



# Caregiver Perspectives Regarding Special Education Service Changes Amid COVID-19

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## Abstract

School instruction and service delivery changed dramatically amid disruptions caused by the COVID-19 pandemic. Children receiving special education services were especially vulnerable to the impact of reduced or eliminated school services as part of their Individualized Education Programs. Caregiver perspectives regarding the changes in school service delivery amid the pandemic were evaluated using qualitative methods. Caregivers reported reduced or eliminated services, inconsistencies in service delivery, challenges with distance learning, increased stress and advocacy efforts, and varying perceptions of student engagement and teacher efforts. The implications of school services changes are discussed.

## Keywords

COVID, caregivers, qualitative, service changes

In March of 2020, the coronavirus pandemic (COVID-19) forced public schools to halt in-person operations. Significant quarantine measures were imposed and stay-at-home orders led to considerable challenges for families with children with special educational needs (Eshraghi et al., 2020). By April 6, 2020, every state in the United States had mandated the closure of school buildings to limit mass gatherings and implement social distancing protocols (Jameson et al., 2020), and district and school leaders had to respond and make quick decisions. Distance learning began replacing traditional face-to-face instruction and instructional methods under this umbrella term include live instruction with audio/video engagement between students and instructors in an individualized or group format, pre-recorded instructional material, printed or posted materials, and written feedback on assignments provided to students (Qazi et al., 2021). The changes in educational service provision affected all parties (e.g., administrators, educators, caregivers, and students), and had particular implications for students with disabilities and their families. To begin to understand these implications, this study distributed an online survey to caregivers of children with disabilities to examine changes in the delivery of instruction and special education services. Parental satisfaction and perspectives regarding these changes were evaluated using qualitative methods.

## Special Education Services Amid COVID-19

According to the National Center for Education Statistics (2020b), nearly 6.7 million students in the United States received special education services in 2020. Many of these students received not only specialized academic instruction (i.e., either in a separate classroom or within the general education classroom), but also psychosocial and developmental interventions (e.g., speech therapy, occupational therapy, and counseling) and behavioral supports (Boulet et al., 2009). The disruptions caused by COVID-19 presented many unknowns regarding the provision of these services. With the shift to distance learning, it was unclear how schools would adhere to individualized education programs (IEPs) and ensure free, appropriate public education (FAPE) outlined under the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Regardless of modality, and despite the disruptions caused by COVID-19,

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the procedural and substantive requirements of FAPE remained intact (U.S. Department of Education, 2020; Yell & Bateman 2022). To meet the needs of students with disabilities amid school closures, districts were encouraged to utilize distance learning models to implement IEPs to the extent possible and to supplement with other methods of service delivery if needed. Special educators were still expected to hold annual case conferences, set appropriate IEP goals, and seek ways to modify evidence-based practices (EBPs) for changing modalities of delivery. In light of the changing circumstances caused by COVID-19 and wide variation in local resources and access to technology, it is likely that the approach to addressing the needs of students with disabilities was not uniform.

The transition to distance learning illuminated disparities in access to basic technology and live remote instruction among low-income and rural families, as well as school districts, which compounded educational inequalities for students with disabilities during the pandemic (Graves et al., 2021; Haderlein et al., 2021). During school closures, students were required to obtain reliable access to technology to support distance learning. Such demands burdened families with little to no access to technological devices, as one in seven children lack access to home internet, with a doubled rate among low-income families (National Center for Education Statistics, 2020a). Caretakers of students with disabilities are unlikely to have access to school-based resources and assistive technology (e.g., computer programs, tablet applications) that assist students with disabilities to progress toward the goals outlined in their IEP (Courtad & Bouck, 2013). Without access to these resources, students with disabilities and their caretakers were challenged to maintain the demands of remote learning.

As the shift to distance learning placed new demands on both educators and caregivers, and presented particular challenges for individuals with disabilities, recent studies on school adaptations from the perspectives of educators and caregivers were examined. One study employed a mixed-methods approach to investigate how special educators adapted instructional and service practices for students with disabilities during the pandemic (Hurwitz et al., 2022). Findings from 160 respondents in 40 districts in Indiana indicated that school personnel often added individualized contingency learning plans to IEPs, adjusted/reduced service minutes, and sometimes eliminated social and behavioral goals. Thematic analysis of educator perspectives revealed challenges with staffing and student engagement, the need for innovative practices and adaptation, increased emphasis on collaboration between parents and educators, and contrasting student responses to distance learning. Responses across these themes underscored the role of caregivers at various points in the adaptation to distance learning. Furthermore, a qualitative study by Schuck and colleagues (2021) explored the experiences of

special educators in collaborating with parents in delivering instruction and services in the virtual format. Educators reported that they often stepped outside their typical responsibilities (e.g., delivered supplies to the home, provided emotional support to parents) and aimed to teach parents to implement behavioral strategies (e.g., visual schedules, token economies) and instructional techniques. Findings suggested that mere communication about IEP goals and classroom/behavioral techniques was not sufficient to ensure parental knowledge and competence in providing these services. In addition, educators highlighted the need to work with parents on skills not included in IEPs, such as emotion regulation, independence, and self-advocacy.

Even prior to the COVID-19 pandemic, a growing body of literature on the provision of special education services in a distance learning format highlighted the role of caregivers as learning coaches (Burdette & Greer, 2014; Smith et al., 2016). This role has been associated with significant time commitments and added caregiver and family stress (Frederick et al., 2020; Tomaino et al., 2022), even in the absence of added stress and disruptions associated with a global pandemic. A study by Briesch and colleagues (2021) investigated caregiver perspectives on distance learning and included a subsample (i.e., 167 of 1,002) of caregivers of children receiving special education services. Those caregivers reported inconsistencies in instructional time and format (e.g., synchronous or asynchronous) and expressed dissatisfaction with instruction and services amid COVID-19 disruptions; some caregivers reported that their child did not receive any special education services at all. Stressors reported by caregivers with and without children in special education included communication problems with educators, unclear expectations regarding distance learning, and insufficient time to assist their child. Generalizability of findings from this study are limited as the majority of caregivers were White, highly educated, married, and from middle- to high-income households. In addition, there were only few questions geared toward specific changes in special education services. Thus, there is a need to examine caregiver perspectives on changes in special education services in more diverse samples to explore socioeconomic and racial differences.

Students receiving special education services may be vulnerable to increased challenges when services are removed, reduced, or modified. The impact of the loss of in-person educational supports is significant, and may be associated with increased caregiver burden, changes in student and caregivers' day-to-day functioning, and may be detrimental to child learning and social, emotional, and behavioral outcomes. This study was conducted to evaluate changes in special education service delivery amid disruptions caused by COVID-19 and to examine caregiver satisfaction and perspectives regarding these changes.

## Method

### Participants and Procedures

Caregivers of children in Grades 2 to 12 who received special education services at public schools in the United States were eligible to participate. To evaluate changes in special education services, compared with the previous academic year, caregivers of first-grade students were not eligible to participate in this study. REDCap was used to create the online survey and the study was approved by the institutional review board. Recruitment materials containing a link to the survey were disseminated through various online methods, including social media and newsletters. Autism and other disability organizations were particularly targeted to ensure adequate sample size. The survey was available between January 5, 2021, and May 5, 2021. All participants provided electronic informed consent before completing the survey, and all participants had the option to enter a drawing for a US\$50 gift card after completing the survey.

### Measure

The survey was developed by the study researchers for the purposes of this study. The survey included several demographic questions (i.e., child age, gender, race/ethnicity, English learning status, household income, and caregiver education) and family questions (i.e., caregiver employment, number of children and caregivers at home, urbanicity, and level of family stress). Caregivers provided information on their child's educational placement (i.e., general education, special classes/classroom), areas of eligibility for special education services, special education services received, and location of services (e.g., in person, virtual, and hybrid). Caregivers reported on frequency of direct special education services and changes in services due to COVID-19. They rated their satisfaction with the quantity and quality of services delivered during the COVID-19 pandemic, using a Likert-type scale (see Online Appendix A).

Caregivers were given the opportunity to respond to two open-ended text-response questions that asked, (a) How have your child's special education services changed due to COVID-19? and (b) Please provide comments about your child's special education services amid the changes caused by COVID-19.

### Data Analysis

Data were exported from REDCap to STATA I/C V. 16 for analysis. Descriptive statistics were generated for demographic variables (see Table 1), family characteristics (see Table 2), and special education eligibility, services, and location of service delivery (see Table 3). An inductive

**Table 1.** Characteristics of the Sample of Caregivers.

Characteristics	Frequency
Age (years) <i>M</i> ( <i>SD</i> )	10.55 (2.87)
Gender	
Male	42.31%
Female	57.69%
Race	
White	33.33%
Black	17.95%
Asian	19.23%
American Indian/Alaskan Native	19.23%
Native Hawaiian/Other Pacific Islander	6.41%
Biracial	3.85%
Ethnicity	
Hispanic	26.92%
English language learner	24.36%
Household income	
US\$0–US\$19,999	2.56%
US\$20,000–US\$49,999	20.51%
US\$50,000–US\$99,999	39.74%
US\$100,000–US\$199,999	21.79%
US\$200,000+	7.69%
Caregiver education	
GED or high school graduate	15.38%
Some college (no degree)	26.92%
Associate's degree	28.21%
Bachelor's degree	12.82%
Graduate degree	16.67%
Residential community	
Urban	25.64%
Suburban	58.97%
Rural	15.38%

Note. GED = general educational development.

approach was employed to analyze responses to open-ended text-response questions and generate themes. Two authors (C.H. and E.S.) independently reviewed responses and generated impressions of the data and initial codes, and then shared thoughts and compared initial thematic categories. After arriving at consensus on a preliminary structure, the two authors independently coded all responses, and then reviewed discrepancies and arrived at consensus on the final coding scheme.

## Results

The sample included 78 caregivers of second- through twelfth graders receiving special education services in public schools in the United States. Caregivers from 21 states reported on their experiences (see Table 4). Caregivers were diverse in their education level, household income, and urbanicity. More than half of caregivers reported having only one child at home and two caregivers in the home. The majority of caregivers (53.85%) indicated that parents

**Table 2.** Caregiver and Family Characteristics.

Provider characteristics	Frequency
Childcare provider	
Day care	7.69%
Extended family	3.85%
Friends	11.54%
Nanny/baby sitter	6.41%
Parents	53.85%
More than one caregiver	15.38%
Not reported	1.28%
Level of family stress	
Very low	2.56%
Low	21.79%
Moderate	44.87%
High	23.08%
Very high	7.69%
Number of caregivers in the home	
One	16.67%
Two	61.54%
Three	20.51%
Four	1.28%
Number of caregivers employed	
One	48.68%
Two	38.16%
Three	13.16%
Number of children in the home	
One	62.34%
Two	22.08%
Three	9.09%
Four	5.19%
Six	1.30%

provided childcare during the pandemic and others reported that friends, nannies/baby sitters, day care providers, and extended family members provided care; a few indicated several different sources of childcare. Most frequently, only one caregiver in the home was employed (48.68%). The level of family stress endorsed by caregivers ranged from very low to very high, although the majority indicated a moderate level of family stress (44.87%).

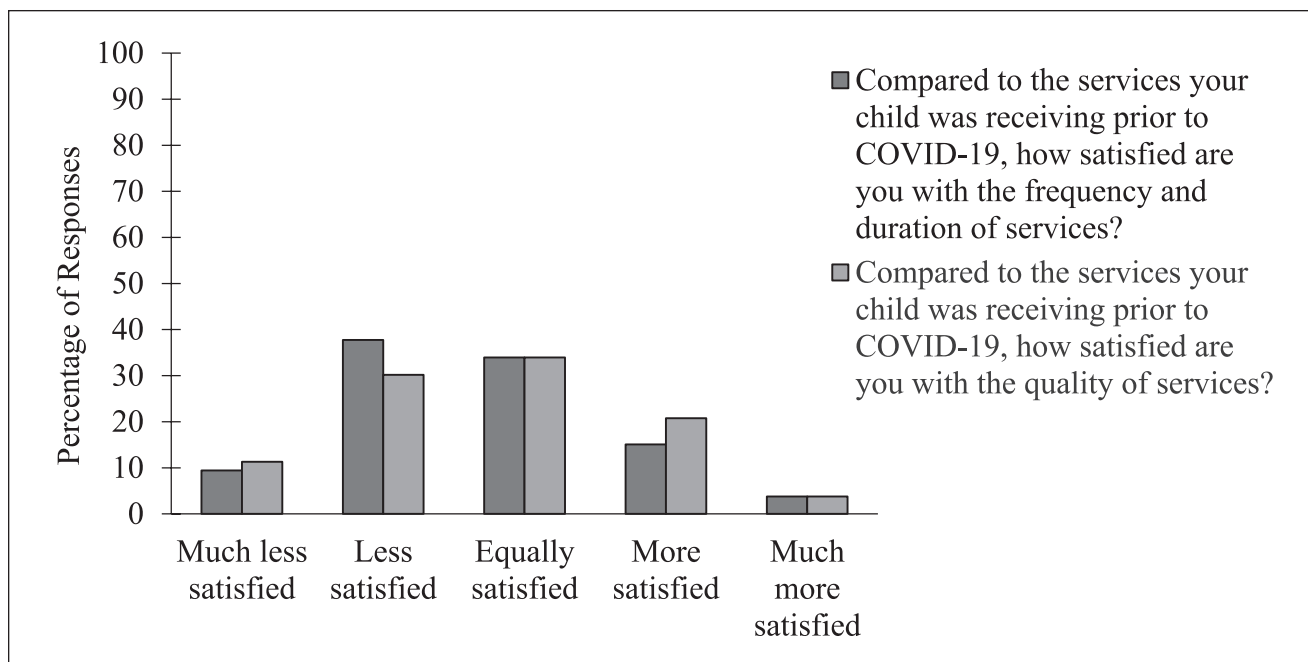
Children of participating caregivers ranged in age from 6 to 18 years ( $M = 10.55, SD = 2.87$ ) and most were female (57.69%). There was significant diversity of child race and ethnicity; roughly, a quarter were Hispanic and English language learners. All special education categories of eligibility were represented and the most frequently endorsed categories were autism, orthopedic impairment, emotional disturbance, and developmental delay. Two thirds of children were receiving services under only one category of eligibility. Roughly, 60% of children received itinerant teacher services and more than 35% received academic/instructional services; a small percentage of students received both. More than half of the children were receiving

**Table 3.** Category of Special Education Eligibility and Learning Environment.

Special education eligibility category	n/frequency
Autism	26
Deaf-blindness	2
Deafness	3
Developmental delay	11
Emotional disturbance	14
Hearing impairment	7
Intellectual disability	5
Multiple disabilities	4
Orthopedic impairment	16
Other health impaired	8
Specific learning disability	4
Speech or other language impairment	9
Traumatic brain injury	1
Visual impairment or blindness	2
Number of eligibility categories	
Only one category	66.67%
Type of special education services	
Academic/instructional services	36.84%
Itinerant teacher services	60.53%
Both academic and itinerant services	2.63%
Current learning environment	
In-person learning at school	32.05%
Distance virtual learning at home	55.13%
Hybrid of in person and virtual	12.82%

**Table 4.** Numbers of Caregivers Who Reported per State.

State	n
Alabama	1
California	6
Colorado	1
Florida	1
Georgia	3
Kentucky	3
Louisiana	1
Maryland	1
Minnesota	1
New York	15
North Carolina	3
Nevada	1
Ohio	3
Oklahoma	1
Oregon	1
South Carolina	1
Texas	2
Virginia	25
Washington	2
Not reported	3



**Figure 1.** Satisfaction with services as compared with pre-COVID-19.

instruction in a completely virtual format and a third attended school in person; the remaining children were receiving instruction and services within a hybrid format. Caregivers reported an average of 7.23 hr of direct intervention services per week ( $SD = 4.51$  hr), although children received the services anywhere from 1 to 20 hr per week.

Caregiver satisfaction with the frequency and duration, as well as educational services outlined in their child's IEP ranged from very dissatisfied to very satisfied. The majority (61.54%) were somewhat satisfied and 7.69% were very satisfied. Conversely, 19.23% of caregivers were dissatisfied and 11.54% were very dissatisfied. Satisfaction with the quality of services followed a similar pattern, as 43.59% indicated they were satisfied, 11.54% reported they were very satisfied, 34.62% were dissatisfied, and 10.26% were very dissatisfied. A series of chi-square tests of independence were conducted to determine whether satisfaction with frequency and quality of services differed by race (White, non-Hispanic vs. non-White), number of caregivers living in the home (1 vs. more than 1), income (less than US\$50,000 vs. more), and English language learner status. None of the chi-square tests were significant, suggesting that neither satisfaction with frequency nor quality of services differed based on demographic variables.

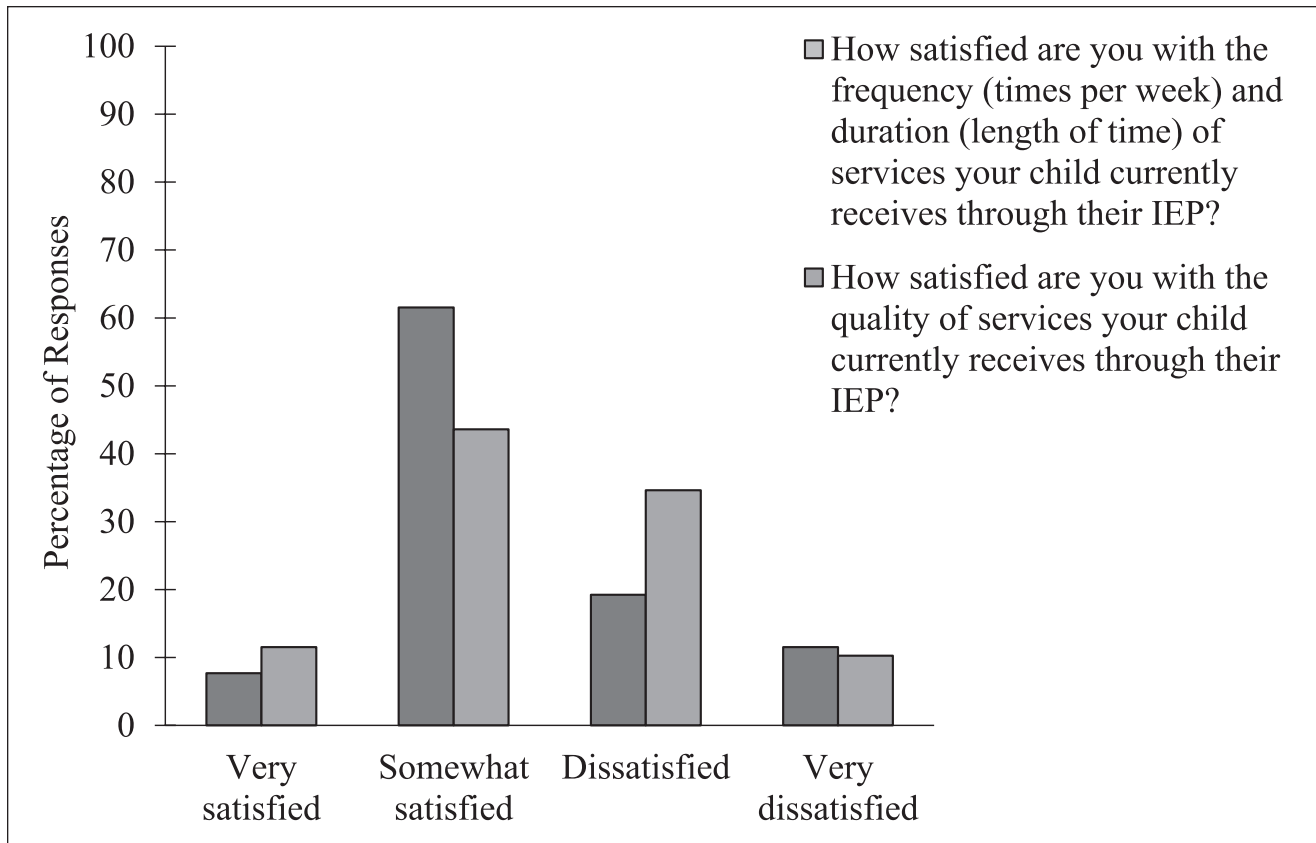
More than two thirds of caregivers (69.23%) reported that their child was receiving special education services prior to COVID-19. When asked to compare current satisfaction with frequency and duration of services before COVID, 9.43% indicated they were much less satisfied, 37.74% were less satisfied, 33.96% were equally satisfied, 15.09% were more satisfied, and 3.77% were much more

satisfied (see Figure 1). In comparing quality, 11.32% were much less satisfied, 30.19% were less satisfied, 33.96% were equally satisfied, 20.75% were more satisfied, and 3.77% were much more satisfied (see Figure 2).

The qualitative analysis of 98 open-ended responses regarding changes in a child's special education services due to COVID-19 and general comments revealed six separate themes described in the following.

### **Not Following IEP or Reduced/Eliminated Services**

About one third of caregivers (32.65%) reported that their child was not receiving the special education services outlined in their IEP, or that services had been reduced or eliminated altogether. Several respondents indicated that their child's IEP was never revised or considered amid distance learning, or that they were unable to provide input on distance learning plans. One caregiver noted that there was "no direct instruction from service providers . . . no modification of curriculum . . . [and] IEP goals are not [a] focus of work at this time." Several respondents echoed this comment and another caregiver considered this "a complete disregard of IDEA." A different respondent reported that "[my child] has been a virtual student throughout the year . . . and none of his three teachers [in the] first or second semester had a copy of his IEP!" Many caregivers endorsed concerns that their child's IEP was not being followed and several detailed that services delineated in the IEP had been significantly reduced or eliminated. These services included speech language therapy, occupational therapy, counseling, vocational training,



**Figure 2.** Satisfaction with current services.  
 Note. IEP = individualized education programs.

and social skills training. A caregiver noted, “We are receiving no progress [updates] on [my child’s] therapy sessions” and another described, “Our son started seeing a speech therapist twice a month . . . to cover what he lost from school.” Furthermore, several caregivers commented on the lack of physical access to supports (e.g., sensory items, breaks to calm down) due to the virtual format.

### *Appropriateness of Distance Learning*

Approximately, 25% of participants commented on the appropriateness of the distance learning format for their children. Many respondents indicated that their children had difficulty accessing virtual instruction/services due to cognitive, behavioral, or physical limitations, and thus required extensive parental support to participate. Several others echoed the sentiment of one caregiver who considered “students unsupported in the virtual format.” Another caregiver commented that “school is not . . . adjusting expectations so student[s] can take advantage of the virtual format, such as recorded classes and passive participation, when disabilities hinder live, synchronous, active attendance.” Similarly, several caregivers commented that the

virtual format was associated with worse attention, poorer academic performance, increased fatigue, and worse behavioral problems in their children.

Conversely, two respondents commented on the positive implications of distance learning for their children. One caregiver wrote, “He is actually making more progress through virtual instruction. . . . We think it is due to less rigor, demand[s], and stress . . . this has reduced his seizures, in turn allowing him to build memory.” Another said, “My child is safer at home and her needs are being met at a higher level due to the supplementation of ABA [applied behavioral analysis] services in the home.”

### *Parental Stress and Advocacy*

Many caregivers (14.29%) reported increased stress and burden associated with the changes in educational service provision caused by COVID-19. Several caregivers remarked that they felt unsupported, ignored, or blamed in their efforts to address their children’s learning needs. The comment that “it was up to the parents to support them” was a recurring sentiment, and several caregivers reported that they felt their children with special needs were being “left

behind.” One respondent commented, “We were working parents and couldn’t support him during the virtual learning, they told us that we had to figure it out like all the other parents were doing.” Another caregiver commented that “the [special education teachers] blame us, or my daughter, when the scores don’t improve.” Furthermore, many caregivers reported on their specific efforts to advocate for increased services, modifications to instructional delivery, and adherence to their child’s IEP. Each of these respondents indicated that they faced barriers in advocating for their children and one caregiver remarked that they were “ready for lawsuit.”

### **Student Engagement**

Consistent with concerns about the accessibility of distance learning, 13.27% of caregivers reported on changes in their child’s engagement in academic activities and social interactions during school hours. Many caregivers echoed the remark that “school is not addressing the engagement issue” and commented on the changing expectations for class participation. One respondent indicated,

[My child has] been discouraged even from watching recordings because “everyone” was told they should attend live, and not use the recordings that way. . . . He’s reluctant to log into class late, leave early or click an “on break” button to participate passively, because he says that’s “cheating.”

Another caregiver commented,

They [teachers] complain when she does participate because she tends to only chime in when she is confused or upset. . . . So, she gets poor grades for not participating and gets poor grades for participating in a different way from how they would like.

Numerous respondents pointed to the decreased opportunities for social interaction and the resulting lack of motivation and enthusiasm to attend school virtually.

A few respondents reported increased student engagement amid virtual instruction. One caregiver remarked, “Only 2 kids in the classroom; fabulous!! Overall academic experience has been superior!” Another indicated that “it is so nice to be ‘free’ of the special education mindset. My son is accessing gen ed [general education] with assistance from his father and is getting straight A’s. It is so much better than before!”

### **Perception of Teacher/Staff Performance**

Several participants (10.20%) reported on their perceptions of the performance and efforts of school personnel involved in their child’s learning. Some comments addressed the quality of the relationship between teachers and students, as one caregiver wrote, “Teachers don’t know the students, inadequate teacher rapport, [and]

teachers seem disengaged.” Others expressed frustration with school leadership. One respondent remarked, “[I am] very dissatisfied with my school district, especially the superintendent and special ed [education] director” and another indicated that “the special ed [education] director . . . doesn’t even try.” Conversely, a handful of caregivers expressed gratitude regarding the efforts of their child’s learning team. One participant noted,

They have been beyond helpful in communicating with me, offering empathy, and assuaging my fears as his caregiver. We are grateful for the efforts being made by our child’s team. They are doing all that they can given the circumstances. We appreciate how difficult it is during this time, for providers and for families with very high need children.

### **Inconsistency**

A few caregivers (5.1%) commented on the lack of consistency in instruction and service delivery associated with virtual and hybrid learning formats. One respondent noted that “services were . . . often missed, cancelled, constantly changing days/times.” Another commented that “most accommodations are not provided consistently in all-virtual classes.” Furthermore, one caregiver remarked on the changes associated with moving from 100% distance learning to a hybrid model, with class days and times changing often.

### **Discussion**

This study evaluated changes in special education service provision and caregiver perspectives amid disruptions caused by COVID-19. A diverse sample of caregivers of children with disabilities reported on their experiences adjusting to changes in educational services. Children of participating caregivers were diverse in their race/ethnicity, category of eligibility for special education, and types of special education services received. In addition, caregivers were located in 21 states, which yielded caregiver perspectives across geographic regions and differing state- and district-level policies. Most caregivers indicated a moderate to high level of family stress and more than half indicated that they assumed the responsibility of providing childcare during the pandemic.

In considering caregiver satisfaction with the quantity and quality of special education services received during the pandemic, about half were satisfied and the other half were dissatisfied. This is perhaps unsurprising, given the diversity in approach to service provision, adherence to or revisions to IEPs, school and community resources, and degree to which school personnel could adjust and meet the needs of these families during uncertain times. It is perhaps a hopeful finding that so many caregivers expressed satisfaction, given the immense uncertainty surrounding the impact of COVID-19

on students and families, and particularly those in special education. However, it is noteworthy that the study sample was composed of largely two-caregiver, single-child households with only one employed caregiver. It is possible that caregivers with multiple children, or those who were juggling full-time employment without assistance from other caregivers may have faced additional challenges in assisting with distance learning for their children. Although satisfaction with the quantity and quality of service receipt did not depend on demographic variables, a more robust sample of families from marginalized backgrounds may be needed to determine whether true differences exist. Nonetheless, it is unclear what elements of the adaptation process to distance learning, on the part of school personnel and/or caregivers, contribute to caregiver satisfaction. Future studies may consider the perspectives and actions of both school personnel and caregivers to determine what factors in the course of adaptation of services contribute to caregiver satisfaction and student outcomes.

Parents were asked to describe and comment on changes to services in their child's special education due to the COVID-19 pandemic. Many parents cited a reduction or elimination of services such as educational supports or speech and language services. Some parents reported that IEPs were not modified for distance learning or altogether not followed. One parent even had to seek external speech services to "cover what [their child] lost from the school." As in-person services resume, it will be critical for children to not only have their original services reinstated, but also it may be necessary to increase or modify services in some cases such as adding mental health supports (Toseeb et al., 2020). Children with special education needs are a vulnerable population who should not be left behind as schools transition back into in-person services (Schariti, 2020). Reopening plans should include key school stakeholders, such as parents, teachers, children, paraprofessionals, and other staff (Joline et al., 2020).

Unsurprisingly, parents also reported high levels of stress in supporting their children through distance learning and many parents reported advocating extensively for their children. Whereas the level of family stress was assessed in a single question in the survey, many parents elaborated on factors that contributed to their stress in open-text responses. Our findings are consistent with those of Asbury and colleagues (2021) who described that parents of children with special education needs reported detrimental mental health effects, including changes in mood, feeling overwhelmed, and increased worry. Gulkaya and Sorakin (2021) found that families with children in special education in Turkey faced similar challenges, including parental fatigue and difficulty receiving educational supports. In our findings, parents also reported feeling disappointed with school staff such as special education directors. The difficulties associated with the COVID-19 pandemic also trickled down to reduced student engagement

and difficulties with distance learning. Parents reported lack of student engagement with virtual learning and resulting academic difficulties. Finally, parents reported inconsistencies with policies and teaching implementation. Overall, parents were broadly dissatisfied with changes to their child's special education and reported difficulties with student engagement, school staff engagement, their own parental stress, and general reduction or elimination of services.

Notably, a few parents reported improvements after COVID-19-related changes, including increased academic engagement. Thereby, for some children, part-time distance learning should be considered as an option, especially if there is evidence for increased functioning and engagement. For instance, one parent remarked that distance learning and reducing the stress of attending in-person school resulted in a decreased frequency of their child's seizures. Examples such as these indicate that there can be true advantages to virtual and distance learning for some students.

This study contributes to literature on changes in special education services amid the COVID-19 pandemic and is the first study to our knowledge that evaluated caregiver perspectives on special education service provision. The study is strong in its inclusion of a relatively large, varied group of caregivers reporting on diverse students. The study sample is quite large for a qualitative investigation. However, there are limitations of this study. The study sample was recruited largely through online methods, which may have resulted in sampling bias. Parents of children with autism were perhaps overrepresented in this study as recruitment information was posted on an autism-focused webpage. In addition, more parents of females participated in this study, which is surprising as more male students receive special education services (Irwin et al., 2021).

It is important to note that this study did not explicitly inquire about student social, emotional, behavioral, and academic outcomes associated with changes in educational services, although many caregivers reported on this through open-ended questions. Caregiver comparison with services before COVID and current satisfaction with services may be influenced by memory recall and could be affected by response biases. In addition, although our sample was geographically representative, we did not inquire about school or district characteristics as state responses to the pandemic varied considerably. Nonetheless, the results of this study contribute to a growing body of research that evaluates changes in educational services caused by the global pandemic. It is important to consider the perspectives of caregivers who assumed a significant role in their child's educational and daily functioning. Although generalizability of findings is somewhat limited in light of the small sample size, responses from caregivers in this study highlight the significant heterogeneity in how caregivers and students responded to changes in educational services during the pandemic. A larger sample size may have allowed us



to determine what individual, family, and school factors contribute to such divergent responses to service changes. Further research with larger samples and quantitative outcomes measures may provide a better understanding of risk and protective factors associated with family and student adjustment to service disruptions. Such research may inform public policy makers and influence the greater educational system to make more proactive efforts to address the educational needs of diverse populations of school-age children in times of emerging public health crises.

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### Supplemental Material

Supplementary material for this article is available on the *Journal of Special Education* website with the online version of this article.

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