

**Supplemental Material S1.** Early intervention provider survey questions.

| Section   | Survey Question  | Response Type | Response Options  |
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| <b>Demographic Information</b>  | 1. What is your discipline?  | Radio Buttons | <ul style="list-style-type: none"> <li>• Speech-Language Pathology</li> <li>• Developmental Therapy</li> <li>• Developmental Hearing Therapy (DTH)</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Social Work</li> <li>• Nutritionist/Dietitian</li> <li>• BCBA</li> <li>• Other</li> </ul> |
|   | 2. Which CFC(s) <sup>a</sup> do you serve?   | Checkboxes    | 1-25  |
|   | 3. Has the stay-at-home order been lifted in your region?  | Yes/No        |   |
|   | 4. <i>(If applicable)</i> Have you continued to provide teletherapy services to families on your caseload?   | Yes/No        |   |
|   | 5. <i>(If applicable)</i> If so, why?/If no, why not?  | Open-Response |   |
| <b>Experience with Teletherapy Before the COVID-19 Stay-At-Home Order</b> | 1. <u>Before</u> the stay-at-home order on March 20th, had you previously provided early intervention services via teletherapy (in IL or elsewhere?) | Yes/No        |   |
|   | 2. <i>(If applicable)</i> For how long did you practice teletherapy?   | Radio Buttons | <ul style="list-style-type: none"> <li>• Less than a month</li> <li>• 1-6 months</li> <li>• 7-12 months</li> <li>• 1-2 years</li> <li>• 3-5 years</li> <li>• 5+ years</li> </ul>  |
|   | 3. <i>(If applicable)</i> Did you practice teletherapy in a full-time or part-time capacity?   | Radio Buttons | <ul style="list-style-type: none"> <li>• Full time</li> <li>• Part time</li> <li>• Combination of full and part time</li> </ul>   |

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| <b>About Your Schedule</b> | 1. How many <u>in-person</u> EI therapy sessions did you <u>typically</u> schedule per week <u>prior</u> to the stay-at-home order?  | Open-Response |   |
|                            | 2. On <u>average</u> , how many EI teletherapy sessions did you schedule per week <u>during</u> the stay-at-home order?  | Open-Response |   |
| <b>About Your Caseload</b> | 1. <u>After</u> the stay-at-home order on March 20th, was there a delay in providing services to families who remained on your caseload?                                   | Yes/No        |   |
|                            | 2. How many <u>weeks</u> passed between the stay-at-home order and your first teletherapy session  | Open-Response |   |
|                            | 3. What were the reasons for the break?  | Checkboxes    | <ul style="list-style-type: none"> <li>• Uncertainty regarding the length of the stay-at-home order</li> <li>• Needed to acquire equipment for teletherapy (camera, internet, etc.)</li> <li>• Uncertainty regarding reimbursement due to IL telehealth policy</li> <li>• Limited access to interpreter services</li> <li>• Personal reasons (arranging childcare, illness, etc.)</li> <li>• Other</li> </ul> |
|                            | 4. How many families on your caseload <u>dropped</u> or <u>indefinitely paused</u> services <u>immediately following the start</u> of the stay-at-home order on March 20th | Open-Response |   |
|                            | 5. ( <i>If applicable</i> ) What reasons did families give   | Checkboxes    | <ul style="list-style-type: none"> <li>• Lack of interest in participating in teletherapy</li> </ul>  |

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|   | for dropping or pausing services?  |               | <ul style="list-style-type: none"> <li>• Limited access to equipment needed for teletherapy (e.g. camera, internet)</li> <li>• Too busy to participate in teletherapy services</li> <li>• Therapy is not a priority at this time</li> <li>• Family stress</li> <li>• No reason given</li> <li>• Other</li> </ul> |
| <b>About Your Early Intervention Sessions</b> | 1. How were your <u>in-person</u> EI sessions typically structured <u>prior</u> to the stay-at-home order?       | Radio Buttons | <ul style="list-style-type: none"> <li>• I worked primarily with the caregiver to teach them strategies.</li> <li>• I worked primarily with the child.</li> <li>• I worked with both the caregiver and the child (50/50).</li> </ul>   |
|   | 2. How are your <u>virtual</u> EI teletherapy sessions typically structured?                                     | Radio Buttons | <ul style="list-style-type: none"> <li>• I work primarily with the caregiver to teach them strategies.</li> <li>• I work primarily with the child.</li> <li>• I work with both the caregiver and the child (50/50).</li> </ul>   |
|   | 3. What toys/materials did you use for <u>in-person</u> therapy sessions <u>prior</u> to the stay-at-home order? | Radio Buttons | <ul style="list-style-type: none"> <li>• Primarily family materials</li> <li>• Primarily my own materials</li> </ul>   |
|   | 4. What toys/materials do you use during your <u>teletherapy</u> sessions?                                       | Radio Buttons | <ul style="list-style-type: none"> <li>• Primarily family materials</li> <li>• Primarily my own materials</li> </ul>   |
|   | 5. What video platform(s) do you use for teletherapy sessions?   | Checkboxes    | <ul style="list-style-type: none"> <li>• Doxy.me</li> <li>• Facetime</li> <li>• Google Duo</li> <li>• Google Hangouts</li> <li>• Google Meet</li> </ul>  |

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|  |  |               | <ul style="list-style-type: none"> <li>• Skype</li> <li>• Theraplatform</li> <li>• Webex</li> <li>• Zoom (regular)</li> <li>• Zoom for Healthcare</li> <li>• Other:</li> </ul>   |
|  | 6. Are there restrictions around which platform(s) you are allowed to use for your EI teletherapy sessions?                          | Yes/No        |  |
|  | 7. <i>(If applicable)</i> Please explain the restrictions:   | Open-Response |  |
| <b>Supports From Your Employer</b>           | 1. Which, if any, of the following supports did you receive from your <u>employer/agency</u> for transitioning to teletherapy?       | Checkboxes    | <ul style="list-style-type: none"> <li>• N/A, I am self-employed</li> <li>• No supports were provided</li> <li>• Training on teletherapy systems</li> <li>• Compilation of teletherapy resources (tip sheets, lists of websites, forums)</li> <li>• Additional teletherapy technology (devices, internet upgrades, headphones, compensation, etc.)</li> <li>• Other</li> </ul> |
|  | 2. <i>(If applicable)</i> What types of teletherapy technology did your <u>employer/agency</u> provide?                              | Open-Response |  |
| <b>Benefits and Challenges of Telehealth</b> | 1. How confident did you feel in the effectiveness of your <u>in-person</u> therapy services <u>prior</u> to the stay-at-home order? | Radio Buttons | <ul style="list-style-type: none"> <li>• Not at all confident</li> <li>• Somewhat confident</li> <li>• Very confident</li> </ul>   |
|  | 2. How confident do you feel in the effectiveness  | Radio Buttons | <ul style="list-style-type: none"> <li>• Not at all confident</li> <li>• Somewhat confident</li> <li>• Very confident</li> </ul>   |

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|  | of your <u>teletherapy</u> services?  |               |  |
|  | 3. What aspects of telehealth are most challenging for you as a service provider?                             | Open-Response |  |
|  | 4. What benefits do you see to telehealth?  | Open-Response |  |
| <b>Survey Feedback</b>   | (Optional) Please use the space below to provide any final comments, concerns, or feedback about this survey: | Open-Response |  |
| <sup>a</sup> CFCs (Child and Family Connections offices) are the regional intake agencies in Illinois Early Intervention |   |               |  |