

Accommodation Checklist for Telepractice

Formerly The Hello Foundation

Name:	DOB:	Clinician:	Date:	
<i>Instructions:</i> Review the client's ability to i check the appropriate box. If the "no" box Accommodations and circle those that are complete, list all relevant accommodation	is checked, refer to the listed Possible appropriate. When the checklist is	 Changes to seating or tak Alternative placements for 	ONS ble arrangements, e.g. height, stability, visibility, etc. br computer, such as on the floor, near a bed, or on a lap upports (e.g. reminders for posture, 'hands in lap', etc.)	
Skill	Yes No Possible Accommodati	on 4. Headphones or speakers		
Sample	x 1, 3, 14, 19		he computer or respond (e.g. switches, joystick, etc.) impaired populations, such as hearing aid adapters or use lication	
PHYSICAL CONSIDERATIONS		support visibility		
Maintain posture/orientation to the scree	n		al or alternative clinical services such as parent/caregiver nsultation, collaboration with other service providers,	
Visually orient to the screen & track tasks	s	9. Frequent breaks		
Use fine and gross motor skills to use technology		10. Visual supports, e.g., visua	al timer, picture schedule, sticker chart, first/then board, etc. , IM, screenshare, whiteboard, etc.	
Hear well enough to attend to verbal directions through computer		12. Physical prompts and/or su 13. Verbal prompts and/or su	supports provided by support staff upports	
		14. Integrated behavioral sup visual schedule, visual tim	oports from current environment, e.g. rewards systems,	
COGNITIVE AND BEHAVIORAL CONSIDERATIONS		15. Minimized distractions in		
Attend to computer screen for sufficient periods of time		17. Modification of tasks, suc	f or caregivers to tailor session to the day's emotional state h as shorter duration or parent/caregiver support	
Independently manage own behavior		during therapy 18. Consideration of addition	al or alternative clinical services such as parent/caregiver	
Access support in the environment when needed			nsultation, collaboration with other service providers,	
			mode of communication, (e.g., total communication, AAC,	
COMMUNICATION CONSIDERATIONS		of support staff.	through the teletherapy platform (mirroring) or through use	
Communicate verbally		20. Use of visual supports for 21. Frequent checks for unde		
			esponding, e.g. IM, touchscreen, etc.	
Follow verbal instructions		23. Use of interpreter		
Use the language of the clinician		24. Consult with someone co client/family/staff to infor	mpetent in cultural and linguistic background of m services.	

SUPPORT RESOURCES CONSIDERATIONS

 Client has reliable access to: (all boxes must be checked for telepractice in to be a viable option)
 Client has reliable access to support personnel for the purposes of telepractice in the form of: (at least 1 box must be checked for telepractice to be a viable option)

 computer with webcam
 teacher

 high-speed internet connection
 aide

 parent
 peer

 other care provider
 other care provider

 n/a, client can independently access and troubleshoot for teletherapy

DETERMINATION -

Accommodations (from list on front page) necessary for accessing telepractice:

Accommodations may be provided by either the clinician or a team member working with the client during online therapy. Use this space for notes regarding roles, responsibilities, etc.

Taking into account the above accommodations, teletherapy

is not appropriate for this client at this time.

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