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Homeschool Educators Perspectives about Student Needs within Occupational Therapy Scope of Practice: A Pilot Study

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Abstract

Homeschool educators (n = 31) were recruited to complete an electronic survey describing their perspectives. Findings indicated that many students had medical/academic needs, and accessed additional services such as occupational therapy (OT). Data analysis of open-ended questions revealed common categories: (a) curricula met or did not meet student needs (b) participants had experience-based, general or no knowledge of OT and (c) most felt homeschooling was a positive experience and expressed that limited resources were available. Further research is warranted to investigate available resources, specific needs, and how to best support students who homeschool.

Keywords: Children, Occupational Therapy, Homeschool, Community-Based Practice.

Introduction

Occupational therapy addresses the physical, cognitive, psychosocial and sensory components of performance (AOTA, 2017). Pediatric occupational therapy (OT) is commonly practiced in traditional academic settings, as well as in the community for early intervention with clients and families in their home (AOTA, 2020). The role of OT for families who homeschool their children is a setting in which there is presently a paucity of research. Previous studies have primarily focused on the outcomes of socialization for children who were homeschooled compared to those in traditional school settings (Medlin, 2015). The purpose of this pilot study was to explore the perspectives of homeschool educators related to medical and or academic needs of their children and use of curricula or additional services.

The U.S. Department of Education's National Center for Education Statistics (NCES) reported that 1.69 million children were homeschooled in 2016 and 2.5 million students were

homeschooled in 2019 (Ray, 2021). In homeschooling, students receive a majority of their education outside of public or private education systems by a parent or guardian (Ray, 2021; Neuman & Oz, 2021). School districts are not required or prohibited from providing special education or related services to students with disabilities who are homeschooled (Taylor, 2020).

The available research base does describe some perspectives of families who homeschool in relation to decision making, benefits to the homeschool educator, and the student(s). Families who choose to homeschool do so for a variety of reasons including religious preferences, environmental concerns, and special needs of the child (Wang, Rathbun, & Musu, 2019). Families who homeschool prize flexibility in scheduling (Pannonne, 2017). Vaughn et al., (2015) found that students who were homeschooled were less likely to report use of tobacco, alcohol, or illicit drugs. Additionally, research supports positive findings in the sleep patterns of children who are homeschooled (Meltzer et al., 2014). Other families value the development of home-educator associations for sharing curricula

and camaraderie (Tilhau, 2020). Many parents of students with disabilities express higher satisfaction with the special education while homeschooling than parents whose children attend public, religious, or private school (Cheng, Tuchman & Wolf, 2016).

Role of Occupational Therapy in Homeschooling

Occupational therapy practitioners (OTPs) currently work with students who are homeschooled in outpatient, private practice, and community-based settings. OTPs have an established and essential role in supporting educational outcomes. OTPs collaborate with parents and caregivers and other professionals to identify and meet the needs of children experiencing delays or challenges in development. OTPs identify barriers that interfere, restrict, or inhibit functional and educational performance (AOTA, 2017). This may involve modifying activities, materials, and the environment so children can participate under different conditions and in various settings (e.g. home, social groups, sports, and community programs). OTPs also teach and model skills and strategies to students, their families, and other significant individuals in their lives to extend therapeutic intervention to all aspects of daily life tasks (AOTA, 2017). This exploratory survey study sought to examine the experiences of homeschool educators and the medical and or academic needs, and curricula and additional services used by their children. The research questions are as follows:

1. Do homeschool educators know about and/or access OT?
2. What are the medical and or academic needs of child(ren) who are homeschooled?
3. Do the homeschool curricula meet the students’ medical and or academic needs?
4. What else would homeschool educators express about their experiences?

Methods

Participants

The research team used snowball convenience sampling to recruit participants (n = 31). Recruitment occurred via social media posts, local homeschool education resource centers, and in-person recruitment efforts at a state-wide homeschool conference. Recruited participants were encouraged to forward the study link to other homeschoolers in their sphere of influence. Included participants were current homeschool educators who could read and write in the English language and who had access to the internet to complete the online survey. Participants were excluded if they were not current homeschool educators or could not read or write in the English language, or who did not have access to the internet. Though most participants were recruited from one southwestern state, there were no specific geographic, cultural, or ethnic inclusion or exclusion criteria.

Research Design and Procedures

The Institutional Review Board at the University of New Mexico approved the study (Study ID: 16-362) and informed consent was obtained from each participant prior to data collection. The study used an exploratory survey design that

examined the quantitative group characteristics and qualitative experiences of parents who homeschool to meet the medical and or academic needs of the children they homeschooled. A survey design was used because the study team was cognizant of limited time availability for homeschool educators. The team also hoped that the online survey would foster increased recruitment so that the results would be informed by more data.

A recruitment email, including a flier and the study consent form, was sent through the Research Electronic Data Capture System (REDCap, 2019). A secure web address to the consent form and the anonymous survey were disseminated through electronic mail or social media (Harris et al., 2009). The research team obtained informed consent from participants before the completion of the electronic survey.

Instrumentation

The electronic survey consisted of 23 open and closed ended questions. Survey questions were constructed by research team members who were licensed OTs experienced with intervention and assessment for children who are homeschooled. All survey questions were optional and the total survey was designed to take no more than 30 minutes. Figure 1 displays the full list of survey questions.

Figure 1

Online Survey Questions

Demographics of Homeschool Educator

1. ZIP Code
2. Gender
3. Ethnicity
4. Relationship to child
5. Number of children that you are currently homeschooling

Demographics of Children Homeschooled Reported by Homeschool Educator (Up to four children may be described)

6. Age
7. Gender
8. Ethnicity of Child
9. Number of years the child has been in a homeschool setting.
10. Does the child have a medical/educational diagnosis or need that affects school performance?
11. Please list all diagnoses/needs that affect the child's school performance.

Homeschool curriculum information

12. Do you utilize a homeschooling program/curriculum in the education process?
13. Which curricula or programs do you use?
14. Please explain how the programs/curricula does or does not address your child's specific needs?

Needs of child (student), services used and experiences

15. What are the needs of the child(ren) being homeschooled?
 - None
 - Handwriting
 - Organization
 - Behavior
 - Impulse control
 - Ability to pay attention
 - Anxiety
 - Postural stability
 - Sensory sensitivity
 - Educational space
 - Social skills
 - Communication
 - Time management
 - Other
16. Please list any other needs of the children being homeschooled.
17. Do you currently access services to meet the needs of the child or children that you are homeschooling?
18. Would you be interested in having services to help meet the needs addressed in the previous question?
19. Tell us what you know about occupational therapy.
20. What types of services do you access to meet the needs of the children being homeschooled?
 - Occupational therapy
 - Physical therapy
 - Speech therapy
 - Other
21. Please list any other services you access to meet the needs of the children being homeschooled?
22. How do you access the services that you currently receive?
 - Private insurance
 - Out-of-pocket
 - Other (e.g., volunteers, grants, donations...)
23. What else would you like us to know about your experiences as a homeschool educator?

Data Collection and Data Analysis

Data were securely collected and managed via REDCap. All de-identified data entered in REDCap was downloaded to a spreadsheet application for ease of analysis. Descriptive and quantitative data were summarized to understand participant and student characteristics. The research team used a qualitative thematic analysis approach during three different group analysis sessions to examine and re-examine the data for emerging categories (Nowell et al., 2017). Each session was an iterative and reflective process that involved a constant shifting between the different phases of analysis. Such phases included generating initial categories, exploring and reviewing categories, and defining patterns to reveal conclusive results (Nowell et al., 2017).

In order to establish trustworthiness and rigor in the study, a homeschool educator, who had approximately three-years of experience in homeschooling, served as a member checker to ensure credibility at two out of three analysis sessions. The member checker was selected due to her proactive involvement in the homeschool community as well as her medical background which provided a firm basis for her to bridge understanding between medical and homeschool perspectives as well as to challenge study assumptions. These insights contributed to the understanding of the overall themes, thereby strengthening the findings of the study. Prolonged engagement by the research team with the de-identified data has resulted in further rigor as the team has questioned their assumptions about the data over time (Nowell et al., 2017). Trustworthiness was also enhanced by investigator triangulation where several research team members along with the member checker read through the de-identified data separately and came together to complete the data analysis and develop categories (Carter et al, 2014).

Results

Quantitative Survey Data

The majority of the participants (homeschool educators) were mothers and homeschooled one to three children who ranged in age from one- to 14-years old. Table 1 summarizes the study's participant and student demographics and characteristics.

Participant Curricula Used, Student Needs and Services Accessed

A large majority of participants used more than one curricula in homeschooling. 38% of the participants reported diagnoses and needs affecting student performance. The most frequent diagnoses were mental health conditions, developmental delays (including autism, and sensory integration differences). Participants indicated that a diagnosis such as impulse control and behavior as well as executive function skills such as time management and organization affect homeschool performance. Participants reported accessing OT or other services through private insurance (71%) or other means including out of pocket expense (29%). Table 2 displays the curricula, educational needs, and services used by the participants and their students

Table 1
Demographics of Participants and Students

Characteristics	n
Zip code of participant	
New Mexico	30
Oklahoma	1
Gender of Participant	
Female	28
Male	1
No response	2
Ethnicity of participant	
White	22
Hispanic / Latino	7
Black / African American	0
Native American	0
No response	2
Relationship to child homeschooled	
Mother	30
Father	1
Number of children homeschooled	
One	14
Two	7
Three	7
Four	2
Five	1
Gender of students	
Female	28
Male	21
No response	4
Ethnicity students	
White	36
Hispanic / Latino	13
Black / African American	1
Native American	4
No response	1
Ages of students	
Four- to six-years old	12
Seven to 10-years old	21
11- to 13-years old	12
14- to 19 years old	9

Homeschool Educator Perspectives

Homeschool Curricula

Participants responded to open and closed-ended questions about their use of structured curricula. They described curricula related to a general, religious, or classical education as well as multi-sensory educational needs. Another survey question asked how the curricula were, or were not, meeting the needs of the students. Two primary categories emerged: meeting student needs or not meeting student needs. Participants who described curricula as meeting student needs indicated the curricula were effective for their students' learning styles and easy to implement. Conversely, study participants who felt the curricula were not meeting student needs described frequent curricular changes to accommodate for medical, social, or mental health needs of the student. Table 3 displays participant quotations supporting the categories.

Knowledge of and Use of Services

Participants were also asked what they knew about OT. The three categories identified were: experience-based, general knowledge, and no knowledge. Participants who described experience-based knowledge (33%) indicated that they have worked with an OTP to support the learning needs of their students. Participants who described general knowledge (57%) gave some descriptive details of the OT profession without indicating any personal knowledge or experience. Few participants expressed no knowledge (10%) of OT. Supporting quotations for these categories are in Table 3.

Homeschool Educator Experiences

The final survey question was purposely open-ended to capture all possible perspectives and asked: What else would you like us to know about your experiences as a homeschool educator? Two primary categories emerged: positive experience and limited resources. Many participants expressed sentiments that fall into both categories. Participants valued the adaptability and flexibility allowed through homeschooling. Conversely, participants reported limitations in specific resources such as finances, tools and time in order to meet their students' educational needs. Quotations demonstrating these categories are also in Table 3.

Table 2
Participant Curricula use, Student needs and Services Accessed

Participant responses	n
Are curricula used?	
Yes	26
No	5
How many curricula are used?	
At least 1	7
Two or more	19
No response	5
Student diagnosis affecting student performance	
Yes	12
No	19
Health conditions affecting student performance	
Mental health conditions	11
Speech differences	7
Sensory Integration differences	7
Developmental delays / autism	9
Attention deficit hyperactivity disorder	4
Fetal alcohol syndrome	3
Learning disabilities	2
Dyslexia	1
Needs affecting student's school performance	
Handwriting	15
Time Management	15
Organization / Educational Space	17
Sensory Sensitivity	11
Attention	10
Impulse Control / Behavior	15
Social Skills	8
Anxiety	7
Postural Stability	6
Communication	5
Diet/Feeding Issues	1
None	8
Services accessed to meet the needs	
Yes	15
No	16
Types of services accessed	
Occupational Therapy	9
Physical Therapy	6
Speech-Language Pathology	4
Vision Therapy	3
Counseling	2
Method services accessed	
Private insurance	12
Out of pocket	4
Other	1

Home Educators Perspectives on Occupational Therapy

Table 3: Categories and Supporting Participant Quotations from Survey Data

Survey Question	Identified Category	Supporting Participant Quotations and Participant Number (P#)
Please explain how the program does or does not address your child's specific needs?	<i>Meeting student needs</i>	<p>"I don't have any problems with the curricula I use currently. For my kiddo with SPD we just adjust expectations to fit her needs." (P17)</p> <p>"It is a good fit for us. My child is challenged and the curriculum uses different methods in teaching, helping to keep education flexible and interesting." (P25)</p> <p>"Both of the curricula we use suit his learning style with abundant visuals and a good pace." (P19)</p>
	<i>Not meeting student needs</i>	<p>"Program works for the 14 year old, not the 10 year old. He has trouble focusing, is extremely hard on himself when he doesn't get something correct, always needs to be first, is always in a hurry, doesn't follow directions, needs fidgety, needs lots of breaks to move." (P21)</p> <p>"My son, who has the learning disability, does not do well with the amount of workbooks in the ABeka Curriculum, as it is too much written work..." (P24)</p> <p>"Due to prenatal alcohol exposure and early trauma and adoption trauma, my kids' abilities vary. One child, in particular, is doing math at the second grade level, but spells at the tenth, reads at 5th grade level. Can't get science concepts at all, but does well in Spanish. Buying a graded curriculum would never work for a child like this..." (P30)"</p>
Tell us what you know about occupational therapy.	<i>Experience Based Knowledge</i>	<p>"OT helps us hone our skills to navigate the world and our daily tasks better. Both have received services for sensory processing issues. We have 10 years of OT under our belt. It's a fascinating field; our OTs are our heroes!!! Our OTs have picked up on more things to address in our kids than any other pediatric specialist. BOOM!!" (P17)</p> <p>"My 11 year old son has benefited from OT at [Outpatient Pediatric Clinic] for his weak dexterity and hand writing challenges. I loved the way the OT focused on 'real world' needs, such as his need to be able to write a note to a boss or coworker in the future..." (P32)</p>
	<i>General Knowledge</i>	<p>"I believe that it helps people become better able to accomplish their goals, in that it helps individuals learn how to organize themselves, their space, and facilitate their doing their 'work' (schoolwork or otherwise)." (P16)</p> <p>"It helps teach or reteach people the skills needed for everyday life at home and the workplace." (P28)</p>
	<i>No Knowledge</i>	<p>"Not very much, unfortunately." (P8)</p>
What else would you like us to know about your experiences as a homeschool educator?	<i>Positive experience</i>	<p>"... I have been able to accommodate their education based on their individual learning needs. My 2nd grader is doing 3rd grade math and is excelling. This would have been a lot of paper work and testing involved to move her up, but with homeschooling, it is a simple decision, see how she does, and keep going." (P8)</p> <p>"Being a homeschool educator is a very rewarding and demanding job as every aspect of your child's education, social life, nutrition, and discipline fall on your shoulders. It is not for everyone, but it is extremely rewarding." (P19)</p>
	<i>Limited Resources</i>	<p>"Homeschooling allows my children to work at their pace and focus more on areas they are interested in while using teaching methods that correspond with each child's needs, strengths and weaknesses." (P27)</p> <p>"I specifically know parents paying for services out [of] pocket for their school age children. If more is available in the community, that information would be helpful." (P1)</p> <p>"I wish there were more resources for us to help our kids learn at home. It's not easy trying to figure out how to best meet their needs. My daughter has trouble seeing out of one eye and reading is hard. She struggles with handwriting. We still practice it the best we can. Homeschooling Allows me to modify her work so it's not tortuous for her." (P3)</p> <p>"Materials weren't easy to find. For 2 years I tried homeschooling myself by finding pages online to print out but it was difficult to find what I was looking for, and some web sites required a paid subscription which I couldn't afford. I live in a rural area and a tutor wasn't an option, I wasn't prepared to be the 'teacher' my child needed me to be" (P28)</p>

Source: collected primary data; all quotations are reported exactly as they were originally written.

Discussion

This pilot study examined the perspectives of homeschool educators related to the medical and academic needs of their children. In addition to collecting sample demographics, the survey questions allowed study participants to describe the needs of their students, available curricula, and the social and therapeutic services used. Study findings confirmed previous literature findings that homeschool educators instruct students with special needs and value flexibility to make swift curricular decisions (Wang, Rathbun, & Musu, 2019; Pannone, 2017). Confirming results by Tilhau (2020), homeschool educators reported using numerous curricula to meet the educational needs of their students.

Study findings revealed that the students had a variety of health conditions (such as mental illness and developmental disabilities). Participants indicated unmet needs (such as executive function differences) for which OT evaluation and treatment may be reasonable and necessary. Most participants who indicated they accessed OT services did so through private insurance with the remainder largely using private pay. A vast majority of participants had definition-based or experience-based knowledge of OT.

Based on our findings, homeschool educators appear to contact and use various educational support services, such as OT, for support of academic performance and use private insurance or private funding to access the services. OT has a responsibility to identify and meet the ever-changing occupational needs of families who homeschool and offer skilled intervention in the students' natural environment. Though the study data was collected prior to the COVID-19 pandemic, it is important to note that more families are considering homeschooling as a result of the pandemic (Musaddiq et al., 2021). Preliminary reports from the United States Census Bureau (2021) indicate that parents report homeschooling at twice the rates of pre-pandemic levels. With the increase of families homeschooling, our findings indicate that homeschool educators know about occupational therapy and may access it to meet the medical and academic needs of their children.

Limitations and Future Directions

Limitations in the study included a small sample ($n = 31$), hailing exclusively from the southwestern United States. The survey only requested responses from one parent. For two parent households, there may have been multiple perspectives, which limited the overall data of the study. All participants had to have English language, digital literacy and access to internet infrastructure to complete an online survey. In the southwestern state from which many participants were recruited, there is a strong digital divide that inhibits Native American tribal members from participating in online studies (Sanchez, n.d.). These factors limited generalizability and participant representation in the study.

Another limitation is that researchers deliberately shortened the survey to encourage completion; out of consideration for parental privacy, the demographic questions were specifically limited in the survey design. This survey design may have reduced the depth and breadth of investigation which could have been enriched by the use of focus groups for

data collection and member checking. The survey was also not piloted prior to use. Clinical experiences and personal background of the research team may have biased the development of survey questions and interpretation of the responses. The study also would have benefitted from incorporation of multiple member checkers who have varying years of experience and/or backgrounds and perspectives to better inform instrument development and analysis and study findings.

In the future, studies incorporating larger sample sizes and more survey questions involving post-covid (2020 and beyond) are warranted since more students have participated in learning at home related to emergency pandemic orders (Grisham, 2020). Further studies that include recruitment strategies to include homeschool educators from more geographic regions and that allow responses in electronic or non-electronic means would improve generalizability of data about academic and medical needs of students who are homeschooled. Survey questions about specific medical diagnoses as well as where and how homeschool educators access OT and other services, and what types of services are lacking, may guide homeschool communities and service providers to collaborate and meet the medical and academic needs of students who are homeschooled. Gaining information about whether the students' medical diagnoses of developmental disabilities (such as autism) was a motivating factor for the parents' choice to homeschool may direct intervention and programming from OTPs and other service providers. Further research on how funding limits or promotes access to additional services may further inform homeschool communities and service providers about possible unmet needs.

Conclusion

This pilot study revealed perspectives of homeschool educators. Most participants have at least some understanding of the definition or scope of practice for OT. Many participants indicated they received OT to meet their students' educational needs. Those students had medical or educational needs that are within the OT scope of practice. Participants were using numerous different curricula; some were designed specifically to meet sensory or academic needs of the students. Consolidating best practices for OT in the homeschool setting would be a resource to OTs and to families seeking additional services. Participants expressed that homeschooling has been a challenging and rewarding experience. They also wish more resources, such as OT, were available. This exploratory survey begins to illuminate the experiences of homeschool educators and the medical and or academic needs, and curricula and additional services used by their children.

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