

parallel

Parallel Learning Outcomes: 2024-2025 School Year

WHITEPAPER

A. JORDAN WRIGHT, PHD, ABAP, ABPP

STACIE CORDER, M.ED., ED.S.



Parallel Learning

Parallel Learning is a company committed to helping students with learning and thinking differences thrive by partnering with school districts to up-resource their special education services. Through completely virtual service provision, Parallel Learning provides a platform ecosystem and direct services with licensed professionals in many areas that students within the special education system need—and which many districts are under-resourced and unable to provide adequately.

The services provided in the 2024-2025 academic year to school partners included:

- Psychoeducational, psychosocial, and speech evaluations
- Speech and language therapy services
- Behavioral mental health counseling services
- Specialized instruction (direct teaching to special education students)



The values of Parallel go beyond staffing. Both the online environment built by Parallel and the support structures developed to support providers aim to ensure not only compliance, but also excellence.

The **Parallel Platform (called Pathway)** provides not only a safe, secure way for providers to engage with students in synchronous, face-to-face services, but also a robust data collection, caseload management, and curriculum environment. Data are collected at every session both from students and providers, including progress toward IEP goals, student sentiment toward their provider, and student satisfaction with the sessions. Pathway also houses evidence-based curricula and tools for providers to engage students and help them progress in ways that are backed by research. And caseloads, due dates, compliance metrics, and other data are housed in Pathway for multiple stakeholders to be able to access and use. AI tooling is also mindfully and carefully built into the ecosystem—not to replace providers or the work they do with students—but to copilot, making their jobs easier and allowing them to focus on the most important aspects of their jobs—direct work with students. All of this happens within a FERPA-compliant and ISO27001:2022 certified online environment!

“Parallel’s Pathway platform has been a true game changer in my work as a Speech-Language Pathologist. It’s not only visually appealing and easy to navigate—it’s clearly designed for the clinician... It eliminates the guesswork from calculating minutes, logging session times, tracking progress, and managing my to-do list. With new features released almost every quarter, Pathway continues to make my day-to-day workflow more streamlined and efficient.”

– Kristen Welling, Parallel Speech-Language Pathologist



“The platform has made scheduling and report writing so much easier. I no longer have to manually pull data from assessment reports, the tables are already set up, which saves me a ton of time and editing. It also helps prevent small errors, like mixing up pronouns, and keeps everything clearly organized without the risk of accidentally deleting parts of a Word template. Scheduling and managing testing sessions is smoother, too. Overall, it’s made my entire workflow much more efficient.”

– Cristina Villanueva, Parallel Bilingual School Psychologist

The **Parallel Clinical Management Team** (our “**Clinical Machine**”) provides a layer of oversight and support to the entire provider network (including speech-language pathologists, school social workers, school psychologists, and special education teachers). Whenever Pathway identifies a provider as needing support, guidance, or help (such as nearing a deadline for a report or missing some documentation), our top-tier Clinical Managers reach out to them to ensure they are fully resourced and confident in the services they are providing to the students. They also serve as “on call” support resources for all the providers, able to help navigate crises, difficult situations, and anything else the provider network may feel they need support with.





“In most virtual settings you do not have easy access to the people who have easy answers, and Parallel tries to make everyone and everything accessible. It is also cool that Dr. Wright can host meetings where everyone learns from him and are given the opportunity to educate each other on things like how to use AI to support therapy.”

– Grace Hanna, Parallel Speech-Language Pathologist

“They set me up with a mentor, in addition to my direct manager and other parallel SLPs in my district. On my first day of school, I felt prepared, I felt confident, and that’s something that I never thought would happen. Parallel provides so much support. Everyone is fast to respond and help. That was one of my concerns. I wasn’t really sure how the virtual space worked with that, but everyone has been wonderful!”



– Kristen Welling, Parallel Speech-Language Pathologist

The collage features several educational and professional tools. At the top left, a 'Test Provider' interface shows a 'Recording' indicator and a video feed of Dr. A. Aaronson. Below it, a 'Find the words' activity displays a grid of words: house, cat, hat, tree, ball, mouse. The word 'cat' is circled in red. To the right, a calendar shows a schedule of 'Group Session' blocks on Monday, Tuesday, and Wednesday, and a 'Grading' block on Thursday. A colorful snake game is also visible in the bottom right corner. A butterfly illustration is on the far right.

Ultimately, Parallel aims to **supercharge virtual services with technology and expert clinical oversight and support**, so that providers can focus on the most important aspects of their jobs and students can make measurable, visible, and meaningful growth in their educational goals.

Who Parallel Served

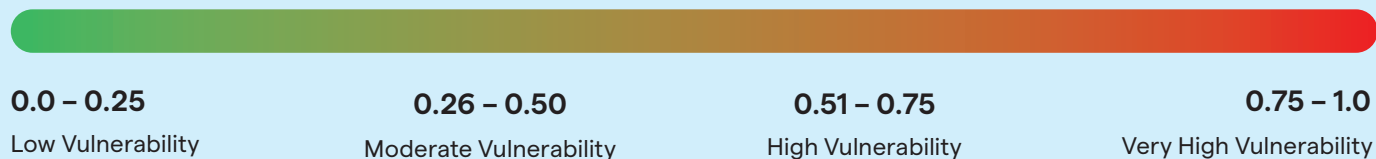
During the 2024-2025 academic year, Parallel provided over **77,000 sessions** to students across the United States.

Parallel partnered with districts **across 18 states** to up-resource them and help them provide the services legally owed to students with individual educational program (IEP) plans, through remote psychoeducational and speech evaluations, speech therapy, behavioral mental health counseling, and specialized instruction (special education teaching).

The **Social Vulnerability Index (SVI)** is a calculation developed by the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (<https://www.atsdr.cdc.gov/place-health/php/svi/index.html>) quantifying “demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities.” It collects community-level data about:

- **Socioeconomic status** (including percent of the community that falls below 150% of the poverty line; unemployment statistics; and community statistics related to being uninsured and unemployed)
- **Household characteristics** (including single-parent households; caretaking responsibilities of children and older adults; and rates of individuals with disabilities)
- **Racial and ethnic minority status** (including proportions of the community that are non-White)
- **Housing type and transportation** (including community-based crowding statistics; mobile homes; multi-unit structures vs. single-family homes; and rates within the community without access to a vehicle)

The SVI is scored on a range from 0.0 to 1.0, with 0.0 being the lowest level of community vulnerability and 1.0 being the highest. Quartiles are defined as:



Across the communities served by Parallel during the 2024-2025 academic year,

80% were categorized as High or Very High Vulnerability based on the Overall (Total) SVI.

Of note, this was not particularly driven by minority status, as the proportion of vulnerability on that particular subscale of the SVI was much more evenly distributed (around 30% falling into each of the top three vulnerability categories, with 12% falling in the Low Vulnerability category).

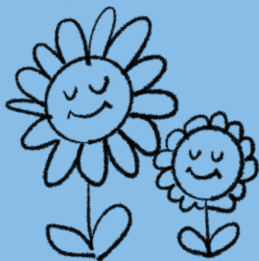
By contrast, the other three SVI categories revealed much greater vulnerability in the communities Parallel served:

- **Socioeconomic Status: 68% rated as High or Very High Vulnerability**
- **Household Characteristics: 72% rated as High or Very High Vulnerability**
- **Housing and Transportation: 88% rated as High or Very High Vulnerability**

With communities high on social vulnerability, there is already a known disparity in access to quality education and educational support services (de Souza & Manera, 2024; Mechanic & Tanner, 2007). Thus, access becomes extremely important for students within these communities, as they tend to be significantly underserved.

“Parallel Learning has been instrumental in bridging gaps and ensuring our students receive the support they deserve, providing seamless onboarding, exceptional service, and a commitment to problem-solving that alleviates staffing shortages.”

– Kristen Atwood, Director of Exceptional Student Services,
Steamboat Springs School District, CO



“Parallel’s team has been an invaluable partner in keeping our Special Education services running smoothly. Their providers demonstrate consistency, expertise, and professionalism from the moment testing referrals are received through the initial case conference. The monthly check-in meetings help ensure our district’s needs are continuously met. I truly don’t know what our district would do without this partnership.”

– Bethany Cmar, Director, Special Services, Anderson Community Schools, IN

Student-Reported Outcomes

Routine Outcome Monitoring (ROMs) is a way of taking the pulse of how therapies and services are going as well as functioning in general, from the perspective of the students. They are student self-reported sentiments about their functioning, their satisfaction with work they are doing in their support service, and how they feel about their service provider. ROMs are collected from students at the end of **every single session**, so they can rate how they are doing (globally and specifically), how they feel about their session that day, and how they feel about their provider. ROMs allow us to put students and their sentiments front and center, which doesn't always happen in school settings!

Students use a developmentally-appropriate slider to articulate their response to the following **four questions**:

For all:

How am I doing overall?

For counseling:

How are my feelings and behaviors at school at the moment?

For speech therapy:

How well am I talking/speaking in general at the moment?

For specialized instruction:

How is my schoolwork at the moment?

For all:

How did today's session go in general?

For counseling:

How do I feel about my therapist?

For speech therapy:

How do I feel about my speech therapist?

For specialized instruction:

How do I feel about my teacher?



The data are transformed into a scale from 0-10 and can be used by therapists to understand student feelings about how they are doing (and progressing), as well as how they feel about the relationship and work they are doing with the provider.

While research on ROMs with youth is scarce, research with adults has shown that ongoing feedback ultimately improves outcomes (Lambert et al. 2018; Østergård et al., 2018), and what research has been conducted with children and adolescents has shown promising results as well (Tam & Ronan, 2017). Ultimately, Parallel feels that ongoing feedback from students is important to understanding how they feel about the services they are engaged in.

“There was a time when I felt I was struggling to connect with a particular student. I just knew he was likely sending me frowns each week. He was very quiet, and smiles were infrequent from him. He was kind of a walking “chip-on-your-shoulder” type. I was new to ROM outcomes at that time, and ...I went to [his ROM results] and was shocked to see he had rated me as his therapist with a smile every time!

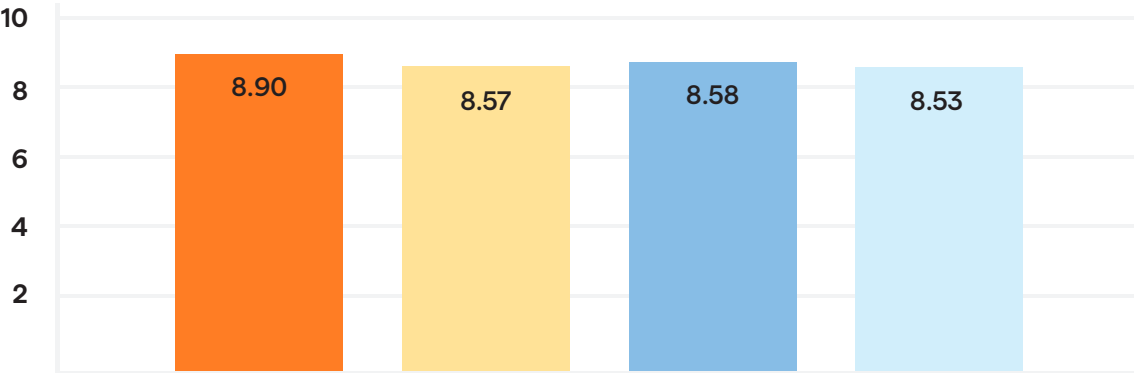
It truly opened my mind to recognize not all connections come with a physical smile. Some of them are deeper and come with being the support a student might need but cannot necessarily show.”

– Camille Woods, Parallel School Social Worker



	Overall	Speech-Language Services	Behavioral Mental Health	Specialized Instruction	Psych Assessments
Feeling about Provider	8.90	8.95	8.78	8.73	8.73
How are things in general?	8.57	8.64	7.74	8.24	N/A
Feeling about Self	8.58	8.65	8.07	8.32	8.73
How did the session go?	8.53	8.58	7.93	8.41	N/A

Average ROM Scores Across All Services



One assumption often made about virtual/remote services is that it will be more difficult to build a supportive and effective relationship, but the overall high ROM scores demonstrate that **students feel positively about and supported by their Parallel providers!**

Progress Toward IEP Goals

Defining Progress

First, it is important to understand that **IEP goals and objectives can look extremely different from student to student**. Many goals are articulated as mastery of specific skills, actual employment of behaviors with or without prompting, or academic outcomes, as examples.

Example IEP Goals:

MASTERY OF SPECIFIC SKILLS

The student will consistently produce the /r/ sound at the beginning of words with accuracy in 80% of opportunities.

ACTUAL EMPLOYMENT OF BEHAVIORS WITH OR WITHOUT PROMPTING

The student will check their work for errors before turning it in, with no more than 1 reminder per week, for 90% of opportunities.

ACADEMIC OUTCOMES

The student will accurately read 50 new sight words using a multi-sensory strategy with 85% accuracy.

Beyond individual goals/objectives being so variable, some students have one focal goal to work on, while other students have multiple goals, either within one domain or across multiple domains. So **the number of goals expected to be addressed can also vary widely from student to student**. This can change what the actual services look like (working on one goal at a time versus simultaneously working on multiple goals, for example).

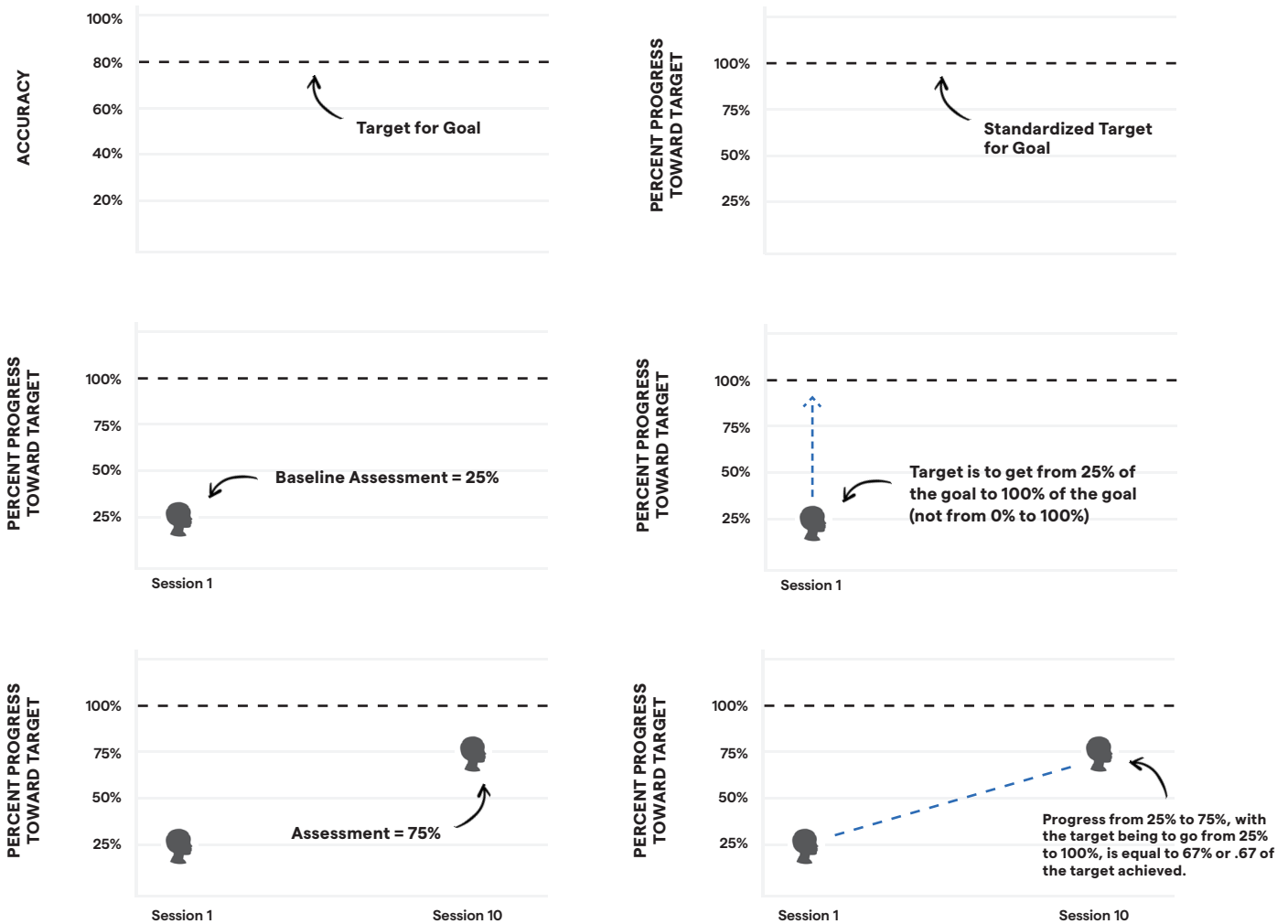
Finally, **the actual metrics for goals** (most of which are quantifiably measurable) **can again vary widely**. Enacting a skill with 80% accuracy is a different scale than performing a behavior with a reduction in the number of prompts needed to do so 90% of the time, for example.

So to define and understand progress across students, we engaged in four steps:

1

First, we **standardized all goals** and objectives per student, so that they all mean the same thing. If the goal was to reach 80% mastery of a skill, then that 80% was transformed into a 100% (or 1.0), as achieving the 80% accuracy would be meeting 100% of the goal. Notably, progress toward those goals rarely starts at 0, though. When thinking about progress toward the goal (100% or 1.0), the starting point for each student is based on how they did in their first session with their provider, which we consider a baseline assessment of that goal. So, if in the first session a student demonstrated mastery of a goal 40% of the time, that would be their starting point toward achieving the goal.

An Example of a Standardized Goal and Progress Toward It



2

Then, we **standardized each student across a number of goals**. So, a student with one goal would reach 100% of their target if and when they demonstrated mastery for that one goal. A student with 2 goals, though, would only achieve 50% of their target if and when they demonstrated mastery for one of their 2 goals. This way, every student has the target expectation of achieving all of their goals (at 100%) by the end of their IEP year. For simplicity and equity, we treated each goal as carrying equal 'weight,' even if difficulty of goals varied. Each goal is weighted equally in the ultimate target expectation for students to achieve.

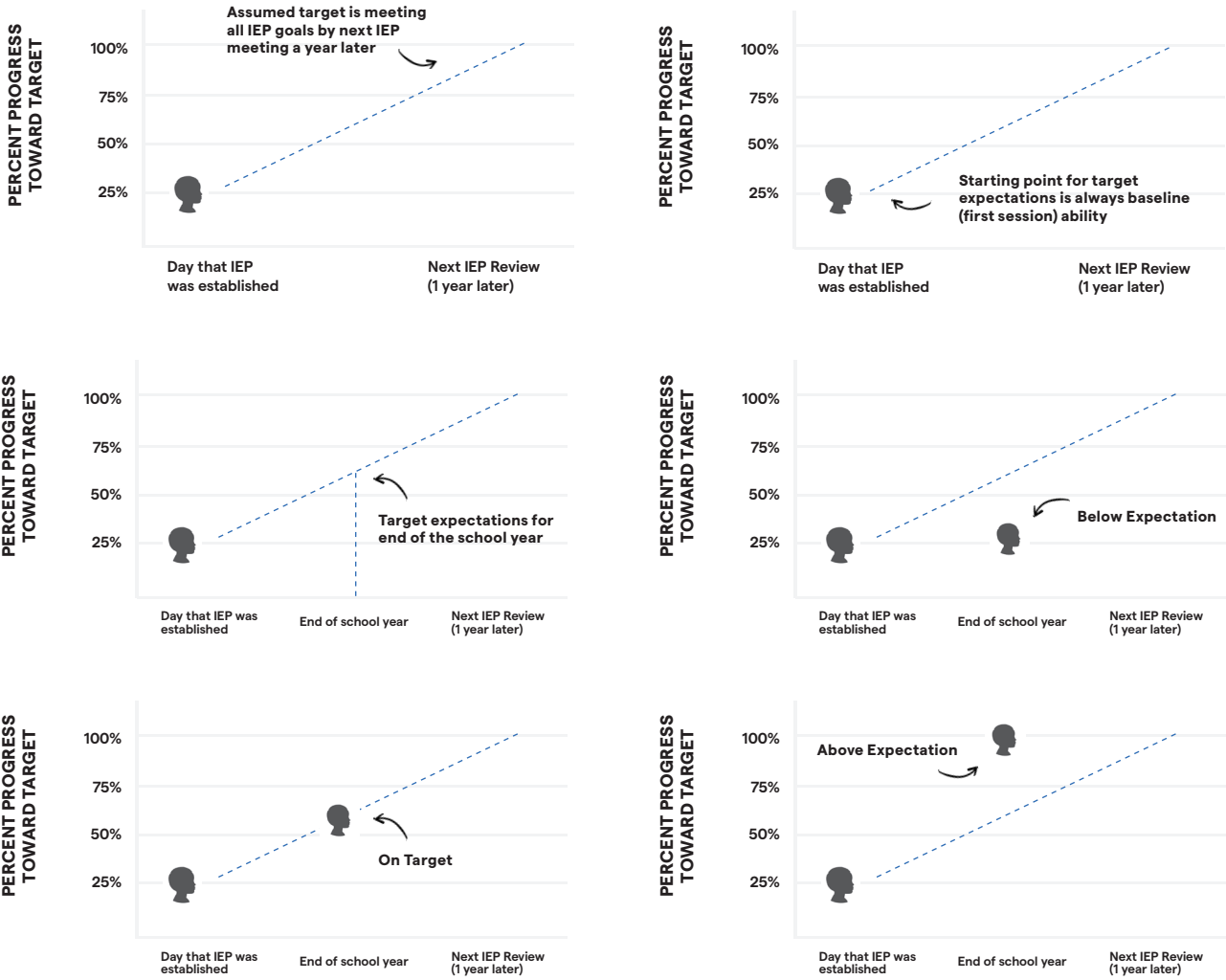
3

Next, to account for the fact that every student's IEP year 'starts' at a different point in time, we **adjusted each target (expectation) by how much time they actually had to work toward their total goals**. Given the fact that school years are typically about 10 months long (about 40 weeks), we created a target expectation for each student that accounted for reaching about 1/10 of goals by the end of the first month from the IEP date, half of the goals by the end of the fifth month from the IEP date, with the aim of achieving all goals by the end of the full school year of work together (knowing that this often is not within an actual single school year).

4

Finally, now with each student having a target expectation across all their goals and how they should be progressing toward them, we compared data collected at each session to determine how much mastery (for example) they demonstrated compared to how much would be expected. Because the end of the 2024-2025 school year was often not the end of each student’s IEP year, their progress at that point in time would be compared to what was expected based on how much time they had had to work on their goals since their establishment at the IEP meeting. For example, if an IEP set goals starting in February, and the school year ended in June, then their target expectation would be 50% of their goals to be completed. Of note, we defined **on target** as being within 10% of expectations (which we consider being a reasonable confidence interval), anything more than 10% above expectations is considered **above expectations**, and anything more than 10% below expectations is considered **below expectations**.

An Example of a Goal and Progress Adjusted for Time, and Comparison with Expectation



BELOW EXPECTATIONS

More than 10% below what is expected at that point in time

ON TARGET

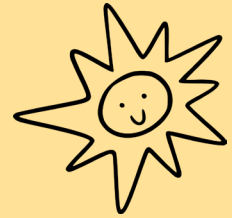
Within 10% of what is expected at that point in time

ABOVE EXPECTATIONS

More than 10% above what is expected at that point in time

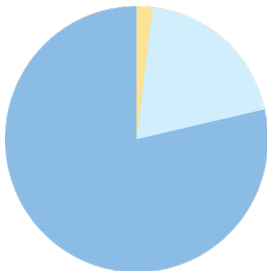
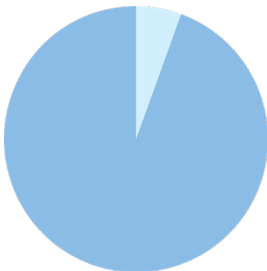
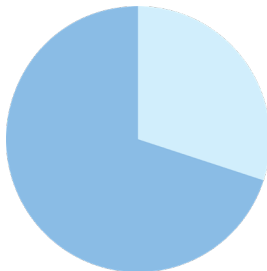
“I have a student who was reading 31 WPM at the beginning of the year and is now reading 82 WPM with 97% accuracy. It has been amazing to see her master her weekly vocabulary words and apply them fluently as she reads her chapter books. I love watching her grow!!”

– Amber Izrael, Parallel Specialized Instruction Provider



Parallel's 2024-2025 IEP Progress

Each major service line was evaluated separately for progress against IEP goals for the 2024-2025 school year. Below are the results for each service line.

	Speech-Language Pathology Services	Behavioral Mental Health Services	Specialized Instruction Services
			
Percent Below Expectations	2.1%	0%	0%
Percent On Target	19.5%	5.7%	30.0%
Percent Above Expectations	78.4%	94.3%	70.0%

"I have to share that...Student 1 I am working with made a gain of 67 points on his iReady!!! (Expectation is 10-15 points over 30 weeks) and Student 2 made a gain of 100 points! (Expectation is 15-23 points over 30 weeks)"

- Heather Walts, Parallel Specialized Instruction Provider



Overall, across all service lines, 98% of all students served through Parallel's virtual services in the school year 2024-2025 were at or above target expectations for their IEP goals by the end of the academic year.

These data reflect the power and effectiveness of remote online support services—supercharged by Parallel's virtual ecosystem, Pathway, and robust clinical support—for students with disabilities.

References

de Souza, L. O., & Manera, L. T. (2024). A literature review: A study of the lack of access to education and the internet for people in social vulnerability. *2024 IEEE Technology and Engineering Management Society (TEMSCON LATAM)*, 1–6.

Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy*, *55*(4), 520–537.

Mechanic, D., & Tanner, J. (2007). Vulnerable people, groups, and populations: Societal view. *Health Affairs*, *26*(5), 1220–1230.

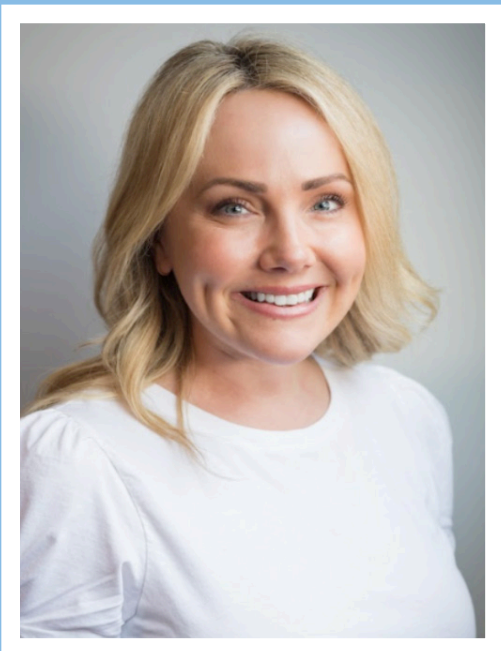
Østergård, O. K., Randa, H., & Hougaard, E. (2018). The effect of using the Partners for Change Outcome Management System as feedback tool in psychotherapy—A systematic review and meta-analysis. *Psychotherapy Research*, *30*(2), 195–212.

Tam, H. E., & Ronan, K. (2017). The application of a feedback-informed approach in psychological service with youth: Systematic review and meta-analysis. *Clinical Psychology Review*, *55*, 41–55.

About the Authors



A. Jordan Wright, PhD is a Clinical Associate Professor of Applied Psychology at New York University, as well as the Chief Clinical Officer at Parallel Learning. He received his PhD in Clinical Psychology from Columbia University, earned a Master's of Psychology in Education from Teachers College, Columbia University, and is board certified as a clinical and assessment psychologist (American Board of Professional Psychology, American Board of Assessment Psychology). He has been on the forefront of research and practice in both assessment and tele-assessment. In addition to conducting some of the seminal research studies on tele-assessment practices with students, he has authored multiple textbooks, including the 6th edition of the *Handbook of Psychological Assessment*; the definitive guide to tele-assessment practice, *Essentials of Psychological Tele-Assessment*; and *Essentials of Culture in Psychological Assessment*.



Stacie Corder, Ed.S. is the Director of Clinical Excellence and Behavioral Mental Health Services at Parallel Learning. She earned her Educational Specialist (Ed.S.) and Master of Education (M.Ed.) degrees in School Psychology from the University of Missouri, Columbia. In her role at Parallel, Stacie partners with the Chief Clinical Officer to improve clinical data systems, enhance service models, and ensure that providers have the structures and support to deliver high-quality services. She has presented nationally, including at the National Association of School Psychologists, and continues to champion data-driven, evidence-based practices in assessment, intervention, and school-based mental health.