Inclusive education has several benefits, including socialization, increased support for students, and inclusion of special education students in core general education standards (Downing et al. 2007). Inclusive education techniques are more widely used today than ever before, improving education for students all around. One study (Downing et al. 2007), found that most educators felt that students without disabilities also benefited from inclusive education, arguing that it provided a better awareness of others and tolerance of differences, improving cooperation.

Online education has become increasingly popular with the expansion of the internet. Before the pandemic, many K-12 students opted for virtual education in lieu of in-person classes. Fernandez et al. (2016) conducted studies to investigate whether students performed at similar levels in virtual classes versus in-person classes. Their first study examined the demographics of three state-led virtual schools and revealed that students with special needs received significantly
lower grades in virtual classes than in their traditional schools. The second study was an in-depth analysis of one state-led virtual school, which revealed no significant change in grades in students with special needs between virtual schooling and traditional schooling.

**Special Education and the pandemic**

Special education practices up until the pandemic had been reaching new heights, successfully creating individualized education for children with disabilities. As of fall 2020, there were 49.4 million students enrolled in public schools in America (NCES Fast Facts, 2021), but in March and April of 2020, students were sent home to reduce the spread of COVID-19. Modes of instruction were suddenly switched to online, creating severe barriers for students and teachers alike. A study conducted by the US Census Bureau found that during the fall 2020 semester, around 89 percent of parents reported that the pandemic impacted their children’s classes. Sixty-seven percent said that classes were fully remote, using online resources (COE – Impact of the Coronavirus pandemic on the Elementary and Secondary Education System, 2021).

With the short amount of time since the pandemic which caused classes to move online, there is little literature exploring the long-term impacts of this educational shift. However, a study by the CDC (Verlenden et al., 2021) found that parent-reported data described more negative effects on education for their children when learning was online. This data makes sense, considering the immediate need to shift all in-person educational pursuits to an online forum without proper time to plan and prepare for this shift. Many resources provided in schools at the time were no longer available to students during the pandemic, leaving gaps in the education system. Parents with children receiving online education also reported their child’s mental health worsened during the pandemic.
With the restriction of school resources due to the pandemic, accessibility for students with special needs also suffered. Many argue that the COVID-19 pandemic has further exacerbated existing inequalities for children with disabilities. Loss of in-person school resources restricted student access to necessary special education resources such as occupational and physical therapy. Instead of in-person services, most practitioners used telehealth, which was rarely used before the pandemic. Even then, telehealth is inequitable for the many families that lack reliable internet or the time to be at every therapy appointment with their child (Houtrow et al., 2020).

In addition to impacts on academics, students also experienced a significant reduction in social contact. Despite technological advances allowing people to communicate electronically from just about anywhere, students in one study (Larivière et al., 2022) expressed a feeling of significant loss in their friendships. This research found that physical closeness and face-to-face meetings were essential to friendships. Additionally, researchers found that students emphasized the importance of school in facilitating contact with friends and opportunities for socialization not offered from other parts of their lives (Larivière et al., 2022).

Because of the restrictive nature of the COVID-19 pandemic and the sensitive populations at hand, most research involving children with disabilities during this time is analyzed through the lens of the parents. In one study, 94.6 percent of families reported negative impacts from the pandemic. On top of this, 18.8 percent of the children studied reported a regression in their development since the pandemic. Many families reported an overall reduction in activities the children were involved in due to the restrictions, and for children with special needs, these restrictions are extra detrimental (Yesil et al., 2022)

**Methods**
This project consisted of qualitative research involving one family with a child with special needs and was approved by the University of Akron Institutional Review Board. The two subjects represent a sample of convenience. A recorded, semi-structured interview was conducted with the parents of the child with special needs on April 14, 2022, via teleconference software (Microsoft Teams, 2021). Both participants signed an informed consent prior to the interview which can be found in Appendix A. The purpose of this interview was to analyze the child’s experiences with education and access to IEP services during the pandemic. The questions for the interview aimed to explore several main topics, including education prior to the pandemic, adjustments made to education during the pandemic, significant differences between pre- and post-pandemic schooling, and returning to in-person learning. Questions were prepared ahead of time and follow-up questions were asked by primary investigator based on the answers of the subjects. Prepared questions investigated educational experiences prior to the pandemic, during the pandemic, and after school returned to in-person instruction. An interview question guide can be found in Appendix B.

The video was recorded and electronically transcribed using Microsoft Teams software. After transcription, the interview content was analyzed for common themes brought up by the subjects during the interview.

Results

The subjects are the parents of the student enrolled in special education (subject 1 and subject 2). The child is in the first grade and enrolled in a public school district, along with his siblings. The child was born with physical disorders that prevent conscious fine motor control of his body, impacting his ability to move independently and maintain balance and posture. He can chew and swallow independently but requires assistance with daily activities involving bodily
movement, especially movements involving his hands. He relies on a manual wheelchair pushed by somebody else or a power wheelchair to move about every day. His parents are his main caretakers at home.

**Communication and Insight on Education**

A point repeatedly expressed by the subjects was the importance of communication between parents and school district for a successful special education, and how this was exposed during the pandemic. Both subjects identify lack of communication between caretakers and educators as, “the biggest barrier that happens” in their child’s education. They voiced that during the pandemic, they discovered gaps in their child’s educational delivery that were not evident in the written IEP. Because of the at-home educational format, the subjects were able to see firsthand what their child did every day at school, which gave them insights on improvements that could be made from their perspective.

One example of improvements was schedule adjustments. Subjects 1 and 2 noticed the school planned most of the child’s core education classes and weekly therapy sessions close together during the week, which exhausted the student and led to difficulties in other classes. After seeing this firsthand through the pandemic, the subjects were able to raise this issue with the school and get his schedule adjusted so the student’s efforts could be spread throughout the week. Subject 1 said, “Yes, silver lining was we then knew more of what they were doing at school. So now when he has trouble, we have a better idea of how we can try to help it or adjust to it too.”

Similarly, Subject 2 described that a unique part of online education during the pandemic was the opportunity to administer her child’s education. While they experienced difficulties with telehealth services, Subject 2 said, “the positive is I know how to do a lot of stuff that I would
not have done on a normal basis with him. Even some new stretches that we learned through [physical] therapy.” The subjects enjoyed the up close insight into their child’s education and found benefits in seeing exactly what their child does at school for use at home and for bridging the communication gap between home life and school life.

**Telehealth Therapy**

Conducting the student’s occupational, physical, and speech therapy virtually during the pandemic was a point of contention for both subjects. They identified several issues that plagued their experiences with virtual education such as internet outages, timing, and lack of expertise. Subject 2 expressed that internet issues during virtual therapies caused the student to miss out on vital minutes allotted through his IEP. Time slots for services were only 30 minutes, so if the internet was down or if the child was having issues preparing for therapy to start, precious time was lost for both sides.

Additionally, both subjects described the difficulty of having to administer speech and physical therapy to their child. Neither subject was trained in these areas, so they received instruction via videoconference call from the school specialist. Subject 1 described, “they would give us guidance via the meetings…but we tried our best…it really wasn’t the same.” According to the subjects, their child missed out on effective school-based services when his education was conducted online due to the pandemic. Subject 2 specifically pointed out physical therapy and speech therapy, describing that both services were extremely difficult for both subject 1 and 2 to deliver to their child without experience.

**Socializing with Peers**

Prior to the pandemic, the student participated in both larger, general classes and smaller, intervention classes. His teachers found that he performed best when given the opportunity to
participate in a general education classroom with his peers. When school went online due to the pandemic, all students lost the social aspect of public education. The subjects described that they felt the implications of this were significant for their child, as the social atmosphere was essential for his educational experience. Even when the student qualified for extended schooling during the summer break, they felt that without his peers, his school services were not the same.

**Exhaustion**

Both subjects noticed higher levels of fatigue after the student returned to school in-person. They described that before the pandemic, the student struggled with exhaustion during the school day from exerting himself in his everyday activities. When asked about changes in the student when he returned in person, Subject 1 said, “the biggest thing is he was so tired because he wasn’t used to it…he wasn’t used to the effort…and it was a lot harder at first.” In general, both subjects observed that many daily tasks that came easy to other students, like taking a spelling test, were far more exhausting for their child. They described that after he returned to school, this exhaustion was exacerbated.

**Mutual Compassion and Understanding with Teachers**

Both subjects made several points to discuss the impact of the pandemic on the child’s relationships with his teachers and specialist. They described that before the pandemic, they struggled with teachers who were not willing to take on the education of a child with multiple physical disabilities. During summer in the pandemic, the student qualified for extended schooling, so his teachers, physical therapist, occupational therapist, and speech therapist came to their home to deliver lessons in person. Subject 2 described that this one-on-one time with the teacher due to the pandemic allowed them to “develop a better relationship together. She
understood his language better. She actually became more of a believer because she had more sincere one-on-one time.”

Subject 1 and 2 both agreed that the pandemic allowed the student to get closer with his teachers and specialists. They argue that creating these personal relationships has strengthened his education post-pandemic, creating better collaboration with his educational team at school.

**Discussion**

The goal of this research was to find themes surrounding the impact of the COVID-19 pandemic on special education in public schools. This research follows shortly after the pandemic, making it some of the first literature investigating COVID-19 and special education. Based on previous research, public education is required under IDEA to provide children with special needs with a standardized, public-funded, education that meets the individual needs of the student (Section 1401 – Individuals with Disabilities Act, 2019). Due to the restrictions of the pandemic, it is necessary to investigate the implications on education for children with disabilities to find common themes for further research.

The data from the two subjects suggests that the pandemic brought several positive and negative changes for this student’s education. Important themes highlighted in the interview were communication, insight on education, issues with telehealth therapy, socialization, exhaustion, and gained compassion and understanding. Data from the interview suggests that the pandemic hindered communication between parents and school, creating challenges when administering education.

On the other hand, the subjects found benefits from getting to administer their child’s education first-hand. This allowed them to see everything he was normally doing at school with teachers and specialists. This information provided context for the subjects and the opportunity
to voice concerns and adjustments from their perspective of their child. Upon returning to school, they took this insight and used it to bridge a gap in communication with the school to improve their child’s education, making this a benefit brought on by COVID-era education. This benefit suggests the significance of parent-involvement in IEP creation and execution in special education, and how collaboration between parents and educators can benefit students.

However, a detriment was therapy services offered virtually. The subjects’ complaints of internet issues and lack of knowledge and training in physical, occupational, and speech therapy suggests the student missed out on essential services provided through his IEP. As previously discussed by Houtrow et al. (2020), prior to the pandemic, telehealth was underutilized, leaving many unprepared to rely solely on online resources for services that were normally provided in-person by a professional. Considering this, the implications of inadequate therapy services should be further investigated for students requiring these services.

Two other themes unique to education during the pandemic include student socialization and exhaustion. Based on the data, missing out on socializing with peers in school has significant consequences for students with special needs. The subjects described the social environment at school as necessary for a fully-rounded education for their child, as does IDEA (Section 1401 – Individuals with Disabilities Act, 2019), making this a noteworthy negative result of the pandemic. This suggests the importance of public school beyond academics in terms of socialization with peers. Similarly, the subjects noticed higher levels of fatigue in their child upon returning from virtual schooling. The new effort of socializing and participating in in-person school caused high levels of exhaustion observed by the subjects, also negatively impacting the child’s education.
A final theme visited during the interview was a positive one. The subjects discussed that the hardships and compromises of pandemic education brought him closer to his teachers and specialists, creating a more personable education. As described by the subjects, prior to the pandemic his general education teacher was less willing to accommodate the student due to his physical disabilities, but after spending significant time one-on-one during the pandemic, both parties adapted to the other and found mutual understanding. Based on statements from the subjects, this time gave the teacher insight on the child and his struggles, ultimately benefiting him and his education. This suggests the importance of one-on-one time between teachers and students.

Based on the data obtained from the subjects and previous literature, it appears the pandemic had more negative impacts on large portions of this child’s education relating to specifics in his IEP yet led to improvements in terms of interpersonal relationships between the family and teachers. This result could be unique to this subject, so another area for further investigation in the field should explore specifically how parent-teacher and student-teacher relationships were impacted during the pandemic.

This study is limited in that it only looked at the experiences of one child during the pandemic. COVID-19 could spell far different outcomes for children based on location, school size, school type, specific disabilities, and many others, and should be investigated separately. This study was meant to serve a preliminary investigation into special education and the pandemic, so the results lack in generalizability.

This project has been an interesting learning experience for me. I have enjoyed this introduction to the research process and have learned a lot especially through the IRB approval process. I have never completed an extensive research project like this before, so it was difficult
to visualize how this research would turn out throughout the process. I think that was the most frustrating part for me, as I often felt lost no matter how much I tried to read about the different parts of a research project. Considering this, I think this project was successful and has been a great start for getting involved with future research opportunities.
References


Informed Consent Form
For Prospective Collection of Data/Information

TITLE OF STUDY: The Impact of the COVID-19 pandemic on Special Education

INTRODUCTION: You are invited to participate in a research study that will investigate special education services during the COVID-19 pandemic. This research will be conducted by Megan Cercone (Principal Investigator) and Professor Melissa Smith in the School of Exercise and Nutrition Sciences at the University of Akron.

PURPOSE: The purpose of this research is to determine, through qualitative interviews, the effects of the COVID-19 pandemic on one child’s experience with special education in a public school.

PROCEDURES: After signing the informed consent form you will participate in a semi-structured interview about your child’s experience with public education during the pandemic. The principal investigator, Megan, will ask you several questions about your child’s special needs, how the school serves these needs, how their Individualized Education Plan was impacted by the pandemic, and your perception of how their overall education and access to resources in school was affected. This interview will be video recorded and transcribed. Under any circumstances you may stop the interview and recording. If you do not feel comfortable proceeding with the interview, you are not required to finish.

RISKS AND DISCOMFORTS: There are no known risks to participating in this study. You will be asked general questions about your experience with special education during the COVID-19 pandemic.

BENEFITS: You may benefit from this study by gaining knowledge regarding your child’s education and general themes of COVID-19 impacts, which can inform you going forward with your public school. However, you may receive no benefit from participating in this study.

RIGHT TO REFUSE OR WITHDRAW: Participation in this study is voluntary, and there is no penalty if you refuse to participate or withdraw from the study at any time.

CONFIDENTIAL DATA COLLECTION: Data for this study will be kept confidential. The interview will be transcribed and analyzed using inductive qualitative coding methods to generate categories or themes from responses. Any identifying information collected will be kept in a
secure location and only the researchers will have access to the data. Participants will not be individually identified in any publication or presentation of the research result. Only aggregate data will be used. Your signed consent form will be kept separate from your data, and nobody will be able to link your responses to you.

**CONFIDENTIALITY OF RECORDS:** Identifying information will be removed from the transcription to protect the privacy of the participants. The video recording will be deleted after the study is completed.

**WHO TO CONTACT WITH QUESTIONS:** If you have any questions about this study, you may call Megan Cercone at 330-365-7420 or Melissa Smith at 330-972-4905. This project has been reviewed and approved by The University of Akron Institutional Review Board (IRB). If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. I will receive a copy of this consent form for my information.

__________________________________  ________________
Participant Signature               Date
Appendix B

Interview Guide

1. Could you tell me about your child’s experience with public education prior to the COVID-19 pandemic?
   a. What did he/she do at school?
   b. What services were provided under his/her IEP?
   c. How successful was his/her public education?
2. What did the school do to adjust his/her education in the beginning of the COVID-19 pandemic?
3. What parts of his schooling were different during the COVID-19 pandemic compared to prior?
   a. Did he/she do school online?
   b. Were the services provided through his/her IEP still available online?
   c. Were these services able to be delivered effectively online?
4. When did school return in person?
   a. How did school change for your child compared to before the pandemic?
   b. What services are provided through his/her IEP since returning to in-person school?
5. When thinking about your child’s access to school-based therapy and specialized education, how does the time before the pandemic compare to now?
Appendix C

Excerpts from Interview

00:08:11.960 --&gt; 00:08:19.910

Primary Investigator
Would you say, in regard to his education before the pandemic, do you think that he had success in public schools getting education that fit him?

00:08:21.310 --&gt; 00:08:23.830

Subject 1
Yeah, I think he was having success, I almost think the COVID helped. I don’t know, you could take it both ways. I try to look at glass half full, but it actually forced a lot of this because we couldn't do it at home… So, it forced her and I to sort of figure out what was working so we could communicate that back. But then I think the school via video conferences and things like that were trying to bridge that gap. But it wasn't until he physically went back that we really could close the gap. Had we still stayed in a remote, if our school had chosen to kind of go that route, I think we'd have been maybe in a different situation, to be honest.

Subject 2
I mean, I think it almost benefited them. The remote helped us help [student] and then we could, we were a little more aggressive on how we felt, what he could do. And then it was time though for him to go back and do it for other people face to face.

Subject 1
And I think he learned too. He liked being with his peers, so he was going to have to give a little bit to be less distracted with things that are going on, and I think it helped him to kind of grow too.

Subject 2
Yeah, we've had both positive. And we've had two different experiences because he did repeat kindergarten, we did have a teacher that wasn't willing. She was a general education teacher, and she wasn't open to trying to teach a child like [student]. I think it is very important for kids like [student] that it is… It doesn't matter if they're the intervention teacher or the general education teacher, they have to be open to figuring out what works best for the child. Yeah, and I think we were fortunate enough that his first year of school we had a general education teacher that was willing to be open minded and figure it out and not look at him as a kid with special needs. The following year, we weren’t as fortunate, so we had to be a little more aggressive with what was on point and what worked for him.

Subject 1
What I think I mean I could. The teacher is a big piece of the puzzle. And his aide. I mean, that kind of goes into, but the bigger, I mean, I do feel like he's opened some doors for maybe kiddos going forward on, because I think he's starting to even change some of those pre-teachers that have seen him be successful that hey there is another way.

Subject 2
Yes, I think the teachers, the teacher that even wasn't a [student]-supporter could possibly be now. She might not admit it to our face, but I think you can tell by the way she talks to him sometimes too, that he's proved her wrong and I think that for kids like [student], they deserve it all too.

Subject 1
which is a balance because you can't have too many kids in your class, which I think that was the other problem, that there were too many children, so she didn't have enough time.

**Subject 2**

I don't even know if she read his IEP. So, I do feel the biggest key thing is the general education teacher and the intervention teacher working together as a team to figure it out. I truly feel you have to have the right person to work with kids like [student].

**Subject 1**

The right type of teacher needs to be open minded so that … everyone's side because everyone, if they're just doing their functions without talking together, that's where it can kind of fail and, one person isn't going to know at all. So, you got to work with the group, which I do think we've gotten. It's taken time, but we've gotten there where we as the parents instead of, we're forcing everyone to sort of come together. Yeah. With the meetings that you ask everyone to join.

**Subject 2**

I think communication, in order to make a situation for kiddos like [student], communication is key and I think for the school district the parents have to trust the school district, right, and the school district have to trust that the parents to know what's best and it's, and you got to meet halfway like there's been many times that we haven't agreed with what they said. But is it worth the fight?

**Subject 1**

So, one example is and I don't know if you're familiar but he has a stander right? and physical things for [student], and every kid's got different strengths. That's his kryptonite. He absolutely can't do it. And what was happening is they were putting him in it in the morning. Which, because he was stronger, it made sense, let's just get it out of the way. But the problem was, is [student] was then completely wasted for the rest of the day, so he didn't want to work and do things. So, we offered to bring that home and do it at home to alleviate it from school. And it was a very much of a time, you know, to get him in safely, to keep him in, to get him out safely. It was a two person operation. So, by us pulling that home, I think that helps too for him to learn more but still work on the physical aspects maybe more at home that we could do versus maybe the teaching that we weren't as good about. So correct. But that kind of came to with COVID it forced it, us to bring it home too.

**Subject 2**

When they started COVID, they actually called us and said, “what medical equipment can we send home to you to help support [student] while we go through this process?” And we said send the stander home and now we've had that ever since. So, I do feel that that's key too is kids with multiple disabilities like [student], you know, they qualify for all these therapies, but then the negative to it is they're getting pulled from their education while they're at school … then most of them like [student] is honestly exhausted.

**Subject 1**

They do like to be around their peers. So, if they're constantly getting pulled from the classroom, it's almost like a… For instance, if [student] got pulled out of music [class], he would be really hurt because he really likes music [class]. So that part of it I think makes him work a little bit harder when he's with his intervention person, when he's doing his one on ones, because he knows he's got these other things that are coming. So, a lot of times they'll try to get them all, all the different things that he needs. But if they take away the fun things, the things that they enjoy. Then that can demotivate.

**Subject 2**
And that's where a part of us as the advocate for [student] is we asked them. We said therapy needs to be at the end of the day because then if he's exhausted, he comes straight home afterwards. He's not stuck at school to do a spelling test or work on sight words, so they've worked with us with that as well take them to school.

Subject 1g
So, the boss doesn't wipe them out which he's getting more endurance and things of that nature. So, he's now riding the bus to school, and we still pick him up. So, the little things like that, yeah, kind of help.

00:15:33.290 --> 00:16:02.780

00:31:29.780 --> 00:31:43.620
Primary Investigator
So looking at whenever he was back in school, what changes did you notice between the time when he returned to school after the pandemic versus before? Like what kind of educational changes did you notice?

00:31:44.960 --> 00:32:09.730

Subject 1
I think the biggest thing is he was tired because he wasn't used to it, like he wasn't just used to the effort and everything that you had to do, and it was a lot harder at first. But I do feel like, because of the pandemic and everything, that there was a better plan. Because it forced a lot of his therapists and teachers to work with him one on one via the summer. And I think those steps that he made during the summer, not having them around and then having a little bit of a break, seeing them, and then coming back, they could see the progression in his learning. And I think it turned on the light bulb for some of maybe the non-believers, it made them believers that it's there, we just have to figure out how to get it out. So that actually helped.

Subject 2
where he benefited too is his intervention teacher that he had his first year of kindergarten because he repeated kindergarten that second year, he had her again, and she's also the same teacher that came to the house all summer long. So those two were able to develop a better relationship together. She understood his language better. She actually became more of a believer because she had more, sincere one on one time. They were down in our basement all summer long, just the two of them. Like, I left them down there, and I'd go upstairs. So, she was able to see what we saw, so she flipped a little and they built a stronger relationship together to where they started out… Probably she started out stronger with [student] because he did get that extended school year where I don't know that he would have got the extended school year if it wouldn't have been for COVID. So that's where COVID benefited [student] too a little bit, because of the school. They didn't question it. They were like, “yeah, let's just do this for [student] because He missed out on so much,” when we shut down so then she came all summer long, twice a week. She developed a stronger relationship with [student] and they started off stronger than that first year of kindergarten.