



TELEHEALTH SERVICE PROVISION HANDBOOK

Acknowledgements:

This handbook was organized and drafted by Dr. Ryan Fielding of the Andover Public School District in Andover, MA, in conjunction with APS social workers, psychologists, and BCBA's; APS administration; and APS nursing and allied health providers.

The content of this handbook reflects information compiled from a number of additional sources as well, namely the staff of the BRYT Network through the Brookline Community Health Center, and input from BRYT member school districts. Content of materials disseminated by the BRYT network in response to the Covid-19 pandemic was crucial to outlining this handbook.

Additional sources included recommendations from the National Association of School Psychologists (NASP), the American Psychological Association (APA), the School Social Work Association of America (SSWAA), and the Behavior Analytics Certification Board (BACB).

I. WHAT IS TELEHEALTH?

Telehealth is a method of communicating with an APS provider using an on-line application that provides audio and video communication through a cellphone or computer. Telehealth is not the same as a face-to-face meeting because the recipient is not in the same room or at the same location as the provider.

A. Remote Communication Versus Telehealth

Remote communication, or telecommunication, refers to methods with which multiple parties use technology to communicate from different locations. It involves a continuum ranging from one-way communication from one party to any number of passive recipients, to reciprocal, dynamic interactions between multiple parties.

School districts may use telecommunication amongst staff, but also between staff and students/caregivers. Teachers may use telecommunication to post materials and resources, post recorded content (i.e. a recorded lecture), host a virtual class, and provide instruction to any number of students.

Telehealth is a specific sub-area of telecommunications through which healthcare providers deliver care remotely using technology. In schools, this refers to the provision of health-related care, both physical and mental/behavioral health, by professionals who specialize in these areas. To operate in schools, these professionals must have credentialing through the state (i.e. school psychologists, special education teachers, guidance counselors). However, many are also state-licensed clinicians (i.e. clinical psychologists, social workers, BCBAs, nurses, speech-language pathologists, occupational therapists, physical therapists, etc.). While everyone credentialed through the state, and working in schools, must follow educational regulations, school-based clinical staff must *also* follow professional regulations for licensure as health service providers. In Massachusetts, it is very important to note that state law incorporates the ethical guidelines and codes of conduct provided by each respective discipline's professional organization (i.e. guidelines from the American Psychological Association for clinical psychologists, American Speech-Language-Hearing Association for speech-language pathologists, the Behavior Analytics Certification Board for BCBAs, National Association of Social Workers for social workers, etc.).

In summary, state credentialed educators must follow educational regulations when providing educational experiences remotely (i.e. following FERPA). School specialists providing telehealth services, particularly clinicians, must follow these regulations *and* licensure requirements, which include healthcare regulations included in their ethical codes (i.e. following HIPAA). As such, there are additional considerations for providing parents/guardians informed consent, explicit information about confidentiality, parameters for establishing boundaries, and forethought about follow up recommendations and crisis management.

B. Face-To-Face Meetings versus Telehealth

When APS staff work with students at school, they are able to design and control the environment, such as who is present and how the physical setting is considered. Similarly, staff have influence over the student's experiences before and after service delivery because students are still at school in the building. This is very different with telehealth. Control of the environment and the student's experiences lie solely with their caretakers. Staff can address confidentiality on their end of communication, while caregivers ensure privacy and confidentiality on the student's end. Similarly, if a student has a need after a telehealth

session ends, staff can offer appropriate support remotely, while caregivers are in control of addressing that need (i.e. a medical issue, behavioral or mental health crisis, etc.).

Of note, school staff retain the ability to involve other parties in follow up care after a session ends when the situation is appropriate. Example situations and recommended procedures are outlined below.

II. TECHNICAL CONSIDERATIONS

Using technology to facilitate telehealth requires some considerations, including internet-based issues, service interruptions, technical difficulties, and unauthorized access.

- **Internet Availability:** Telehealth services require that both the provider and recipient have access to an appropriate speed and continuity of internet availability.

- **Hardware Considerations:** Both providers and recipients require adequate devices for hosting communication. Providers should use a computer or other device that remains stationary during sessions. In addition, providers should also have a telephone available should the virtual session be interrupted or if there is a crisis that requires outreach while the session is still occurring. It is strongly encouraged that recipients use a stationary device at a single location (versus carrying a smartphone around or communicating while travelling). This facilitates clear boundaries, confidentiality, and gives the provider the information that is needed in a crisis. It is recommended that providers initiate a discussion about the recipient using a stationary device at the forefront of service delivery.
 - **Personal Devices:** As school staff operate remotely, it may be necessary to use personal devices, such as telephones. To maintain professional boundaries, providers may find it helpful to use a method for keeping their personal telephone numbers private. For example, dialing *67 before a number keeps the caller's number anonymous. Also, software like Google Hangouts or setting up a Google Voice forwarding service may be helpful.

- **Software Considerations:** The software platform being used should be able to restrict access from unauthorized parties and be FERPA and HIPAA compliant. Some companies offer products or tiers of software that do so (i.e. doxy.me, Zoom). Because software can change and there may be changing criteria set by the federal Office for Civil Rights (OCR), providers should remain updated on software capabilities and appropriateness. Similarly, both school districts and individual providers may have telehealth parameters outlined by their malpractice insurance companies that should be considered.

- **Equity of Resources:** Telehealth is only able to occur when students and their families have access to the technological resources outlined above. When there are circumstances in which school staff are providing telehealth services, school districts should be providing equitable opportunities for all students, which may include providing families with devices or connecting them with accessible internet resources.

- *Thinking Ahead to Technical Issues:* As is true whenever technology is used, there could be issues that arise, and providers should try as best as possible to prepare:
 - Providers should familiarize themselves with the use of both hardware and software before providing services. This includes using the computer’s microphone, camera, and volume settings; navigating the computer’s operating system (i.e. toolbars, where windows minimize to); navigating software platforms; and learning how to communicate appointments by learning how links/invitations can be sent to recipients from the software.
 - Ahead of service provision, providers should determine how to obtain technical assistance from their district.

In general, if you need assistance with any of the above technical considerations, reach out to the necessary personnel in district to obtain support and assure that both you and your students have the materials needed to engage in telehealth services.

III. CLINICAL CONSIDERATIONS

A. Informed Consent

School districts providing remote learning experiences and educational opportunities may vary in how students’ families are informed about such operations, ranging from general notifications with disclaimers to formalized, individualized consent procedures. Regardless, for telehealth services to be provided, there *must* be additional consent procedures that account for the ethical regulations that health service providers are obligated to follow per licensure requirements. Also, even for staff operating solely under certifications by the state’s respective department or education, it is correct to follow a higher level of consent procedures so as to set appropriate boundaries and expectations for students and their families.

This higher level of informed consent involves the parent/guardian of each telehealth recipient to actively consent to this method of service delivery. Note that consent procedures are *not* consent for the service, but rather consent for this *method* of service delivery. An informed consent includes the following:

- A description of telehealth as a method of service delivery.
- A basic description of technical considerations.
- Clear expectations for how providers will operate using this method, and limitations.
- Clear expectations for recipients, and responsibilities.
- Permission to communicate with specified emergency contacts.
- Permission for specific parties to provide telehealth.

*The APS Telehealth Consent Form is provided in *Appendix A* of this handbook.

B. Age-Based Requirements for Telehealth

The following guidelines outline parent and guardian requirements for the provision of telehealth services as a method of service delivery. These requirements differ from the requirements for face-to-face service provision because control over the recipient's environment lies solely on caregivers versus when services are provided at school. Of note, the following requirements refer to parents/guardians. However, it may be true that students are in the care of other adults when scheduled telehealth meetings occur (i.e. grandparents). It is sufficient for a parent/guardian to designate another non-custodial caregiving adult as a proxy to fulfill the requirements outlined below *if* they notify the provider ahead of time, preferably in writing/email.

- *Students 14 and under:* Telehealth meetings will only be scheduled with a parent/guardian. A parent/guardian is required to be present at the start of every telehealth meeting to acknowledge and consent to that specific meeting, and confirm contact information. A parent/guardian is also required to remain physically present at the student's location, and easily accessible for the entirety of the meeting (i.e. at home with the student).
- *Students 15-17:* Telehealth meetings will be scheduled with a parent/guardian; however, a parent/guardian may give explicit permission for their child to schedule their own meetings as long as they are informed of the decision making process (i.e. included on emails determining dates/times). While it is encouraged, a parent/guardian is not required to be present at the start of every telehealth meeting. However, a parent/guardian is required to be physically present at the student's location, and easily accessible for the entirety of the meeting (i.e. at home with the student).
- *Student 18+:* Students 18 and over are able to schedule and consent to their own telehealth meetings. It is encouraged that a parent/guardian is informed and participatory in the process.

The responsibilities outlined above are included on the APS Telehealth Consent Form. As such, if a parent/guardian is unable to fulfill these requirements, the provider should discontinue the meeting and communicate with parent/guardian 1) referencing the consent form; 2) highlighting that these parameters set boundaries, ensure safety, and prepare for rare emergencies; and 3) offer to reschedule the meeting.

C. Orienting Yourself To Telehealth Service Delivery

The following section outlines self-management considerations that include factors from face-to-face interactions as they present remotely, as well as considerations specific to telehealth:

- *Your environment, for you:* Be mindful of your environment as it pertains to your needs to operate best. Before meetings begin, control the setting for ambient noise (i.e. noises in your home like appliances, doorbells, other people's activities). Assure there will be no disruption in service, as much as possible, due to technical factors, interruptions from other people at your

location, and distractions such as other things happening on your computer (i.e. email notifications that take your attention away from your student).

- Other considerations include muting your microphone when you are not speaking, lighting your face from the front instead of the back so the student can see you best, and positioning your camera at eye level.
- *Your environment, for students:* Be mindful of your environment. Your office at school has likely been carefully designed to accommodate student needs, shape student behavior, and shape students' perspectives. When providers offer telehealth services, the student and their family have a window into your setting, including your home if that is where you are working. It is best practice to present a neutral background free from visual clutter as much as possible. This keeps the student's attention on the interaction with you rather than your setting. It also facilitates equitable access to your services (i.e. minimizing interference from perceptions of your privilege based on what they see in your surroundings).
- *Your Behavior:* Providing telehealth services requires an additional layer of self-monitoring because some new behaviors are necessary to make interactions 'natural.' During face-to-face interactions, the student usually sees more than your head and shoulders, which means they have more information regarding your nonverbal behavior upon which they base their perceptions. During remote interactions, to maintain eye contact, you will need to focus in your computer's camera as much as possible versus strictly on the picture of their face. Because the student is looking solely at your face, glancing away can seem like the much larger nonverbal gesture of turning your whole body away. Because the student will likely not see your hands, some activities may be interpreted as inattentive or dismissive (i.e. taking notes may look to them like you're doing something else, such as checking your phone, etc.).

D. Orienting To Your Student During Telehealth Service Delivery

When you work with a student at school, you are assessing them, both within the scope of your discipline, but also their general presentation and disposition. For example, you will notice things often included in a mental status exam: orientation, mood/affect, thought process, behavior, socialization, insight, etc. However, communicating remotely, you will also be noticing their environment.

- *Practical Observations:* It is important to differentiate observation from inference. It is appropriate, and somewhat unavoidable, to observe the student's setting during telehealth sessions. In particular, noticing barriers to receiving your services, and helping remove them, is appropriate (i.e. reminding them to turn the tv off, recommending that they use headphones). However, be attentive to how you are thinking about their setting, minimizing inference (i.e. assuming a student meeting from their garage has a barrier when it might be a quiet, private location that functions well for them).
- *Noticing vs. Judging:* Just as the content of your interaction with your student requires a regard for privacy, the same is true of what you observe of their setting. It is important to actively think

about, and self-reflect upon, your own biases/assumptions regarding what you see around your student, just as you reflect upon such biases/assumptions when you interact with students at school.

- Some students/caregivers will actively direct your attention to something in their environment (i.e. show you a pet or point out a stressor). It is important to validate their need for doing so in a manner that is judgment free.
- Some students/caregivers will be self-conscious and very aware that you are able to see into their home. If this seems to be true, and it seems like it would help, you may consider directly addressing the concern, normalizing it, and reminding them that your goal is to provide a service, not to cast judgment.
- At the other extreme, some students/caregivers will pay too little attention to the fact that you are privy to their setting. They may not secure a level of privacy necessary for services to be provided. Without the boundaries of a school-based setting, some may interact more informally than is appropriate, or may pull for interactions that minimize the boundaries of your role as adult school personnel. It is important to be aware of how their setting is affecting their presentation, and address issues that are setting-driven, explicitly if necessary.

E. Procedures for Telehealth Sessions

During the process of obtaining consent, parents/guardians will have the opportunity to review information about telehealth as a method of service delivery and ask questions before giving permission. As services begin, there are several procedural guidelines to follow that provide appropriate boundaries and give you the necessary information you need to operate in an ethical manner that includes consideration of the student's safety:

- Establish a routine: At school, the student is aware that they must follow general school rules and routines. They also have an internalized sense of the individual routine they have established for working with you. Meeting remotely, you will need to establish and enforce a new routine for how sessions will begin, operate, and end. Unlike most circumstances at school, this routine may involve parents/guardians (depending on the student's age).
- Starting a Session: At the start of each session, if the student is 14 or younger, a parent/guardian or proxy must be on screen to confirm consent for that specific session. For all students, you should establish who will be part of the session, which adult will be present at the student's location, who else is at that location, if there are changes to emergency contact information, and a reminder about privacy.

*Providers should use the Telehealth Checklist and Script in Appendix B of this handbook at the start of *every* session to assure ethical practice and prepare for rare emergencies.

- Session Operations: During the session, particularly after completing the checklist, point out any obvious environmental barriers (i.e. radio playing) that would interfere with service provision. If any barriers arise during the session, at either party's location, reasonably try to address them, and if unable to do so, end the session. If necessary, reschedule it for a different time.
- Technical Problems: During a session, there may be unforeseeable, uncorrectable interference from technical problems, such as a lagging/slow connection or hardware/software problems. If there is a disruption, APS staff may try to restart the meeting if possible. If it's not possible, but continued communication is appropriate, staff will reach out via other means (i.e. calling the caregiver).
- Ending a Session: At the end of each session, provide clear expectation for next steps, which may include a reminder of the next session if applicable, recommendations for caregivers, etc.
 - Students with Safety Plans: If a student has a safety plan, at some point during the session, prior to disconnecting, review the plan and confirm their investment.
 - Providing Resources: Some parents/guardians may need a reminder of who to contact in the event of a crisis or emergency and it will be appropriate to reference materials you have already provided about emergency services.
 - Expectations Between Sessions: During periods of prolonged school closure, it will be very important to set clear boundaries about your availability between scheduled telehealth sessions. Students/parents may need a reminder that you are not "on call," not immediately available to address concerns that are ultimately home-based, and are not available for more frequent telehealth sessions (if that is true given the total demands for service delivery placed on you). However, you should maintain a set schedule of general availability for returning calls/emails, as determined by your district (i.e. "office hours"). If student/parent communications are regularly expressing a need for a level of home-based support beyond what is feasible and/or appropriate for remote school support services, you may help the family connect with community supports.

F. Accountability and Record Keeping

Just like service providers keep records when they are operating within their school buildings, it is important to keep clear records of service delivery for telehealth services in the context of documenting all remote communications. Service providers should keep an organized, comprehensive log that includes:

- Dates/times/duration of contact.
- Type of contact (i.e. direct telehealth service, phone call, email, collateral contact)
- Who the contact is with.
- Notes about the contact and/or future implications (i.e. scheduling notes).

Depending on the type of service and district requirements, notes may be designed to include content, reference goals, etc.

G. Emergencies/Crises

When school-based staff are providing services remotely, they are under the same obligations to respond to emergencies and crises as when they are at school. To following scenarios highlight several types of emergencies or crises and considerations for how to respond given that you are not at the student's location and do not have control over their environment:

- Caregiver Emergency/Crisis: Although rare, it is possible that an adult caring for a student could have a medical or mental health related emergency during your telehealth session with the child. This is one of the reasons why obtaining information at the start of every session, using the session checklist in *Appendix B*, is important. When appropriate, using your backup device, reach out to the secondary emergency contact provided on the APS Telehealth Consent Form, call 911 on behalf of the student, or communicate to other appropriate crisis intervention resources.
- Student Emergency/Crisis: During your telehealth session, it is possible that the student will present with an emergency or crisis. For students under 18, a parent/guardian or identified proxy is required to be present at their location. If they are not present on screen, communicate with them using your backup device so they may address the student's needs.
 - Emergencies: Emergencies are such that if there is not an immediate intervention, there is a serious negative outcome now. This usually applies to significant medical or behavioral problems. Although rare, if this occurs during a telehealth session, call the emergency contact, and then provide as much support as is possible remotely, which may include calling 911. If appropriate, offer parent/guardian coaching throughout the duration of the emergency, offer to speak with emergency responders, and/or communicate with necessary collateral contacts.
 - Crises: Crises are such that if there is not an intervention, there could be a negative outcome, and further assessment is required. Significant mental health symptoms and accompanying behaviors are examples of crises (i.e. an individual reporting suicidal ideation or having engaged in non-lethal self-injurious behavior). If this content arises during a telehealth session, it is appropriate to conduct an assessment like you would at school, as much as is possible remotely. In most cases, it will be appropriate to communicate with the adult at the student's location to make to make necessary recommendations, such as seeking a crisis evaluation. If it is situationally warranted, you may choose to call 911.

*Although there are differences comparing school-based assessment to remote assessment of mental health crises, the end result is very similar- control over management of the student's needs is transferred from school staff to the parent/guardian, and the rest of the work is done remotely. For example, after a student presents with a crisis at school, and assessed, they are usually supervised until they can be picked up, and

then the parent/guardian chooses what happens next. School staff then supports the parent remotely by staying in contact, informing identified collateral contacts, etc. If a parent/guardian does not agree with or follow through with recommendations that school staff sees as crucial, then school staff may choose to call 911, call the local police department to recommend a wellness check, and/or file with the MA Department of Children and Families (DCF).

- Mandated Reporting: School staff are mandated reporters. If the student or another person reveals something that would constitute filing a 51A with MA DCF during a telehealth session, then the service provider is required to file. Similarly, if the service provider observes something that would constitute filing, they are required to file.
 - Student Revelations: When students are supported at school, it is a safe environment for them to seek the help of trusted adults and reveal issues related to neglect, abuse, and trauma. This may not be true when communicating with a student remotely because they may be in an unsafe environment or around unsafe people. When providing remote services, it is extremely important to use careful judgment to determine when to ask a student questions, when to advise a student to limit what share due to safety concerns, and when to advise a student to communicate with you using another method, such as a phone call or email.

* Supporting a student when there is suspected neglect or abuse presents an exception to the age-based telehealth requirements outlined above. In such circumstances, it may be appropriate to arrange a method of communicating with the student that bypasses the involvement of a suspected unsafe caregiver. This should *never* be done without the involvement of a supervisor/administrator, and there should be clear indicators of a need to do so.

In general, when school staff are providing telehealth services to students, it should be done with the oversight of a supervisor/administrator who is in a position to support both the needs of staff and the unique needs of students and their families.

APPENDIX A:

**Andover Public School
Telehealth Consent Form**

Andover Public Schools Telehealth Consent Form

What is telehealth?

Telehealth is a method of communicating with my APS service provider using an on-line application that provides audio and video communication through a cellphone or computer. Telehealth is not the same as a face-to-face meeting because the recipient is not in the same room or at the same location as the provider.

How is it done?

APS telehealth opportunities use an application called Zoom because it is a secure, web-based system for transmitting video and audio that ensures privacy via encryption. This software offers more security than general video conferencing (i.e. Facetime, Skype). The same confidentiality and privacy protections/exceptions that apply to face-to-face service delivery also apply to telehealth services. Using Zoom does require all parties to download the app, which is free.

Differences From Face-To-Face Meetings

When APS staff work with students at school, they are able to design and control the environment, such as who is present and how the physical setting is considered. Similarly, staff have influence over the student's experiences before and after service delivery because students are in the building. This is very different with telehealth. Control of the environment and the student's experiences lie solely with their caretakers. Staff can address confidentiality on their end of communication, while caregivers ensure privacy and confidentiality on the student's end. Similarly, if a student has a need after a telehealth session ends, staff can offer appropriate support remotely, while caregivers are in control of addressing that need (i.e. a medical issue, behavioral or mental health crisis, etc.).

Technical Considerations

Using technology to facilitate telehealth requires some considerations, including internet-based issues, service interruptions, technical difficulties, and unauthorized access. During a telehealth meeting, either the APS service provider or the student/caregiver may choose to discontinue the meeting if it is felt that the audio/video connections are not adequate. If there is a disruption, APS staff may try to restart the meeting if possible. If it's not possible, but continued communication is appropriate, staff will reach out via other means (i.e. calling the caregiver).

Age-Based Requirements

**Students 14 and under:* Telehealth meetings will only be scheduled with a parent/guardian. A parent/guardian is required to be present at the start of every telehealth meeting to acknowledge and consent to that specific meeting, and confirm contact information. A parent/guardian is also required to remain physically present at the student's location, and easily accessible for the entirety of the meeting (i.e. at home with the student).

**Students 15-17:* Telehealth meetings will be scheduled with a parent/guardian; however, a parent/guardian may give explicit permission for their child to schedule their own meetings as long as they are informed of the decision making process (i.e. included on emails determining dates/times). While it is encouraged, a parent/guardian is not required to be present at the start of every telehealth meeting.

However, a parent is required to be physically present at the student’s location, and easily accessible for the entirety of the meeting (i.e. at home with the student).

**Student 18+:* Students 18 and over are able to schedule and consent to their own telehealth meetings. It is encouraged that a parent/guardian is informed and participatory in the process.

Emergency Procedures Specific to Telehealth Services

There are additional procedures in place for student safety specific to telehealth services. If a student is presenting with serious symptoms related to physical/mental health, or if there is a crisis that cannot be resolved remotely, APS staff may determine that a student needs a higher level of care. A primary emergency contact needs to be listed here, and should be the individual(s) present during telehealth meetings:

| Name | Relationship to Student | Contact Information |
|------|-------------------------|---------------------|
| | | |
| | | |

In the case of a caregiver emergency during a telehealth meeting with a student (i.e. medical emergency for an adult), APS staff will appropriately support the student and reach out to the secondary emergency contact(s) listed here:

| Name | Relationship to Student | Contact Information |
|------|-------------------------|---------------------|
| | | |
| | | |

APS Service Providers

This consent form pertains to telehealth meetings with the following staff:

| Name (i.e. John Smith) or Group (i.e. ‘social work staff’) | Role |
|--|------|
| | |
| | |
| | |

Consent Agreement

By signing below, I am indicating that I have read the above description of telehealth services and understand the nature and limitations of such services. My questions about the risks and benefits of telehealth have been answered. I agree to the age-based requirements outlined above, including providing verification of contact information and location. I understand that I can revoke this consent at any time and that future APS services are not contingent upon consent for current telehealth services. I also understand that APS has the right to discontinue telehealth, as a specific modality of providing services, if it is not an effective method or if there is an indication that it could negatively affect a student. I agree that telehealth services will not be recorded in any way, by any party, unless specific consent is given by all parties to do so. I agree to APS telehealth services provided by the staff listed on this form.

Signed: _____ Date: _____

APPENDIX B

Andover Public Schools Telehealth Checklist and Script

Andover Public Schools Telehealth Checklist and Script

Directions for staff: The following checklist is to be used at the start of every telehealth meeting. It is recommended that at the start of the first telehealth meeting, staff directly tell students/parents that they are required to start each meeting by asking these same questions. Staff should record answers that are different than the information on the telehealth consent form. For students 14 and under, the parent/guardian should be in the video frame. A parent/guardian may consent to another caregiver being present and speaking on their behalf, in writing or email, ahead of the meeting (i.e. grandparent).

Required checklist items to start a meeting:

- Do you consent to this specific telehealth meeting? (**for 14 and under*)
- Who will be part of this meeting? (i.e. student alone, student and parent, etc.)
- Which adult will be present on site for the entire meeting? Are they a legal parent/guardian? (*if not, the parent must have provided consent for this other caretaker*)
- Where are you during this meeting today? (*if not at a known address, ask for the address*)
- Who else is there today? (identify who is present at the student's physical location)
- If service is disrupted or there is an emergency, is the contact information today different than on the consent form?
- A reminder- we all agree that this meeting is private, not recorded, and a safe place to express ourselves. Agree?

Case-specific options for ending a meeting:

For students with a safety plan:

- I want to confirm that the following remains the safety plan we agreed upon..... (*reference student's specific plan*)

For cases where a reminder is relevant:

- Just a reminder- If you have an emergency between now and the next time we meet, you can call 911, contact Lawrence General Hospital's emergency department at (978)6834000, or call Lahey Behavioral Health at (978)683-3128.

Reminder for most cases:

- If you need to reach me between now and our next meeting, you have my email and phone extension that I check throughout the week.

Note

Unlike at school, where students might drop in or have an urgent need, we're working remotely. It is wise to set the expectation (for most cases) that telehealth meetings are only at set appointment times, and school staff are not able to be available at other times like when the student and staff are both in school together.