**Open Materials Survey Instrument**

**Telepractice Perceptions and Needs of Kansas School-Based SLPs**

**(**Version 1.0, May 2025) 

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This survey instrument was developed as part of the research study:

**Roth, B., Musaji, I., & Self, T. (2025).** Telepractice perceptions and needs of Kansas school-based SLPs: A cross-sectional survey study. Manuscript under review. 

**Description:** This original survey tool was created to better understand perceptions towards telepractice, perceived and actual telepractice knowledge and skills, and telepractice needs. The survey includes the following sections: (a) demographic information, (b) perceptions towards telepractice, (c) perceived knowledge and skills regarding telepractice, (d) actual knowledge and skills regarding telepractice, and (e) needs related to telepractice.This survey was designed for digital survey systems like Qualtrics, with question logic so that different stakeholders saw different questions.

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**Versioning:** This is Version 1.0 of the survey instrument and corresponds to the version used in the study submitted in May 2025. Future versions, if revised, will be made available at the same public hosting location. 

**Open Science Statement:** This instrument is shared in support of transparency and reproducibility and is eligible for the Open Materials badge, as defined by the Center for Open Science.

**Demographics – All**

Approximately how many years have you used telepractice?

* Less than 1 year
* 1-2 years
* 3-4 years
* 5-6 years
* 7 or more years
* I have never used telepractice

What year did you first use telepractice?

* 2022
* 2021
* 2020
* 2019
* 2018
* 2017
* 2016 or before
* I have never used telepractice

What was the condition in which you started using telepractice?

* I first used telepractice during graduate school
* I first used telepractice voluntarily while working
* I first used telepractice because of restrictions from COVID-19
* I have never used telepractice
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The first time I used telepractice was:

* Before COVID-19
* After COVID-19 and in-person restrictions were placed
* I have never used telepractice

How much education and/or training in telepractice have you had?

* None at all
* Minimal amount
* Some but limited
* Moderate amount
* Extensive amount

Considering your level of knowledge and experiences with telepractice, rate yourself on the following scale:

* Novice
* Transitional
* Competence
* Mastery
* Expert

What is your gender?

* Male
* Female
* Prefer not to say
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which **age range** best describes your current age?

* 24 or younger
* 25 to 34
* 35 to 44
* 45 to 54
* 55 to 64
* 65 and older
* Prefer not to say

Which of the following stakeholder titles best fits you?

* Parent of child receiving speech/language services
* Director of Special Education
* Assistant Director of Special Education
* Principal
* School Psychologist
* Special Education Teacher
* Speech-Language Pathologist
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographics – Parents**

In what county and school district does your child attend school?

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you characterize the population density of the area in which your child's **school district is located**?

* Rural (less than 2,500 people)
* Urban Cluster (2,500 to 49,999 people)
* Urbanized Area (50,000 people or more)

What is the type of educational model that your child receives special education services from?

* Stand-alone district - (Description: has their own school board and is large enough to employ their own special education staff)
* Interlocal - (Description: has its own school board and all special education staff are employees of the interlocal but work in multiple districts)
* Special Education Cooperative - (Description: all special education employees are employed by one host school district, but all these employees work in multiple districts. There is one school board for the host school district and all decisions made by this board affect all other districts served by the SPED CO-OP)
* Service Center - (Description: Multiple districts can buy in to the service center and have special education services provided through the service center)
* I don't know

How often does your child **currently** receive speech/language services through telepractice?

* Never
* Occasionally (only used here and there for brief periods)
* Sometimes (used intermittently)
* Often (Telepractice is the more common modality)
* Always (Telepractice is the standard modality)
* I don't know

**Demographics – Educational Professionals**

Are you **physically located** in the state of Kansas?

* Yes
* No (Please list state you reside in below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What county and primary school district do you work/provide services for?

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you characterize the population density of the area in which your school district is located?

* Rural (less than 2,500 people)
* Urban Cluster (2,500 to 49,999 people)
* Urbanized Area (50,000 people or more)

What type of educational model do you work/provide services for?

* Stand-alone district - (Description: has their own school board and is large enough to employ their own special education staff)
* Interlocal - (Description: has its own school board and all special education staff are employees of the interlocal but work in multiple districts)
* Special Education Cooperative - (Description: all special education employees are employed by one host school district, but all these employees work in multiple districts. There is one school board for the host school district and all decisions made by this board affect all other districts served by the SPED CO-OP)
* Service Center - (Description: Multiple districts can buy in to the service center and have special education services provided through the service center)
* I don't know

How often does your school district **currently** deliver speech/language services through telepractice?

* Never
* Occasionally (only used here and there for brief periods)
* Sometimes (used intermittently)
* Often (Telepractice is the more common modality)
* Always (Telepractice is the standard modality)
* I don't know

Approximately what percentage of your school district's speech/language services are provided through **telepractice**?

* 0% - 20%
* 21% - 40%
* 41% - 60%
* 61% - 80%
* 81% - 100%
* I don't know

**Perceptions – All**

I am **satisfied** with **my** telepractice experiences.

* Very unsatisfied
* Somewhat unsatisfied
* Neither satisfied nor dissatisfied
* Somewhat satisfied
* Very satisfied
* I have not experienced telepractice

I am **interested** in using telepractice.

* Not at all interested in telepractice
* I would prefer in-person services over telepractice
* I have no preference regarding telepractice services
* I prefer telepractice over in-person services
* I am only interested in telepractice services

I am **confident in my ability** to use telepractice as a service delivery model.

* Very unconfident
* Somewhat unconfident
* Neither confident nor unconfident
* Somewhat confident
* Very confident

The general **optimism** of our educational system towards telepractice is:

* Very pessimistic
* Somewhat pessimistic
* Neither optimistic nor pessimistic
* Somewhat optimistic
* Very optimistic
* I don't know

How much **effort** do you think is required to use telepractice?

* Almost no effort
* A little bit of effort
* A moderate amount of effort
* Quite a bit of effort
* A great deal of effort

I feel I have been well prepared to deliver telepractice.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe **telepractice** requires the **same amount of effort** compared to **in-person** services.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

In general, I am **comfortable** with the delivery of speech and language services through telepractice.

* Very uncomfortable
* Somewhat uncomfortable
* Neither comfortable nor uncomfortable
* Somewhat comfortable
* Very comfortable

If given the opportunity, I would **voluntarily** use telepractice.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I **recommend** utilizing telepractice as a service delivery model.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I like telepractice **more than** onsite/in-person practice.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice, as a service delivery model, is based on current **Evidence-Based Practice**. **Evidence-Based Practice** = the integration of (a) clinical expertise, (b) best current research/evidence, and (c) client values.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe the **appropriateness** of using telepractice depends on the student.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

The general **attitude** of my educational system towards telepractice is:

* Very negative
* Somewhat negative
* Neither positive nor negative
* Somewhat positive
* Very positive

The support of my upper school administration towards telepractice as a service delivery model is:

* Very unsupportive
* Somewhat unsupportive
* Neither supportive nor unsupportive
* Somewhat supportive
* Very supportive

When you hear "telepractice," what emotion do you feel?   
(Note: make sure to adjust the slider to record a response for this question)

|  |  |  |
| --- | --- | --- |
|  |  |  |



*\*Screenshots of the 5 possible response anchors are shown*

**Perceived Knowledge and Skills – All**

How **knowledgeable** are you about telepractice?

* I know nothing about telepractice
* I've heard about telepractice, but have not used it
* I've heard about telepractice and have used it a little
* I've heard about telepractice and have used it a lot
* I am highly knowledgeable about telepractice

How **skillful** are you at telepractice?

* I have no telepractice skills
* I have very little telepractice skills
* I have some telepractice skills
* I have good telepractice skills
* I have excellent telepractice skills

I have a clear understanding of the purposes of telepractice.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice is an **effective** service delivery method. **Effective**= successful in producing a desired or intended result.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice is an **efficient** service delivery method. **Efficient** = achieving maximum productivity with minimum wasted effort or expense.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice is a **reliable** service delivery method. **Reliable** = the quality of services provided is consistent from session to session.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice provides **comparable treatment gains** compared to in-person services. **Comparable treatment gains** = similar; no significant differences.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice is a **satisfactory**form of service delivery.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

I believe telepractice is a **promising** form of service delivery.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

**Actual Knowledge and Skills – All**

Research shows that telepractice is an **effective** service delivery method.  **Effective**= successful in producing a desired or intended result.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Research shows that telepractice is an **efficient** service delivery method. **Efficient**= achieving maximum productivity with minimum wasted effort or expense.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Research shows that telepractice is a **reliable** service delivery method. **Reliable**= the quality of services provided is consistent from session to session.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Research shows telepractice provides **comparable treatment gains** compared to in-person services. **Comparable treatment gains** = similar; no significant differences.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Research shows telepractice is a **satisfactory**form of service delivery.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Research shows telepractice is a **promising** form of service delivery. **Promising** = it (telepractice) is good now and can get better in the future.

* Strongly disagree
* Somewhat disagree
* Neither agree nor disagree
* Somewhat agree
* Strongly agree

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Adjusting room/self for adequate lighting (i.e., window, lamp) |  |  |  |  |  |
| Connecting computer to internet |  |  |  |  |  |
| Logging in to telepractice platform |  |  |  |  |  |
| Testing your microphone to ensure it is working |  |  |  |  |  |
| Adjusting camera for appropriate placement |  |  |  |  |  |
| Adjusting speaker volume |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Ensuring client’s room/self is adjusted for adequate lighting (i.e., window, lamp) |  |  |  |  |  |
| Ensuring client is connected to internet |  |  |  |  |  |
| Ensuring client has logged in to telepractice platform |  |  |  |  |  |
| Ensuring client’s microphone is working |  |  |  |  |  |
| Ensuring client’s camera is placed appropriately |  |  |  |  |  |
| Ensuring client’s speaker volume is adequate |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Troubleshoot login or Wi-Fi problems |  |  |  |  |  |
| Placing computer close to Wi-Fi router (if wireless) |  |  |  |  |  |
| Decreasing number of devices on Wi-Fi (if wireless) |  |  |  |  |  |
| Closing all computer windows and applications |  |  |  |  |  |
| Clearing the cache |  |  |  |  |  |
| Testing internet speed |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Interacting through telepractice platform |  |  |  |  |  |
| Directing students' attention |  |  |  |  |  |
| Developing rapport |  |  |  |  |  |
| Managing behaviors |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Scheduling sessions |  |  |  |  |  |
| Recording sessions |  |  |  |  |  |
| Sharing your computer screen |  |  |  |  |  |
| Using an interactive whiteboard |  |  |  |  |  |
| Integrating web-based games or mobile apps |  |  |  |  |  |
| Operating a document camera to share hardcopy materials |  |  |  |  |  |
| Providing visual cues |  |  |  |  |  |
| Providing verbal cues |  |  |  |  |  |
| Providing written cues |  |  |  |  |  |
| Selecting and preparing appropriate telepractice materials |  |  |  |  |  |
| Organizing telepractice materials |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Addressing concerns about telepractice |  |  |  |  |  |
| Discussing the purpose of telepractice |  |  |  |  |  |
| Discussing telepractice research |  |  |  |  |  |
| Discussing reimbursement for telepractice |  |  |  |  |  |
| Discussing telepractice legal and regulatory issues |  |  |  |  |  |
| Adhering to telepractice security/privacy protection requirements |  |  |  |  |  |
| Adhering to licensure requirements for telepractice |  |  |  |  |  |

Given your existing telepractice resources and training, please indicate if you are comfortable doing the following for a telepractice session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Very comfortable |
| Adequately completing documentation for telepractice |  |  |  |  |  |
| Training telepractice support personnel (e.g., eHelper) |  |  |  |  |  |
| Collaborating with telepractice support personnel (e.g., eHelper) |  |  |  |  |  |
| Collaborating with other onsite telepractice stakeholders (e.g., teachers, administrators) |  |  |  |  |  |

**Needs – All**

Do you have the following **equipment/materials** for telepractice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I’m not sure |
| Computer |  |  |  |
| Speaker (external or built in) |  |  |  |
| Webcam (external or built in) |  |  |  |
| Microphone (external or built in) |  |  |  |
| Headset |  |  |  |
| Document camera |  |  |  |
| Extra computer monitor |  |  |  |
| Online assessment materials |  |  |  |
| Online treatment materials |  |  |  |

Do you have the following to adequately use telepractice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I’m not sure |
| Adequate education on telepractice |  |  |  |
| Adequate training on telepractice |  |  |  |
| Access to telepractice education |  |  |  |
| Access to telepractice trainings |  |  |  |

Do you have the following to adequately use telepractice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I’m not sure |
| Financial resources to support telepractice |  |  |  |
| Telepractice policies |  |  |  |
| Telepractice platform |  |  |  |
| Telepractice materials |  |  |  |
| Distraction-free space for telepractice |  |  |  |
| Reliable internet service for telepractice |  |  |  |
| Access to information technology (IT) support as needed |  |  |  |
| Access to eHelper/onsite facilitator as needed |  |  |  |
| Adequately trained eHelper/onsite facilitator |  |  |  |
| A system in place for documenting student progress |  |  |  |

**End of Survey**