TELE-PRACTICE

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Tele-Practice in Birth to Three Settings: Administrator Checklist

For Programs Serving Deaf and Hard of Hearing Infants & Toddlers

High-quality tele-practice in early intervention for deaf and hard of hearing infants and toddlers requires intentional leadership, strong infrastructure, and consistent coaching practices. This checklist supports program leaders in establishing systems, policies, and supervision structures that ensure tele-practice services are secure, accessible, family-centered, and aligned with best practices in coaching, documentation, and interdisciplinary coordination.

1. Platform Security, Compliance & Digital Equity

- ◯ Establish and enforce program-wide policies for secure, HIPAA-compliant tele-practice platforms.
- ◯ Ensure consent processes are standardized, clearly documented, and accessible in ASL and English.
- ◯ Implement procedures to assess and address family technology access, connectivity, and digital literacy.
- ◯ Select and regularly evaluate platforms for ASL accessibility (e.g., video quality, visual clarity, multi-user visibility).
- ◯ Monitor compliance and accessibility practices through supervision and periodic program review.

2. Coaching Framework: Observation, Modeling & Feedback

- ◯ Establish program-wide expectations for coaching-based tele-practice, including observation, modeling, and feedback.
- ◯ Ensure providers are trained and supported to use responsive, strengths-based coaching strategies in virtual settings.
- ◯ Implement supervision systems to monitor fidelity to coaching practices across providers.
- ◯ Provide ongoing professional development focused on tele-practice coaching techniques specific to families with deaf and hard of hearing infants and toddlers.
- ◯ Use reflective supervision to support provider growth in balancing observation, modeling, and real-time feedback.

3. Session Documentation & Service Notes

- ◯ Establish standardized documentation procedures that reflect coaching practices, caregiver engagement, and child progress.
- ◯ Ensure documentation expectations are embedded in onboarding, training, and supervision processes.
- ◯ Implement systems for regular review of service notes to ensure quality, consistency, and clinical relevance.
- ◯ Ensure documentation captures meaningful data to support progress monitoring and interdisciplinary coordination.
- ◯ Align documentation practices with Part C, EHDI, and program compliance requirements.

4. Takeaway Actions & Family Follow-Through

- ◯ Establish expectations for clear, actionable takeaways following each tele-practice session.
- ◯ Ensure providers are supported in developing family-friendly, routine-based strategies for follow-through.
- ◯ Monitor consistency and quality of follow-up communication with families (e.g., summaries, next steps).
- ◯ Ensure materials and recommendations are accessible (ASL, multilingual, visual formats as needed).
- ◯ Use supervision and feedback systems to strengthen provider ability to support family implementation between sessions.

5. Program Oversight & Crisis Protocols

- ◯ Establish and maintain clear tele-practice-specific crisis protocols (e.g., safety concerns, technology failure, urgent needs).
- ◯ Ensure providers are trained in implementing crisis response and de-escalation procedures.
- ◯ Ensure processes are in place to support smooth, coordinated transitions between EI, medical, educational, and community partners, with clear communication and follow-through so families do not experience gaps in services.
- ◯ Use program-level data (engagement, attendance, outcomes) to evaluate tele-practice effectiveness.
- ◯ Ensure leadership oversight includes continuous improvement processes aligned with best practices in tele-practice and coaching.