Pre-screening Questions

•	Do you currently reside on Long Island?
	□ NO
	☐ YES
•	What is the current age of your child?
	☐ Below 8
	□ 8
	□ 9
	□ 10
	□ 11
	□ 12
	□ 13
	□ 14
	☐ Above 14
•	Did your child receive in person speech-language pathology services prior to the
	COVID-19 pandemic (Prior to March 2020)?
	□ NO
	☐ YES
	☐ If yes, list dates:
•	Did your child receive speech-language pathology services delivered via telehealth
	during the COVID-19 pandemic (March 2020-December 2022)?
	□ NO
	☐ YES

	☐ If yes, list dates:
	Survey Questions
1.	Which race or ethnicity best describes you? (Please choose only one.)
	☐ American Indian or Alaskan Native
	☐ Asian / Pacific Islander
	☐ Black or African American
	☐ Hispanic
	☐ White / Caucasian
	☐ Multiple ethnicity/ Other (please specify)
	☐ Prefer not to answer
2.	Do you or anyone in your family work in the following industries?
	☐ Education
	☐ Technology
	□ Neither
3.	What was your child receiving speech-language pathology services for during the
	pandemic (speech, language, swallowing, ect.)?
4.	Is your child diagnosed with a deficit or disorder?
	□ NO
	☐ YES
	☐ If yes, please explain:

	1	2	3	4	5	6	7
5. Rate your overall level of satisfaction with your child's SLP services prior to the pandemic on a scale of 1-7 with 7 being the highest level of satisfaction.							

Rate your level of agreement with the following statements provided on a scale of 1-7 with 7 being the highest:

	1	2	3	4	5	6	7
6. My child's speech-language pathologist (SLP) was accessible via teletherapy.							
7. My child's SLP provided adequate training for the use of teletherapy software.							
8. Speech teletherapy services were equivalently priced with in-person services.							
9. My child's SLP provided services via teletherapy that were equivalent with those provided in person.							
10. My child received SLP services via teletherapy with the same frequency as in person.							
11. I felt that my child benefitted from teletherapy as they would have from in person services.							
12. I felt involved in my child's SLP services via teletherapy.							

13. Are there any other factors that you feel have positively impacted your/your child's experience with SLP services via telehealth that were not included in this survey? Please

	explain:
14.	Are there any other factors that you feel have negatively impacted your/your child's
	experience with SLP services via telehealth that were not included in this survey? Please
	explain: