
**School Re-Entry and Recovery
in Response to the COVID-19 Health Crisis**

The New York Association of School Psychologists (NYASP) is an organization representing school psychologists across the state who serve millions of school-aged children. School psychologists are trained and educated in the psychology of assessment, learning, motivation, psychopathology, and human development in order to address the many factors influencing the performance of children and youth. These qualified professionals conduct screenings and evaluations to identify cognitive, academic, and social-emotional strengths and needs to ensure academic success, as well as to determine eligibility for special education services. These professionals provide direct psychological services within early intervention and preschool settings, school-aged educational settings, community settings, and state and local agencies, as well as promote access to mental and behavioral health services within the educational system through information platforms.

Effects of the COVID-19 Health Crisis

As educators within New York State (as well as across the country) prepare to shift from virtual and hybrid modes of instruction to fully in-person educational models, the impact of the COVID-19 health crisis on our students' physical and behavioral health cannot be overstated. The closure of schools has led to the loss of the 3 R's: school-based Relationships, educational Routines, and Resources for learning. Our students have been isolated, stressed and in so many instances traumatized by the virus' effect on their own and their loved ones' physical health. The COVID-19 health crisis has caused other crises, such as unemployment in many sectors, and has taken a toll on our school budgets. In addition, racial inequities that existed prior to 2020 were aggravated and amplified by the health crisis. All of these issues have had profound impacts on the academic, social, and emotional development; physical and behavioral health; cognitive development; and overall well-being of our students.

Loss of Academic Skills

Almost all K-12 students in the United States have had face-to-face instruction interrupted during the 2019-2020 school year due to the COVID-19 health crisis (Kuhfeld et al., 2020). The health crisis has forced school districts to alter their methods of instruction, with the shift to hybrid and remote learning, to accommodate the health and safety of our students. While districts are in various stages of reopening, the vast majority continue to use remote and hybrid instruction as a means of at

least part of their educational plans. While such partial or full virtual modes of instruction allow for classes to continue, it is unclear if these models serve to improve students' learning in the short- and long-term, given that most K-12 students and teachers have mixed experience with online instruction. Additionally, large gaps in technology access exist in many parts of the country (Kuhfeld et. al, 2020), and are especially prevalent in many parts of New York State.

The COVID-19 health crisis has highlighted racial and economic inequities that exist in health care and educational practices that ultimately impact student performance. These disadvantages have disproportionately impacted Black, Indigenous, and other People of Color (BIPOC), as well as economically disadvantaged students. According to the American Public Media Research Lab (2020), Indigenous, Black, and Latino Americans were at least 2.7 times more likely to have died of COVID-19 than White Americans. Additionally, an estimated 30% of all K-12 public school students live in homes without the capability of accessing virtual learning (Fox, 2020).

Researchers are currently investigating the effects of how COVID-19-based school closures might affect achievement and growth. There are no parallels in our recent state or national histories. However, there are multiple bodies of research on which we can draw to anticipate the impacts of extended closures on student learning, including seasonal learning studies and student absenteeism. Within the literature, there is some documentation of school closures and school reopenings which were precipitated by natural disasters. Specifically, Hurricanes Katrina (August, 2005) and Irma (September, 2017) caused widespread destruction and power outages that left students without school buildings to attend for two months.

Students returned to school two months after Hurricane Irma, but according to the US Virgin Islands Hurricane Recovery and Resilience Task Force, what students returned to was radically different than pre-hurricane conditions. The almost 9,000 students on the islands received instruction for varying periods of time in a temporary structure, due to the extensive damage that the school buildings suffered. School supplies were in short order, so students needed to make do with whatever was available. Full-day school sessions and afterschool programs were non-existent during this time. Surveys conducted by the American Red Cross indicated that students' behavioral health was also affected by the hurricane. The research indicated that of the teachers surveyed, 80% of teachers within St. Thomas and St. Croix reported difficulties with student engagement (USVI Hurricane Recovery and Resilience Task Force, n.d.). Picou and Marshall (2007) further suggest that the impact of school disruptions following natural disasters on student development was long lasting, with some students continuing to show psychological distress and trouble concentrating for several years afterwards.

Further insight can be gathered by examining the existing research investigating the effects of out-of-school time due to extensive absenteeism or summer learning loss. Kuhfeld et al. (2020) estimated the potential impacts of COVID-19 school closures on student learning using empirical

estimates from summer loss patterns and estimates calculated based on previous research on absenteeism. In general, their data analyses suggest that students during the COVID-19 health crisis will demonstrate a loss of academic skills in both reading and math, but more substantially in math. Based on their projections, students returned in the fall of 2020 with approximately 63-68% of the learning gains in reading relative to a typical school year and with 37-50% of the learning gains in math. In some grades, students may have returned to school close to a full year behind in math.

As a cohort, students will return to school demonstrating greater variability in academic skills and emotional functioning than in a typical school year.

Retention

Given that we can anticipate that a significant portion of students' achievement will be impacted in some way by the COVID-19 health crisis, it may seem reasonable to assume that retention is a reasonable response. Retention may be an enticing route to pursue by parents, teachers, and/or administrators as it is seen as an opportunity to increase exposure and time on content that was missed. By synthesizing the current existing research with factors related to the aftermath of the COVID-19 health crisis, it is clear that student grade retention simply does not work to improve academic deficits and can serve to damage children's behavioral health.

The existing literature has largely highlighted the lack of positive effects for grade retention. While the majority of studies have highlighted negative or neutral academic effects of retention (Ferguson et al., 2001) and a minority of studies have noted that negative academic effects are in question (Allen et al., 2009; Hughes et al., 2018), there continues to be a consensus of a social-emotional cost on students (Hughes et al., 2018), and with increasing years post-retention, the effects of retention become more negative (Allen et al., 2009). Additionally, Hughes et al. (2018) found that retention in the elementary grades increases the probability of dropping out versus graduating from high school.

Other research also identified that certain groups are more likely to be retained than others, including students who present with behavioral challenges, students in underrepresented groups, and students from low SES backgrounds (Anderson et al., 2002). In fact, Hughes et al. (2018) noted that grade retention was most negatively consequential for African American and Hispanic females.

While negative academic outcomes may be in question, there is little research that finds that grade retention leads to positive academic outcomes. Furthermore, negative social-emotional outcomes continue to be highlighted. The COVID-19 health crisis has had a significant impact on children's mental health. The use of retention to address pandemic-related academic issues will undoubtedly exacerbate students' existing mental health issues. It has been the position of the National Association of School Psychologists (NASP; 2011) that alternatives to retention should be considered as well as utilized on an ongoing basis. These alternatives include the utilization of a

multi-tiered system problem-solving model which incorporates frequent screening and progress monitoring, as well as ample opportunities for equitable learning.

In addition to the research highlighted above, it is important to understand that student retention can lead to a “domino effect.” Firstly, retention may lead certain grade levels to become “overcrowded” when trying to consider classrooms that largely include many students entering the grade *as well as* students who are repeating the grade. Secondly, it is important to remember that there are more than a few students who have missed opportunities due to the decreased capacity to attend in-person learning; many students are behind. To this end, a greater focus needs to be on using delayed skills as foundations to develop a centralized educational framework, as opposed to engaging in the holding of students where they are. While there may be unique circumstances where student grade retention may be viewed as a viable option, it is encouraged that such decisions are made given those circumstances. For example, if students are not able to attend school for all or most of the year due to illness, teams might consider retention as an option. However, teams should make all decisions considering the contexts of the existing research and the reality that both the quantity and quality of education looked very different for most students during both the 2019-2020 and 2020-2021 school years.

Special Education Considerations

All students have missed traditional “in-person” instruction for at least a portion of the 2019-2020 school year, as well as the 2020-2021 school year. As a result, academic deficits are and will continue to be an issue that must be addressed, but also considered in relation to the special education referral process.

In an effort to have students receive “extra help” parents and/or teachers may pursue special education evaluations. It is important to differentiate the need for extra help due to loss of instruction resulting from the COVID-19 health crisis as opposed to addressing a disabling condition that impacts a child’s ability to learn and progress academically.

Academic deficits due to loss of instruction must be addressed differently than deficits that are the result of a disability. Current federal regulations clearly outline the criteria for which a student qualifies as having a specific learning disability:

- (a) the student must fail to meet age- or grade-level standards in one of eight academic areas,
- (b) the student must either display a lack of progress in response to scientifically based instruction (i.e., RTI) or display a pattern of strengths and weaknesses in performance and/or achievement,
- (c) other disabilities or situational conditions must be ruled out as the primary cause of the student’s academic difficulties, and
- (d) the student’s academic difficulties must not be primarily a function of a lack of instruction (NASP, 2020).

Additionally, the New York State Part 200 regulations indicate:

- (2) A student shall not be determined eligible for special education if the determinant factor is:
- (i) lack of appropriate instruction in reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills) and reading comprehension strategies;
 - (ii) lack of appropriate instruction in math; or,
 - (iii) limited English proficiency. (NYSED, 2016)

Given that most, if not all, students will return to school in the fall of 2021 with a varying degree of academic deficits due to lack of instruction or situational conditions, it is recommended that school districts address the deficits from a multi-tiered system of supports (MTSS), whereby the majority of students' needs are addressed via Tier 1 intervention. Tier 1 interventions include conceptualizing classroom instruction with differentiated instruction to address *all* students' needs. Using rapid classwide assessments, such as curriculum-based measures, will help determine where students are and help to determine appropriate intervention. Given the disparity of student access to instruction throughout the health crisis, some students may need more than just Tier 1 intervention, and subsequent levels (Tier 2 and Tier 3) of intervention will help to rule out deficits due to lack of instruction. Furthermore, the use of an MTSS approach fulfills the requirements laid out by both IDEA and NYS Part 200 to rule out lack of instruction as a factor that significantly contributes to academic deficits.

The NASP [guidance document on specific learning disability identification](#) provides extensive information including step-by-step models and flowcharts to help school districts navigate the special education referral process while considering the effects of the COVID-19 health crisis.

Recommendations for Addressing COVID-19 Health Crisis Related Deficits

Addressing Academic Deficits

Every year, educators work hard to meet students' needs in the classroom. Many teachers have discovered that students enter their classrooms without some of the foundational skills they typically learn at the previous grade level. Wright (2020) provides guidance on how to address skill gaps attributed to the COVID-19 health crisis. Every stage of the school closure period is an important consideration when educators develop plans to address students' academic needs.

When schools reopen, educators should focus on strengthening their screening and diagnostic capabilities to ensure they capture which students are at greatest risk. A triage protocol for schools to implement an MTSS framework should be developed with the understanding that the schools will need to consider the needs of more students than in a typical year. Additionally, teams should work under the assumption that there will be many more students who are struggling than in a typical school year.

One method that may help educational teams deal with extensive numbers of students who need targeted interventions (e.g., Tier 2 and Tier 3) is to utilize staff, such as paraprofessionals, to work under the direction of a teacher to deliver more intensive tiered academic assistance. Another method might be to reframe the criteria for students who typically receive Tier 2/3 supports. Students who typically are flagged by universal screenings as in need of a Tier 2 support would be put on a Tier 2 watchlist and continue to receive Tier 1 instruction and supplemental instruction based on any education missed during the school closure. If after the second screening the student still falls within the Tier 2 threshold, the student would then be moved into a more intensive level of Tier 2/3 support.

Smith (2020) urges educators to look at their MTSS framework through a lens of feasibility. Educators will need to first examine their Tier 1 curriculum and ensure that it is accessible, solid, and equitable to all students. Before teams intervene as they normally would, they should seek first to fill gaps in education during periods of non-learning. This is significant, as most educators often report feeling pressured to cover material to prepare students for state-wide examinations. In addition, districts should consider their Tier 2/3 interventions and seek input from families about the responsiveness and accessibility of the interventions in place. Some districts are opting for more programmatic interventions online for students at the Tier 2 level, thus increasing the number of students who receive intervention. This would ultimately decrease the amount of adult support needed to perform those interventions. Further, Tier 3 interventions center around small student-to-teacher ratios and incorporate evidence-based interventions. In a typical school year, these interventions would occur 4-5 times weekly, however some schools in New York State are providing these supports less frequently during the current school year. Finally, schools may wish to survey students about their experiences related to the health crisis and how to best intervene. Schools must reflect on if their practices include the student voice at the center, or at all (Smith, 2020).

Addressing Social Emotional Learning

To rebuild thriving schools, we need to prioritize safe, supportive, culturally sustaining, and equitable learning environments that promote the social and emotional competencies of both students and adults. While social emotional learning (SEL) is not a panacea to the complex, systemic issues we face, it offers a critical foundation for supporting students and adults amid the various issues related to the COVID-19 health crisis and helps rebuild and sustain communities in and around our schools. Research has clearly demonstrated that students' relationships with teachers, school leaders, support staff, families, and community members will shape their learning environments and their social, emotional, and academic growth (Collaborative for Academic, Social and Emotional Learning [CASEL], 2020). As such, establishing and strengthening SEL practices is a critical piece to a return to in-person school instruction.

According to CASEL, a safe, supportive, and equitable learning environment will call on adults to:

- Engage in practices that affirm diverse social and cultural identities

- Cultivate a sense of belonging and community
- Provide structures for physical and emotional safety
- Use engaging, relevant, and culturally responsive instruction built on an understanding of how children and adolescents grow and develop socially, emotionally, and academically
- Create space for student voice and agency
- Offer frequent opportunities for students to discuss and practice anti-racism and develop collaborative solutions to address inequities
- Provide tiered supports that meet the needs of all students

In addition, schools and districts need to consider a trauma-informed approach when delivering services. The attention to students' social, emotional, and academic development is particularly important now, as the COVID-19 health crisis has affected all of our children and staff and exposed them to extraordinary stress and trauma in various ways. Trauma-informed practices - such as creating safe and supportive learning environments and helping students develop consistent, positive relationships with peers and adults - are powerful ways to mitigate the effects of trauma and to promote resilience in children and youth (Pate, 2020). A deep understanding of how stress and trauma affect the brain and body can help guide our response - a response that needs to be comprehensive, holistic, multi-dimensional, and specific. By incorporating both SEL and an asset-based, culturally sensitive, trauma-informed lens, schools can create a foundation for supporting whole-child development.

CASEL (2020) along with more than 40 organizations have produced a roadmap to support the return to school with equity-focused SEL strategies centered on relationships and built on the existing strengths of a school community. In partnerships with their communities, schools, districts, and states can use the following four SEL critical practices to foster learning environments that students and adults need to reunite, renew, and thrive:

- Take time to cultivate and deepen relationships, build partnerships, and plan for SEL
- Design opportunities where adults can connect, heal, and build their capacity to support students
- Create safe, supportive, and equitable learning environments that promote all students' social and emotional development
- Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff

Behavioral health supports, similar to academic supports, fall on a tiered system of evidence-based supports, ranging from universal strategies that promote strengths and prevent risks (Tier 1), to targeted or early interventions for students who have been or might be exposed to risk factors (Tier 2), and finally to intensive treatment and intervention supports (Tier 3). As states begin to plan for the return to school in the fall, it is important to position evidence-based SEL programming and practices as a universal, Tier 1 support because of how it can help to cultivate positive development,

resiliency, and well-being, with long-lasting outcomes for all young people. Based on CASEL's review of state COVID-19 responses related to SEL, they have identified six concrete recommendations for how states can leverage their COVID-19 responses as states begin to prepare for re-entry ([CASEL, 2020](#)):

1. Communicate SEL as important for ALL students and adults
2. Define and coordinate SEL and behavioral health supports
3. Foster SEL practices in the time of the pandemic and in re-entry
4. Provide professional learning and support for adult SEL competencies, capacities, and wellness
5. Leverage data for continuous improvement
6. Advocate the use of funds to allocate support and resources

Finally, the New York State Education Department recommends that during this time period of the COVID-19 health crisis that we continue to support everyone's social emotional learning (SEL) and behavioral health. While our ability to check in on one another in-person is limited, it is even more critical that we find ways to reach out and check in with each other virtually. There are a number of resources provided on the NYSED website that could be helpful to our students, staff, and families, such as [Reopening Schools: Recover, Rebuild and Renew the Spirit of Our Schools](#).

Conclusion

The COVID-19 health crisis has impacted everyone in our school communities. Not only have education and learning been impacted, but the health crisis has affected social-emotional functioning for students as never before. Families have endured isolation, illness and death, financial instability, and racial injustice. As our students return to in-person instruction, schools must be prepared to meet the academic and emotional needs of our students, as well as recognize the emotional needs of adults in the school system. Planning for the fall must begin now in order to address the significant financial and staffing needs and allot the necessary time to adequately prepare for a return in September. Key stakeholders, such as school psychologists, should be actively included in the planning process.

We can draw on previous disruptions to guide our understanding and the planning process for our students, all who will be returning with varying academic deficits and emotional reactions. Thoughtful and appropriate interventions are best addressed through an MTSS model, beginning with comprehensive screenings to determine student academic, emotional, and behavioral needs. Interventions, as outlined above, should be delivered at the various tiers utilizing evidence-based instruction and with students' best interests in mind.

Throughout the health crisis, educators have risen to the challenge of educating our students, learning on the spot how to use technology for teaching, providing mental health support, conducting assessments, making outreach to families, and so much more. After teaching in crisis

mode since March 2020, it is now time to begin thoughtful planning for the fall of 2021 in order to mitigate and address the academic and emotional impacts of the health crisis.

Our response cannot be business as usual. It must be extraordinary. Our children deserve no less.

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