

Supplemental Material S5. Social validity results.

Themes	Caregiver Feedback
Service Delivery	
In-Person Visits	<i>"Well, I think having [therapist] there ...it was just easier to like, for me to like focus, I think." (Dyad A)</i>
Telehealth Visits	<i>"[Child] has such a hard time like focusing on what [therapist] is trying to show him [in-person]. But if it was through the video, with him in this in a seat with the food or, you know, in a video even within a closed door in his room with me kind of controlling the setting. And with [therapist] interacting with him on that way like that was that worked a lot better. He seemed to be less distracted." (Dyad C)</i>
Perspectives on AAC	
Manual Signing	<p><i>"I think because we were already using it a lot before and so it's just the only challenge was like, knowing a sign or like, say, like thinking I need to look up that sign because I don't know it but the ones that we knew it was easy for [child] and I to like, incorporate it." (Dyad A)</i></p> <p><i>"You know, since we stopped the program, we've really been focusing on building new signs for [child], like expanding how many signs he does, and we can do so with the strategies that we worked on with, with [therapist], like, there's no way we would have done it as well without [therapist's] support. And then that led us into the type of speech therapists we're working with now. That was also really, really helpful." (Dyad C)</i></p>
SGD	<p><i>"I thought it [SGD] was easy to use, like very, like, you know, I didn't have to troubleshoot; it was very, like self-explanatory and easy. And we were already using a device. So I was familiar with it a little bit. And so I feel like it was easy for the most part to like, model it." (Dyad A)</i></p> <p><i>It [SGD] was hard because you're having to play and engage with a kid then you have to do the iPad and then you're having to remember what you're working on. And I mean, it was all good, but it was hard to do." (Dyad B)</i></p>
Session Length and Frequency	
	<i>"Like sometimes we would do it once a week. But it was like, nope, let's do it twice a week, because we can do it and we have the energy to do it. And I think one time we did it three times a week because we were able to do it... I also noticed with our other therapists, like, once a week is hard, like, [child] needs it more often. And so I almost think it was better that we did it twice a week sometimes" (Dyad B)</i>
EMT Strategies	
Most difficult strategies to use	<i>"I think was taking turns [Module 1; Matched Turns], I just would talk a lot. I like to talk very fast and often and... it was hard to remember to give him time to respond before I talked again, instead of just saying like seven things." (Dyad A)</i>
Easiest strategies to use	<p><i>"Definitely noticing and responding to his communication [Module 1; Notice and Respond to All Communication] ...I think I just already was doing that. And so, it just seemed natural." (Dyad A)</i></p> <p><i>"One of the easiest ones: using the choices [Module 3; Time Delays] helps him a lot like that made him feel in charge." (Dyad C)</i></p>
Long-Term Use of Strategies	<i>"It's huge for us to be able to continue implementing these practices throughout his life knowing that it makes life easier...We feel like it's a building block that we can now push off of, and return to every once in a while. There's just there's been so many instances in even during now that we refer back to that, those tools that [therapist] gave us." (Dyad C)</i>
Intervention Structure	
	<p><i>"And the manner in which [therapist] presented each the flow of it was crucial, I think, because it made perfect sense.... Like, once he mastered this, [child] would go on to that. I thought that was extremely well done on [therapist's] part." (Dyad C)</i></p> <p><i>"I loved that it was directed like, just for kids with Down Syndrome. And I feel like it was just helpful that she knew what like motivated [child] to work with us." (Dyad A)</i></p>