

**Rehabilitation Counselors' Perceptions of Transition Programs, Services, and Practices for  
Youth with Disabilities**

by

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## Abstract

Rehabilitation counselors are oftentimes the only link that students with disabilities, transitioning from school to their post-school desires, have to employment; therefore, rehabilitation counselors' perceptions of transition programs, services, and practices need to be examined. Having insight into the perspectives of rehabilitation professionals could facilitate greater understanding of perceived transition practices, service delivery, roles, and a means to improving interagency collaboration and adult linkages early on.

In an effort to expand the research in this area, a nonexperimental survey design was conducted. An exploratory factor analysis was used to identify an underlying transition factor structure for the *Transition Practices Survey for Rehabilitation* instrument used for this study. Five transition factor areas are presented and conferred in chapter three. More specifically, this study examined 102 Alabama rehabilitation counselors' perceptions of transition programs, services, and practices for youth with disabilities. Four research questions guided this study and focused on perceptions of practice taking into account: (a) professional certification held or not held, (b) type of caseload served, (c) length of service, and (d) estimated length of time spent during in-service training in transition within the past two years. Analysis of research questions' two and four yielded significant differences in perceptions of transition practices across the four factors among rehabilitation counselors. Analysis of research question three yielded significant differences in perceptions of transition practices across the two of the four factors among rehabilitation counselors. Results for research question one were not statistically significant. Additionally, the study identified the perceived training in transition areas of highest interest and

need among rehabilitation counselors. Implications and proposed directions for future research are discussed.

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## CHAPTER I. INTRODUCTION

Improving the post-school outcomes of youth and young adults with disabilities is a national movement and shared goal of service providers in the fields of rehabilitation and special education. For more than three decades legislative efforts, state and local vocational rehabilitation (VR), and special education programs have been involved in assisting youth with disabilities in making the transition from school to post-school activities, such as postsecondary education, vocational training, employment, and independent living (Individuals with Disabilities Education Improvement Act of 2004 and the Rehabilitation Act of 1998). Young people with disabilities and their families are faced with many choices and challenges as these youth make the transition from adolescence to young adulthood. Unfortunately, these young people must contend with additional challenges that impede their successful transition to adulthood than their peers without disabilities. For example, those with disabilities face higher unemployment rates, increased levels of poverty, and lower graduation rates than do individuals without disabilities (Blackorby & Wagner, 1996; Cameto, Levine, & Wagner, 2004; Martin, Van Dycke, Greene, Gardner, Christensen, Woods, & Lovett, 2006; Wagner, Newman, Cameto, Levine, & Garza, 2006; Wittenburg & Maag, 2002). For youth with disabilities, post-school choices may be more complex and require specific transition planning. Early collaborative transition planning has been found to be beneficial for young people with disabilities in achieving their potential post-school goals (Agran, Cain, & Calvin, 2002).

Congress has enacted legislation that supports “a coordinated set of activities” to provide programs and services for students with disabilities in order to prepare these youth for a

successful transition. Two primary governing statutes addressing transition are: Title I of the Rehabilitation Act of 1973, as amended (the Rehabilitation Act), and the Individuals with Disabilities Education Improvement Act (IDEIA) Amendments of 2004. These laws help set the congressional policy framework for procedural requirements that are currently in place and intended to guide state and local efforts for the transition of students with disabilities from school to adult life as a shared responsibility of VR and special education programs.

### **Statement of the Problem**

Early in the 1990s, Halpern (1992) suggested that transition programs can be improved by ongoing evaluation while students are in school and follow-through with students after they leave school. To meet the needs of students with disabilities as they transition from high school, there is a need to identify practices that can best support the development of transition programs so students can achieve successful post-school outcomes. While transition research has progressed, the primary focus has been on compliance and program development with little known about the effectiveness of transition services (Sitlington & Clark, 2006). The federal government has identified indicators to measure the effectiveness of special education programs. One example is Indicator 14 of IDEIA (2004), which measures the: “percent of youth who had IEPs, but are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school” (20 U.S.C. 1416[a][3][B]). This transition-related federal indicator is one strategy to increase accountability of students’ post-school outcomes. Although this indicator provides a measure of post-school outcomes of students with disabilities, it does not account for the programmatic features that can be attributed to students’ successful transitions. For example, if a student has reported employment since high school, it would be beneficial to know what types of transition

services that student received while in school. Identifying which transition practices are used in high schools is essential to improving the post-school outcomes of youth with disabilities (Chan, Bezyak, Ramirez, Chiu, Sung, & Fujukawa, 2010; Plotner, Trach, & Shogren, 2012). In fact, post-school outcome data of students exiting high school has been collected for approximately 20 years, however, that information is rarely being effectively used at the school level for transition improvement because it lacks meaning (Baer, Flexer, Beck, Amstutz, Hoffman, Brothers, Stelzer, & Zechman, 2003).

In recent years, the number of transition-aged youth on VR counselors' caseloads has increased (Hayward & Schmidt-Davis, 2000; Lamb, 2007), but there continues to be a lack of collaboration between local education agencies (LEAs) and VR (Oertle & Trach, 2007). The Rehabilitation Act of 1973, as amended, requires the Rehabilitation Services Administration (RSA) to conduct annual reviews and monitoring of programs authorized under Title I to determine whether a vocational rehabilitation agency is substantially complying with the provisions of its state plan under Section 101 of this Act and with the Evaluation Standards and Performance Indicators established under Section 106. The VR program must adhere to two federal evaluation standards, which are employment outcomes and equal access to services. Each standard encompasses one or more indicators. The employment outcomes standard includes six indicators, focusing on the compliance of VR assisting "any eligible individual, including an individual with a significant disability, to obtain, maintain, or regain high-quality employment" (29 U.S.C. 726[a]). The second standard, containing only one indicator, focuses on equal access to services and sets the platform to ensure that individuals from minority backgrounds have equal access to VR services (29 U.S.C. 726[a]).

During annual reviews and monitoring of state VR programs, RSA assesses states' performance related to the provision of transition services and the outcomes achieved by youth with disabilities. RSA reviews data that measures, "the number and percentage of transition-age youth who exited the VR program at different stages of the process, the amount of time these individuals were engaged in the various stages of the VR process, including eligibility determination, development of the individualized plan for employment (IPE) and the provision of services, the number and percentage of transition-age youth receiving services, including assessment, university and vocational training, rehabilitation technology and job placement, and the quantity, quality and types of employment outcomes achieved by transition-age youth (RSA Monitoring Report, 2012)."

During the federal fiscal year 2012, RSA observed the state of Alabama's VR program using relevant data from fiscal years 2006 through 2010 and reported that, "Alabama Department of Rehabilitation Services' (ADRS) transition-age youth data indicates a downward trend in the array of VR services provided to transition-age youth. In addition, ADRS served significantly fewer transition-age youth with the most significant disabilities than the average for all combined agencies during the performance period" (RSA Monitoring Report, 2012).

Though efforts have been made to understand and improve the post-school outcomes for youth with disabilities, empirically-based practices are seldom used in high school programs (Benz, Lindstrom, Unruh, & Waintrup, 2004). One strategy to determine why such proven practices are used infrequently first requires the identification of what practices are being used, what areas transition professionals find challenging, and where they may need support and training.



## **Purpose of the Study**

The purpose of this study is to examine Alabama rehabilitation counselors' perceptions of transition programs, services, and practices for youth with disabilities, as well as to identify their training needs in the area of transition. This study focuses on responses provided by certified and non-certified rehabilitation counselors associated with, or responsible for the delivery of transition services and programs for youth and young adults with disabilities. Overall, perceptions of the state's transition program, service delivery, practice, and training needs are expanded within this study according to unique variables that have been associated with influencing perceptions among the sample population (i.e., professional credentials held, type of caseload, length of service, and engagement in training).

## **Research Questions**

The research questions guiding this study are:

1. As measured by an analysis of variance (ANOVA), is there a significant difference between rehabilitation counselors' perceptions of transition practices among those who are a certified rehabilitation counselor (CRC) and those who are not a certified rehabilitation counselor?
2. As measured by an ANOVA, is there a significant difference between rehabilitation counselors' perceptions of transition practices among those who exclusively serve a transition caseload, a general caseload, and a combined caseload?
3. As measured by an ANOVA, is there a significant difference between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor?

4. As measured by an ANOVA, is there a significant difference between rehabilitation counselors' perceptions of transition practices according to those who have or have not received professional development training in transition during the past two years?

### **Significance of the Study**

There is a growing body of evidence indicating the impact of early exposure to the transition process for youth and young adults with disabilities (Test, Aspel, Everson, 2006). A major limitation of existing literature is the lack of inclusion of the perspectives of non-school based members of the transition planning team (e.g., rehabilitation counselors, job coaches, mental health providers) for students with disabilities. Specifically, rehabilitation counselors are known for creating unique relationships with a wider variety of community service providers (e.g., One-Stop Career Centers, community rehabilitation programs/providers, businesses, and Centers for Independent Living). Oftentimes, rehabilitation counselors are the only link that students with disabilities, transitioning from school to their post-school desires, have to employment; therefore, rehabilitation counselors' perceptions of transition programs, services, and practices need to be examined. Having insight into the perspectives of rehabilitation counselors could facilitate greater understanding of perceived transition practices, service delivery, roles, a means to improving interagency collaboration, adult linkages early on, and improved post-school outcomes of students served.

It is apparent that no one service provider can accomplish the desired post-school outcomes of transition-age youth with disabilities without coordinating with other professionals (Eber, Nelson, & Miles, 1997). Given that the majority of transition models have been developed from a school-based perspective, the Transition Practices Survey for Rehabilitation instrument used for this study will allow the researcher to assess the perceptions of a key, non-school based

member of the transition team (i.e., rehabilitation counselors). The results of this study will also provide the state with information for data-based decision-making about professional development needs. The results of this study might indicate a self-reported need for training of state rehabilitation counselors in many of the task areas considered essential to the practice of providing collaborative transition services to youth and young with disabilities.

### **Definition of Terms**

Important terms and acronyms are used throughout this study. The following is a list of definitions that will clarify these terms so that each is understood within the context of this study.

**Rehabilitation Counselor (RC):** A rehabilitation professional who “...assists clients in pursuit of vocation goals” (Weed & Hill, 2004). A professional who provides information, resources, counseling and guidance, and choices related to your strengths, resources, priorities, concerns and abilities so that the clients can prepare for and obtain employment. A professional who has specialized training and experience in the field of rehabilitation counseling.

**Certified Rehabilitation Counselor (CRC):** Having the credentials of a CRC “...signifies a level of career-specific education, a demonstrated understanding and application of key competencies, and a commitment to ongoing career training and development. Individuals are measured and certified via a stringent CRC examination and an ongoing certification renewal process as governed by the Commission on Rehabilitation Counselor Certification (CRCC)” (CRCC, 2015).

**Transition Caseload:** A type of vocational rehabilitation services caseload (50% or more transition-age 16-22) served by a rehabilitation counselor that is comprised of clients with disabilities who are transition-age (16-22) and solicits services while still attending high school.

**General Caseload:** A type of vocational rehabilitation services caseload served by a rehabilitation counselor that is only comprised of clients with disabilities who are adults (23 and older) who are a part of the general population and solicits services as an adult.

**Combined Caseload:** A type of vocational rehabilitation services caseload (transition and general) served by a rehabilitation counselor that is comprised of clients with disabilities who are in high school, transition-age (16-22) as well as adults (23 and older) who are a part of the general population.

### **Summary**

This chapter introduced the transition movement. Furthermore, chapter one provided a problem statement, stated the purpose of the study, highlighted the research questions that will guide the study, explained the significance of this study, and outlined definitions of specific terms associated with the study.

In the next chapter, a review of relevant literature will be presented to identify existing practices among programs and services for transition-age (16-22 years) youth with disabilities. More specifically, services provided by state vocational rehabilitation agencies to consumers who are considered transition-age will be discussed. An introduction to the foundations of transition will be presented, followed by an overview of evidence-based and best practices for transition. Also, an examination of current transition practices being implemented by rehabilitation professionals will be provided, and finally how professionals' perceptions influence practice.

The remaining chapters will discuss the methods, results, and conclusions drawn as a result of this study. More specifically, the dissemination and results of the *Transition Practices Survey for Rehabilitation* will be discussed, with expectations of identifying rehabilitation

professionals' perceptions of the current status of transition services for youth with disabilities in Alabama.

## CHAPTER II. REVIEW OF THE LITERATURE

The purpose of this literature review is to identify existing practices among programs and services for transition-age (16-22 years) youth with disabilities. More specifically, services provided by state vocational rehabilitation agencies to consumers who are considered transition-aged will be discussed. To begin this review an introduction to the foundations of transition will be presented, followed by an overview of evidence-based and best practices for transition. Also, an examination of current transition practices being implemented by rehabilitation professionals will be provided, and finally how professionals' perceptions influence practice.

### **Foundations of Transition**

Transition is about planning for life. One of the major times for transition occurs between adolescence and adulthood. The completion of high school is typically the time when young people are taking on more independence and moving toward adulthood. Entitlement to public education ends and they must be ready to engage in their young adulthood roles (Benz & Halpern, 1987; Knott & Asselin, 1999; Test, Aspel, & Everson, 2006). Further education, vocational training, employment or independent living are some of the common options young people consider as they contemplate their future. For students with disabilities, these choices may be more challenging and require early planning. To support adolescents with disabilities during the transition process there is a need for the participation and coordination of school programs, adult agency services, and natural supports within the community (Flexer, Simmons, Luft, & Baer, 2001). With this coordinated and focused service delivery, students with disabilities should be able to receive services to meet their current and future needs.

## **Federal Mandates**

Over the decades, disability rights legislation has made some progress in leveling the playing field for persons with disabilities. However, there continues to be a need for legislation to improve and ensure the rights of people with disabilities. Though legislation is not the only means of social progress, it represents one of the most powerful avenues of change, development, and advancement in society. In the past, individuals with disabilities have been excluded from the mainstream and denied their human rights (Jaeger & Bowman, 2005). Influenced by the civil and human rights struggles of the 1950s and 1960s, people with disabilities began to fight for their rights and recognition as people first, with their disability considered second. People with disabilities struggled for greater acceptance of differences and the freedom and equalities that are a right for all people.

In the early 1950's, racial segregation in public schools was the norm across America (Jaeger & Bowman, 2005). The National Association for the Advancement of Colored People (NAACP) laid the groundwork and took a stand against segregation. Cases such as *Brown versus the Board of Education* in 1954 challenged the constitutionality of racial segregation in public schools. This groundbreaking 1954 Supreme Court case, and individual activists, such as Dr. Martin Luther King Jr. and President Lyndon Johnson, set the stage for disability rights. Following the lead of these civil right leaders, advocates for people with disabilities such as, Justin Dart, Ed Roberts, and Judith Huemann, championed the Disability Civil Rights Movement.

Early in the 1960s, the Vocational Education Act of 1963 influenced services for students with disabilities. This Act provided expansion for the development of vocational programs for disadvantaged populations and students with disabilities. The 1968 Vocational Education Act

created programs for the recruitment and training of rehabilitation service providers and services for youth and young adults with disabilities (Flexer, et al., 2001). Overall, the Act increased federal support of vocational education schools, cooperative work-study programs, and research training and demonstrations in vocational education (Vocational Education Act, 1963).

The emergence of the American Disability Rights Movement and prominent organizations such as the NAACP was promoted by a series of events related to the implementation of the first major civil rights provision protecting people with disabilities (Scotch, 2009). These events included the passage of Section 504 of the Rehabilitation Act of 1973. This section of the Act was modeled on Title VI of the Civil Rights Act of 1964, which prohibited discrimination on the basis of race by recipients of federal funds. It was drafted by Congressional staff and passed without controversy. Its implications for establishing a federal commitment to rights of access for people with disabilities were profound—covering local schools, colleges, public transportation systems, hospitals, social service agencies, and government offices.

As the 1960s progressed, more specific legislation addressing disabilities rights and access was passed. For example, the Architectural Barriers Act of 1968 required removal of barriers, such as stairs, narrow doorways, and installation of ramps and elevators, opening up the world to millions who had been essentially homebound. As the decade of the 1970s began, the Architectural Barriers Act was integrated into the Rehabilitation Act of 1973 and gave more power to activist groups to take legal action against building owners who refused to make adaptations that improved access and mobility for individuals with disabilities (e.g., *Washington Urban League, Inc. v. Washington Metropolitan Area Transit Authority, Inc.*, 1973; *Rose v. United State Postal Service*, 1983; *Board of Trustees of the University of Alabama v. Garrett*,



2001). The Rehabilitation Act of 1973 was also the principle federal legislation establishing programs aimed at promoting the employment and independent living of people with disabilities. This included equal access in government facilities receiving federal monies. As public schools are significant recipients of federal monies, they were also required to be in compliance with this Act. Further supporting students with disabilities in public schools and ensuring their right to a free and appropriate public education, the Education for All Handicapped Children Act of 1975 (EAHCA) was passed. This law ensured equal access to education for all students with disabilities. The laws passed in the 1960s and 1970s set the stage for revolutionary changes for people with disabilities.

In the early 1980s, a focus on adolescents began with legislation being a driving force. For example, the Job Training Partnership Act of 1982 supported economically, disadvantaged youth with disabilities, as well as others who faced barriers to employment. Attention was brought to the need for employment preparation of youth with disabilities with the passage of the Carl D. Perkins Vocational Education Act of 1984. This Act focused on improving work skills of the labor force and equal opportunities by allocating funds for special populations (i.e., individuals with disabilities). Expanding the reach of legislative protection and employment opportunities, the Rehabilitation Act Amendment of 1986 put an emphasis on individuals with severe disabilities and redefined employability, which included options for part-time or full-time employment with supported employment services.

As legislation was being developed, federal and professional initiatives were also being introduced by pioneers in the field. For example, Madeline Will (1984) and Andrew Halpern (1985) began to bring more focus to youth and young adults with disabilities and their post-school outcomes. These leaders developed models to guide the delivery of services for young

people with disabilities. These models focused on the post-school outcomes of youth with disabilities, such as employment and community adjustment.

To support youth and others with disabilities in their communities, a milestone was reached with the passage of the most comprehensive civil rights legislation affecting people with disabilities signed into law, that is, the Americans with Disabilities Act of 1990 (ADA). This law mandated equal employment opportunity for all people with disabilities (Title I), as well as nondiscrimination on the basis of disability. This law also protected persons with disabilities' equal access, in state and local government services (Title II) and in public accommodations and commercial facilities (Title III). To assist in preparing youth with disabilities to enter work, the Carl D. Perkins Vocational & Applied Technology Act of 1990 provided federal funds to help provide vocational-technical education programs and services that include specialized instruction in careers and work experiences. Also in 1990, a focus on youth with disabilities continued as the Education for All Handicapped Children Act of 1975 (EAHCA) was amended and its name changed to the Individuals with Disabilities Education Act of 1990 (IDEA). IDEA provided the first formal legislative definition of transition services, recognizing the unique needs of older students were to be addressed.

Later, the Rehabilitation Act of 1992 addressed the need to provide students with disabilities services that promote post-school activities such as employment. These amendments were much more than a status-quo reauthorization or continuation of the federal and state rehabilitation programs. Substantial adjustments were made in the principles, purpose, process, and outcomes of the rehabilitation programs to support persons across the full range of type and extent of disability so they may attain and maintain employment outcomes appropriate to their interests and abilities. The Amendments are guided by the presumption of ability. A person with

a disability, regardless of the severity of the disability, can achieve employment and other rehabilitation goals, if the appropriate services and supports are made available.

Two pieces of legislation, the Workforce Investment Act of 1998 (WIA) and the Carl D. Perkins Act and its amendments (1984, 1990, 1998, 2006) significantly impacted transition by supporting the preparation of individuals with disabilities for employment. The WIA (1998) streamlined workforce development programs to help individuals who face barriers to employment through one-stop career centers. The Carl D. Perkins Act and its amendments (1998, 1990, 1984, 2006) was passed to improve the work skills of the labor force as well as to provide equal opportunities for individuals in vocational education.

During the 2000s, the most recent legislation focused on outcomes of youth with disabilities including the: Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, and Carl D. Perkins Career & Technical Education Act Amendment of 2006. IDEIA 2004 defines transition as a results-oriented process that focuses on a child with a disability's academic achievement and functional performance during the child's school years. This process provides professionals with a way to learn about the child's current and future potential on academic standards and his or her ability to apply their academic skills in a variety of ways or settings. Carl D. Perkins Career & Technical Education Act Amendments of 2006 include new requirements for *programs of study* that link academic and technical content across secondary and postsecondary education, and strengthened local accountability provisions that will ensure continuous program improvement. The ADA Amendments Act of 2008 added additional factors to the law to strengthen its power of protection of persons with disabilities. Many factors were added, such as providing a definition of major life activities considered under the law. The Amendments indicate that individuals who are considered to have a disability by being regarded

as do not have to be accommodated under the law (Yell, 2006). The initial ADA (1990) and its subsequent amendments (2008) were a huge advancement in disability rights legislation affecting all aspects of life for individuals with disabilities, including education (Martin, 2001).

The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014 and took effect on July 1, 2015. This recent enactment places new requirements on state VR agencies regarding transition-age youth with disabilities and emphasizes the need to identify empirically supported practices to improve outcomes for this population. The WIOA (2014) makes significant changes to the Rehabilitation Act of 1973 by: (a) strengthening the alignment of the VR program with other components of the workforce development system; (b) emphasizing the achievement of competitive integrated employment by individuals with disabilities; (c) and expanding services to support the transition of students and youth with disabilities to postsecondary education and employment. The Act (2014) seeks to streamline the workforce development system and increase services to transition-age students and youth with disabilities. The WIOA (2014) also emphasizes employer engagement to help them provide work-based learning for people with disabilities, and establishes new requirements for ensuring collaboration among relevant stakeholders at federal and state levels.

As a result of the enactment of WIOA (2014), designation of 15% of each state's 110 funds are set aside and targeted for use in provision of pre-employment transition services for students with disabilities. Overall, WIOA (2014) is "designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy" (U. S. Department of Labor, 2014, para. 1). As amended, the Rehabilitation Act, Americans with Disabilities Act, and Individuals with Disabilities Act are based on protecting individuals' 14th

amendment rights. They all shaped practices that value independence, productivity, and inclusion for people with disabilities. The laws seek to improve aspects that touch an individual's life whether it is education, employment, housing, transportation, health care, and community living.

Much has been accomplished in providing for and protecting the rights of people with disabilities, yet more work remains to promote future legislation that will further ensure a secure place for individuals with disabilities in our society. As individuals with disabilities begin to breakdown the stigma that society has placed on them, there remains other concerns that face this population, (e.g., poverty, adequate pay, living conditions). Individuals with a more severe disability are at higher risk for poverty due to their lack of employment experiences (Certo, Brown, Courey, Belanger, Luecking, & Murphy, 2008). Low employment rates and earnings, increased poverty, and reliance on publicly-funded income support invite questions about federal policies that have been directed toward alleviating these problems. Like the Civil Rights Movement, the Disability Rights Movement has experienced both progress and regression (Hughes, 2009). There continues to be a need to address issues faced by people with disabilities.

### **The Transition Movement**

One particular movement that focused on meeting the needs of youth and young adults with disabilities is the transition movement. Although earlier programs and services were in place such as the work-study programs of the 1960s and model demonstration projects of the 1980s, it was not until the 1990s that transition was defined and required by law (IDEA, 1990). In 1997, IDEA was amended to ensure that transition planning became a part of students with disabilities Individualized Education Programs (IEPs). In 2004, the Individuals with Disabilities Education Improvement Act (IDEIA) required that a transition plan be in effect by the time the student is 16 years of age, in order to increase the post-school success of students with

disabilities. Educational legislation such as IDEIA (2004) has provided a lifelong contribution to the role of disability in society. IDEIA requires a coordinated effort that focuses on incorporating school to post-school transition planning into the IEP of each secondary-aged student receiving special education services (IDEIA, 2004). Provisions to address the transition services for individuals with disabilities have strengthened the need for a more collaborative approach among service providers.

The definition of transition services, as well as federal legislation designed to support young people with disabilities during transition have emerged. Halpern (1994) described transition as “a change in status from behaving primarily as a student to assuming adult roles in the community” (p. 117). Through federal statutes, transition is addressed under both the Rehabilitation Act of 1998 and the IDEIA 2004. Under both of these Acts, transition is used to describe a coordinated set of activities that may address, among other things, the assessment, planning process and educational and community experiences for youth with disabilities as they turn age 16. Similarly, the Rehabilitation Act, together with IDEIA 2004 created policies that have allowed youth and young adults with disabilities the opportunity to access the educational and vocational instruction and/or training needed to transition to living, working, and participating as young adults in the community. The Rehabilitation Act and its amendments parallel the mandates found in IDEIA 2004 with similar emphasis on outcome-focused planning and collaboration. Both pieces of legislation promote transition planning, interagency collaboration, and self-determination to improve the post-school outcomes for youth and young adults with disabilities. Table 1 provides a comparison of both mandates’ definitions of transition services, highlighting their differences in terminology. Although there are minor differences in wording within each mandate, the definitions are similarly aligned to close the gap and open the

Table 1

*Comparison of Transition Services Definitions*

Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) P.L. 108-446	The Rehabilitation Act of 1998 P.L. 93-516
<p>The term <i>transition services</i> means a coordinated set of activities for a <b>child</b> with a disability that—</p> <p>(A) “is designed to be within a <b>results-oriented process</b>, that is focused on improving the <b>academic and functional achievement</b> of the <b>child</b> with a disability to facilitate the <b>child's</b> movement from school to post-school activities, including postsecondary education, <b>vocational education</b>, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;</p> <p>(B) is based on the individual <b>child's</b> needs, taking into account the <b>child's strengths</b>, preferences, and interests; and</p> <p>(C) includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.” (20 U.S.C. Chapter 34, Section 602 [a][34] emphasis added)</p>	<p>The term <i>transition services</i> means a coordinated set of activities for a <b>student</b>—</p> <p>“designed within an <b>outcome-oriented process</b>, that promotes movement from school to post-school activities, including postsecondary education, <b>vocational training</b>, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual <b>student's</b> needs, taking into account the <b>student's</b> preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.” (Section 7[37] Rehabilitation Act emphasis added)</p>

<sup>1</sup>Note: Words in bold indicate minor wording differences between IDEIA and the Rehabilitation Act definitions of transition services.

door for earlier collaboration between secondary students with disabilities and transition professionals (e.g., teachers, VR counselors, job coaches).

Within IDEIA's (2004) transition services definition, the term refers to the intended recipient of services as a *child* instead of *student* as this person is referred to in the Rehabilitation Act (1998). Consistent with Halpern's (1994) definition of transition, the Rehabilitation Act focuses more on the individual in transition's status changing and taking on emerging adult roles, whereas IDEIA (2004) protects children starting at age 3 and administers a model of prevention prior to the child entering special education. IDEIA (2004) further addresses the child's unique disability-related needs and allows provisions for the student to progress towards educational standards, focusing on the results of the student's academic and functional achievement; whereas, within the Rehabilitation Act of 1998, the focus is on the outcome of the student to progress toward employment. More specifically, various sections of the Rehabilitation Act address transition planning and interagency collaboration between VR and other entities (e.g., state, local education agencies). The National Council on Disability (2008) with the assistance of the Office of Special Education and Rehabilitative Services (OSERS), summarized the Act and its relation to addressing VR's role in transition planning and collaboration as the following,

Section 101(a)(11)(D) of the Rehabilitation Act requires the state VR agency to coordinate with educational officials and to enter into a formal interagency agreement with the state education agency with regard to transition planning and the delivery of transition services. The primary purpose of the formal interagency agreement is to ensure that students with disabilities who are eligible for VR services do not experience an interruption in services after they leave secondary school settings.



Section 102(a)(4) of the Rehabilitation Act requires the VR program to use information submitted by education officials to assist in making eligibility determinations for VR services for students with disabilities. Education officials may provide critical information describing the students' vocational, employment, academic, and personal achievements that may contribute to the development of the student's individualized plan for employment (IPE).

Regulations at 34 CFR 361.22 require that each student determined to be eligible for VR services or, if the designated state VR agency is operating under an order of selection, for each eligible student able to be served under the order, an IPE is to be developed and approved before the student leaves the secondary school setting. It is important to note that VR agencies must collaborate with state education agencies in providing transition services to all students with disabilities and are required to conduct outreach and identify those students with disabilities who may need transition services (Section 101[a][11][D][iv] of the Rehabilitation Act). This includes students receiving special education and related services under the IDEA and students with disabilities covered only by Section 504 of the Rehabilitation Act (Section 504).

**Rehabilitation emphasis on transition.** Transition services were included in the Rehabilitation Act to assure that there are no gaps in services for eligible students with disabilities as they leave the high school settings and/or are ready to begin vocational activities when an employment outcome is the primary focus. Both education and rehabilitation legislation place an emphasis on services that facilitate the individual's "movement from school to post-school activities, including postsecondary education, vocational education or training, integrated employment, continuing and adult education, adult services, independent living, or community

participation” (IDEIA, 2004; Rehabilitation Act, 1998). The implementation of key legislation emphasizes and promotes transition planning, services, and interagency collaboration to improve post-school outcomes for individuals with disabilities. The intent of transition services is to create opportunities for youth with disabilities that will result in positive adult outcomes for life. Transition services should help youth have an understanding of their disability and choices to determine their future. One of the ways transition does this is by connecting youth with disabilities to professionals and other caring adults, support services, and experiences that build their skills and help them reach their goals. Ideally, transition services should be a coordinated effort of multiple agencies to support the individual across many aspects of life (Rutkowski, Daston, Van Kuiken, & Riehle, 2006).

**Post-school outcomes of youth with disabilities.** Since the 1980s, the post-school outcomes for youth with disabilities have been studied (Haszai, Gordon, & Roe, 1985). These youths’ outcomes in the areas of education, employment (Rabren, Hall, & Brown, 2003; Curtis, Rabren, & Reilly, 2009), and independent living have been compared to their peers without disabilities (Blackorby & Wagner, 1996; Wagner, Newman, Cameto, Garza, & Levine, 2005; Newman, Wagner, Cameto, & Knokey, 2009; Chambers, Rabren, & Dunn, 2009). Newman’s, et al., (2009) research indicates post-school outcomes in the three services areas supported by legislation (e.g., education, employment, and independent living). For instance, of the young people surveyed, 45% of youth with disabilities pursued postsecondary education within four years of exiting high school compared to 53% of their peers without disabilities. In the area of employment, 57% of youth with disabilities exiting high school were employed in the community as compared to 67% of their peers without disabilities. Furthermore, it was reported

that 25% of youth with disabilities live independently in comparison to 28% of their peers without disabilities (Newman et al., 2009).

The employment rate of individuals with disabilities continues to be unacceptable. “Most youth with disabilities are certain they will get employment of some type following high school, but are less certain that these jobs will pay enough for them to be financially self-sufficient. While 95% of youth with disabilities believe they will get a paid job, only 65% believe they definitely will be financially independent, and 72% believe they will live independently” (Wagner, Newman, Cametoa, Levine, & Marder, 2007, p. 76). In 2010, the U.S. Bureau of Labor Statistics (BLS) Employment Situation report estimated the labor force participation rate of individuals with disabilities to be 21.5% compared to 70.6% for people without disabilities (Bureau of Labor Statistics, 2010).

Between 1970 and 2009, the number of people receiving Social Security Disability Insurance (SSDI) benefits more than tripled, from 2.7 million to 9.7 million (Congressional Budget Office, 2010). Less than 1% of individuals on the rolls of the Disability Insurance (DI) and Supplemental Security Income (SSI) programs ever resume employment (Lui, Chan, Fried, Lin, Andrew, & Peterson, 2010; Roessler, 2002). Social Security trends support rehabilitation consumers’ concern for gaining employment and achieving self-sufficiency. Early exposure to community-based employment, parent training and access to information about Social Security benefits, planning, and access to transition services, and increased involvement of adult services are recommended practices that could assist with alleviating these trends early on during the consumer’s transition years (Test, Aspel, Everson, & 2006). Although gains have been made through legislative efforts and programmatic enhancements, it is evident that ongoing

improvement should be sought to ensure that youth with disabilities are provided the opportunity to compete in an ever-changing society, just as their peers without disabilities.

The National Council on Disability (NCD) (2004a) notes that transition services are one of the best strategies for improving the quality of school programs and post-school outcomes experienced by students with disabilities, but it is the least often used. Despite government efforts to address transition through more effective cooperation between education, rehabilitation, and other adult service systems, smooth transition from secondary school to post-school pursuits for people with disabilities has remained elusive in many cases (National Council on Disability, 2004a; Oertle & Trach, 2007). Since the time that transition services were first mandated, researchers and practitioners have sought to identify practices that result in meaningful post-school outcomes for students with disabilities. Several models were introduced to identify the components that should be included in transition programs (e.g., Will, 1984; Halpern, 1985).

Transition models have existed and evolved over time. Madeline Will's model from 1984, set employment as its primary focus (Will, 1984). Expanding upon Will's model, Halpern in 1985, set community adjustment as his primary focus, which included employment, residential adjustment, and the establishment of social and interpersonal networks. It was through Halpern's model (1985) that the transition focus no longer concentrated on just employment, but expanded to include other areas essential to life satisfaction. However, it is not evident that transition programs are including or successfully implementing strategies to achieve the outcome of community adjustment (Lehman, Clark, Bullis, Rinkin, & Castellanos, 2002).

In addition to the transition models, Kohler (1996) introduced a taxonomy for transition programming that consist of student-focused planning, student development, interagency

collaboration, program structure, and family involvement. Student-focused planning involves the development of the Individualized Education Program (IEP), student participation, and planning strategies (e.g., Martin, Marshall, & Maxson, 1993; Powers, Singer, & Sowers, 1996; Sands & Wehmeyer, 1996; Ward & Kohler, 1996). The IEP should identify students' postsecondary education goals, vocational goals, and, when appropriate, independent living goals. IEP goals should also be measurable and address students' needs. In Kohler's taxonomy (1996), the area of student participation refers to the inclusion of the student in meetings during which assessment information is used for transition planning. During transition planning, accommodations should be made to meet individuals' needs, and referrals to adult service providers should be made, as needed, and occur prior to students' exit from school. Transition planning strategies should include opportunities for decisions to be driven by the student and family, and ensure that the process is student-centered, and that documentation of students' interests and strengths is obtained. Career development is a lifespan-oriented process (Ianacone & Stodden, 1987). There is a clear need to ensure that students are engaging in career-related planning and activities throughout their entire high school experience. Career counseling services should also be provided to the student during transition years. Just as the career development process begins early in the lifespan (Ianacone & Stodden, 1987), it also continues well beyond the transition to young adulthood (Super, 1992; Super, 1990). Career readiness also received strong empirical support for improving post-school outcomes and has been demonstrated as integral to effective career interventions (Brown & Ryan-Krane, 2000; Jackson, 2000; Luecking & Gramlich, 2003; Shandra & Hogan, 2008); thus career counseling services can improve students' post-school outcomes by guiding the students' career planning process.

The area of student development involves life skills and employment skills instruction, career and vocational curricula, support services, assessment, and structured work experience (Blackorby & Wagner, 1996; Heal & Rusch, 1995; Kohler, 1996; Wehmeyer & Schwartz, 1997). Life skills instruction includes training in: leisure skills, social skills, self-determination (Algozzine, Browder, Karvonen, Test, & Wood, 2001; Halpern, Herr, Wolf, Lawson, Doren, & Johnson, 1997; Hoffman & Field, 1995), self-advocacy, independent living skills, and learning strategies skills. Employment skills focus on work-related behaviors, job seeking skills, and occupation-specific vocational skills. Examples of career and vocational curricula are career education, technical preparatory, and cooperative education. Types of support services students with disabilities may need include: occupational therapy, physical therapy, speech therapy, and transportation that should be provided for the individual. Transition assessment must address the cognitive, academic, and behavioral functioning of the individual. This type of assessment includes testing the individual on curriculum-based vocational experiences. Structured work experience provides the individual with apprenticeships, paid work experience, work study programs, and job placement services prior to exiting school (Benz, Yovanoff, & Doren, 1997; Colley & Jamison, 1998; Leuking & Fabian, 2000).

Another component of Kohler's taxonomy (1996) is interagency collaboration, which can be described as service delivery that occurs within a shared framework (Benz, Lindstrom, & Halpern, 1995; Blalock, 1996; Kohler 1996, 1998). This would include a team consisting of consumers, parents, service providers, employers, and other interested transition stakeholders who partner to improve transition services for students with disabilities. Congress has enacted legislation that provides the legal framework within which the educational and post-school needs of students with disabilities that should include a "coordinated set of activities." To achieve this

coordination, collaboration between the schools and adult service providers is needed for seamless service delivery for students with disabilities. The Rehabilitation Act and its amendments requires that state Vocational Rehabilitation (VR) agencies develop and implement formal interagency agreements with state educational agencies (SEA) that provide for the transition of eligible students with disabilities to post-school activities. However, research indicates that these collaborations often lack the intensive, direct and overlapping planning and service delivery as compared to best practice (Oertle & Trach, 2007).

The National Center on Secondary Education and Transition (2007) partnered with the Study Group, Inc. (2007) and found that the percentage of students for whom schools make contacts with organizations or service providers regarding programs or employment for students with disabilities when they leave high school ranged from fewer than 5% to almost 40% depending on the type of agency/program. The Study Group, Inc. (2007) indicated that while federal legislation set the stage for active cooperation between state VR and SEAs in the delivery of transition services, the anticipated outcomes have fallen short of meeting the needs of service recipients. Through collaborative interagency efforts, programs like supported employment, and the systematic use of assistive technology and job accommodations can be made available to students prior to leaving school. Moreover, working together allows individuals to receive continued support to maintain and expand their employment and living outcomes throughout adulthood, in addition to accessing other community services and supports as needed (Benz, Johnson, Mikkelsen, & Lindstrom's, 1995; Devlieger & Trach, 1999; Test et al., 2006).

Kohler (1996) described family involvement as family participation in policy development, decision making, IEP meetings, student assessment, mentoring, and the family acting as a natural support network. Family empowerment is also an aspect of family

involvement that presents the family with choices and information in order to make appropriate decisions for their child (Morningstar, Turnbull, & Turnbull, 1995; Test, Fowler, Richter, Mazzotti, White, Walker, Kohler, & Kortering, 2009). Family training should also be offered to promote self-determination, advocacy, natural supports, planning process, services, and legal issues.

The transition program structure (Kohler, 1996, 1998) is also an important element to transition programs because it includes laws and policies that help guide transition service delivery. Establishing a program structure also allows for the development of a program philosophy such as education being (a) in least-restrictive environments, (c) outcome-based, (d) in integrated settings, and (e) flexible to meet student needs (Edgar & Polloway, 1994). Program structure should include evaluation, strategic planning, program policy (Furney, Hasazi, & DeStefano, 1997; Hasazi, Furney, & DeStefano, 1999), human resource development, and resource allocation (Kohler, 1996).

### **Transition-related Practices and Interagency Commonalities**

Rehabilitation has a special role in the transition planning process. A major barrier to post-school employment and related outcomes for youth with disabilities and families is the lack of access to needed adult services (e.g., vocational rehabilitation, postsecondary education, residential services) and supports (e.g., Supplemental Security Income, Medicaid, waived programs) (Crane, Gramlich, & Peterson, 2004). Ideally, transition services should be a coordinated effort of multiple agencies to support the individual across many aspects of life (Rutkowski, Daston, Van Kuiken, & Riehle, 2006). The Individuals with Disabilities Education Act Amendments of 1997 (IDEA) required a sharing of transition programming responsibilities among special, vocational, general, and postsecondary education; employment services;



vocational rehabilitation; social services; and mental health services. Yet, despite this mandate young people with disabilities, their families, and the educational professionals who support them during transition often fail to receive critical and timely information and assistance from agency personnel (Johnson, Sharpe, & Sinclair, 1997).

Legislation such as the Carl D. Perkins Vocational and Technical Education Act of 1998, Individuals with Disabilities Education Act of 1997, and the Rehabilitation Act of 1973 changed the focus of transition planning from something that might happen to something that must happen (deFur & Taymans, 1995). However, legislation alone is not enough to ensure successful transitions. Professionals who work with students with disabilities are challenged with using the most appropriate methods to ensure that students are being provided the necessary services and exposed to experiences that lead to successful transitions. These methods should be based on the most valid and current evidence available in the field (Burker & Kazukauskas, 2010).

Addressing the transition needs of youth with disabilities as they progress from school to post-school activities requires consistency across local and state agencies. For example, all students in transition should experience the best possible services for improving their post-school outcomes. A majority of the past research in the area of transition has been successful in identifying best practices (Hasazi et al., 1999). However, transition services that are comprehensive in addressing such needs have been inconsistent and have, in the past, lacked empirical evidence (Johnson, Stodden, Emanuel, Luecking, & Mack, 2002). The use of evidence-based and best practices during service delivery ensures that individuals with disabilities receive the most effective training to accomplish their needs and goals (Chan et al., 2010). In addition to both special education and rehabilitation legislation mandating similar definitions of transition services, both fields agree that there is a need to use the most effective

transition-related practices to promote better outcomes for youth with disabilities (No Child Left Behind, 2001; IDEIA, 2004; Rehabilitation Act, 1992).

Rehabilitation experts are challenged with engaging in ongoing research to "identify effective strategies that enhance the opportunities of individuals with disabilities to engage in employment, including employment involving telecommuting and self-employment; and conduct research on consumer satisfaction with vocational rehabilitation services for the purpose of identifying effective rehabilitation programs and policies that promote the independence of individuals with disabilities and achievement of long-term vocational goals" (Rehabilitation Act of 1973, 29, U.S.C. § 701 et seq., 1973; amended 1992). Evidence-based practice has been defined in vocational rehabilitation research as "a total process beginning with knowing what clinical questions to ask, how to find the best practice, and how to critically appraise the evidence for validity and applicability to the particular care situation" (Pruett, Swett, Chan, Rosenthal, & Lee, 2008, p. 57). There continues to be a discrepancy between what has been identified in the literature as best practice and what is actually being implemented in the field of rehabilitation (Bond, Evans, Salyers, Williams, & Kim, 2000). The following areas in the field of rehabilitation counseling that have been shown effective for improving the employment outcomes among individuals with disabilities include: vocational rehabilitation services (Kaye, 1998), secondary transition services (Kohler, 1996; Test et al., 2009), Assertive Community Treatment (ACT) (Marshall & Lockwood, 1998), supported employment (Becker & Drake, 2003), family psychoeducation (McFarlene, Dixon, Lukens, & Lucksted, 2003), and integrated dual diagnosis treatment (Boyle & Kroon, 2006; Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998). Of these six practices in rehabilitation, secondary transition services, employment,

family psychoeducation are similar to those transition evidence-based and/or best practices and predictors for successful outcomes that are defined by education scholars.

### **Defining Transition-related Practices and Predictors for Post-school Success**

Transition-related legislation (e.g., IDEIA, the Rehabilitation Act) set the foundation for the identification of the types of practices to use as transition professionals develop and/or implement transition programs to improve the post-school outcomes of the students they serve. A common challenge faced by professionals in the area of transition, including teachers, vocational rehabilitation counselors, job coaches, and other agency personnel, is the identification, training, and implementation of evidence-based and best practices in transition (The Study Group, Inc., 2007). One way that this common challenge is being addressed is through the identification of best and evidence-based practices in the field of secondary transition, as well as ongoing research to demonstrate predictors of post-school success.

**Best Practices.** Best practices are defined as expert opinion-based, effective strategies, yet they lack evidence to support their effectiveness (Landmark, Song, & Zhang, 2010). Education best practice suggests that “effective transition planning and service depend upon functional linkages among schools, rehabilitation services, and other human service and community agencies” (National Center on Secondary Education and Transition, 2004). Rehabilitation researchers share a common concept and agree with education scholars that transition-related practices should be used during the delivery of transition services for youth with disabilities (Burker & Kazukauskas, 2010).

**Evidenced-based Practices.** Sections of the Code of Ethics for Rehabilitation Counselor emphasize the use of evidence-based practices (EBPs) (Commission on Rehabilitation Counselor Certification, 2009). According to the University of Ottawa School of Rehabilitation Sciences

(2002), evidence-based practice "establishes a professional practice that is based on theoretical knowledge and consists of using both the best scientific evidence available for clinical decision making and standardized tools used in measuring the services provided" (para. 1). Similarly, educational reform suggests that evidence-based practices should derive from scientifically-based research that applies use of "rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs" (20 U.S.C. § 7901[37]). Researchers further indicate that EBP research relies on direct observation and objective measurement to provide valid data; controls, examines, or assesses factors to eliminate alternative explanations; uses rigorous data analysis; and is published in peer-reviewed journals (Yell, Shriner, & Katsiyannis, 2006). Essentially, evidence-based practices are research-based methods that should be used to improve the transition of individuals through different stages in life (Cook, Tankersley, & Harjusola-Webb, 2008).

The field of rehabilitation education and counseling agree that evidence-based practice research is necessary to inform practice (Tarvydas, Addy, & Fleming, 2010). Over the past decade, interest in evidence-based practices in the rehabilitation and counseling field has increased among researchers (e.g., Bezyak, Kubota & Rosenthal, 2010; Chan, Rosenthal & Pruet, 2008; Chan, Tarvydas, Blalock, Strauser & Atkins, 2009; Chronister, Chan, Cardoso, Lynch & Rosenthal, 2008; Pruet, Swett, Chan, Rosenthal & Lee, 2008; Saunders, Leahy, McGlynn & Estrada-Hernandez, 2006). This focus on evidence-based practice research indicates the need for and importance of understanding and using such practices to improve the outcomes of vocational rehabilitation consumers. Ultimately, professionals are advised to use evidence-based practice interventions due to the rigorous nature of identifying those that have been proven to be effective (Test et al., 2009).

To examine transition practices, researchers (Test, Mazzotti, Mustain, Fowler, Kortering, & Kohler, 2009) used a three-step process of identifying evidence-based special education transition practices (e.g., identify, implement, evaluate), which was similar to the process of investigating transition practices used and defined by rehabilitation researchers (Chronister, Chan, Cardoso, Lynch, & Rosenthal, 2008; Chan, et al., 2010). More specifically, Test et al., (2009) used the hierarchical levels of evidence process (e.g., strong, moderate, potential) to examine and identify evidence-based transition practices. Their literature review provides a guide to making decisions about which evidence-based interventions to use in the delivery of transition services. Following their initial literature review Test, Mazzotti, Mustian, Fowler, Kortering, and Kohler (2009), conducted a second review and added rigorous correlational research in secondary transition to identify evidence-based predictors that correlated with positive post-school outcomes in education, employment, and independent living. “Among the 16 predictors of post-school success, the four that have evidence of success in all three areas of education, employment, and independent living are inclusion in general education, paid work experience, self-care/independent living, and student support” (Test et al., 2013, p. 10).

**Predictors of Post-school Success.** To examine secondary transition services and approaches, Test, Mazzotti et al. (2009) found 16 in-school predictors of improved post-school outcomes (e.g., continued education, employment and/or independent living) based on varying levels of evidence or potential for evidence. In 2013, from the same research (Test, Mazzotti, et al., 2009) additional correlational research was conducted resulting in a 17th predictor (i.e., parent expectations) being identified as an in-school predictor of post-school success. These evidence-based in-school predictors included career awareness, community experiences, exit exam requirements/high school diploma status, inclusion in general education, interagency

collaboration, occupational courses, paid employment/work experience, parent expectations, parental involvement, program of study, self-advocacy/self-determination, self-care/independent living, social skills, student support, transition program, vocational education, and work study (Test et al., 2009). Most notably, inclusion in general education was found to be a moderate predictor of continued education, employment and independent living, while paid employment/work experience, and vocational education were moderate predictors of both continued education and employment. The authors also found transition programs to be predictive of continued education while work study programs were predictive of employment, both at the moderate level. In addition, a number of categories were found to have small-to-medium effect sizes, demonstrating potential for evidence in both post-school education and employment. Potential predictors of both post-school education and employment, included career awareness, interagency collaboration, occupational courses, self-advocacy/self-determination, self-care/independent living skills, social skills, and student support (Test et al., 2009). Table 2 provides a list of evidence-based in-school predictors of post-school success that have warranted attention among education and rehabilitation experts. These predictors are mutually agreed upon by professionals in the fields of education and rehabilitation and should be used during the delivery of transition services for youth with disabilities.

There is a paucity of research on evidence-based practices in the field of vocational rehabilitation (Johnston, Stineman, & Velozo, 1997) which could be due to the complex nature of the service delivery. Johnston, Vanderheiden, Farkas, Roger, Summers, & Westbrook (2009) and the Vocational Rehabilitation Research and Training Center (2010) suggested that rehabilitation professionals refer to evidence-based research that has derived from comparable fields (e.g., special education). Valuing the expertise of education researchers (e.g., Kohler,

Table 2

*In-school Predictors by Post-school Outcome Area*

Evidenced-based Practices	Education	Employment	Independent Living
Career awareness	X	X	
Community experiences		X	
Exit exam requirements/high school diploma status		X	
Inclusion in general education	X	X	X
Interagency collaboration	X	X	
Occupational courses	X	X	
Paid employment/work experience	X	X	X
Parent expectations	X	X	
Parental involvement		X	
Program of study		X	
Self-advocacy/self-determination	X	X	
Self-care/independent living	X	X	X
Social skills	X	X	
Student support	X	X	X
Transition program	X	X	
Vocational education	X	X	
Work study		X	

<sup>2</sup> X = correlational evidence exists; empty boxes = no correlational research has been found.

<sup>3</sup> From “Evidence-Based Practices and Predictors in Secondary Transition: What We Know and What We Still Need to Know,” by the National Secondary Transition Technical Assistance Center (2010, 2013). Copyright 2013 by David Test. Reprinted with permission.

1996; Test, et al., 2009), rehabilitation experts often list practices found by those researchers as the practices that should be used within secondary transition services in the field of rehabilitation (Burker & Kazukauskas, 2010). Consistent with the practices and predictors Test et al’s. (2009) study found, adult vocational rehabilitation literature mirrors those practices in the areas of job readiness curricula (Kneipp, Vandergoot, & Lawrence, 1980), vocational education and services

(Brewer, Miller, & Ray, 1975), and community-based instruction being an important component of the rehabilitation process (Johnston et al., 2009). Within Table 2, transition-related in-school predictors that researchers in the field of education and rehabilitation have reviewed as common practices that should be used during the delivery of secondary transition service provision in the areas of education, employment, and independent living are identified (Test, et al., 2013).

### **Professionals' Perceptions of Issues Associated with Transition-related Practices**

Misperceptions, negative attitudes, and lack of training are speculations as to why practitioners fail to collaborate effectively during transition planning and service delivery (U.S. General Accounting Office, 2003). It is clear that all transition professionals engaged in the delivery of transition services hold responsibilities during the process, yet questions still remain about who should assume leadership (Morningstar, Kim, & Clark, 2008; Szmanski & Danek, 1985). This literature review supports the view that there is an array of transition practices that professionals have to choose from, but knowing how to choose the practice, and who should implement the practice and where seems to be the issue during service delivery (Morningstar et al., 2008; Szmanski & Danek, 1985). Test and Cease-Cook (2012) concluded that “by combining the 16 in-school predictors of post-school success (Test, Mazzotti, et al., 2009), with the evidence-based instructional practices (Test, Fowler, et al., 2009), vocational rehabilitation personnel now have an initial set of evidence-based strategies as a foundation on which to base program improvements” (p. 36). In addition to the need for all transition professionals to implement evidence-based approaches, a new trend has emerged, the issue of knowledge translation and rehabilitation professionals’ ability to utilize the strategies (Leahy & Arokiasamy, 2010).



## **Perceptions Influence Practice**

Plotner, Trach, and Shogren (2012) indicated that oftentimes the VR program is the only link to employment for students with disabilities; therefore, rehabilitation professionals and school personnel perceptions of roles and responsibilities need to be understood by both groups of professionals. Over the years, research studies have been conducted to gather information to identify specific roles, functions, knowledge domains, and competencies for the practice of VR professionals (Jenkins, Patterson, & Szymanski, 1992; Jenkins & Strauser, 1999; Leahy, Chan, & Saunders, 2003; The Study Group, Inc., 2007; Rubin & Roessler, 1987). According to the Commission of Rehabilitation Counselor Certification (2003), the necessary roles of the VR counselor include: (a) assessment and appraisal; (b) diagnosis and treatment planning; (c) career (vocational) counseling; (d) individual and group counseling focused on facilitating adjustment to the medical and psychosocial impact of disability; (e) case management, referral, and service coordination; (f) program evaluation and research; (g) interventions to remove environmental, employment, and attitudinal barriers; (h) consultation services among multiple parties and regulatory systems; (i) job analysis, job development, job placement including assistance with employment and job accommodations; and (j) the provision of consultation about access to rehabilitation technology. Even within these guidelines, there are no clear guidelines about VR professionals' specific roles during transition service delivery (Plotner et al., 2012).

## **Challenges and Perceptions about Theory to Practice**

Plotner et al., (2012) further notes that there is limited transition-related research on the key competencies of VR professionals who engage in the provision of transition services. This research limitation oftentimes results in VR professionals use of the body of research on transition competencies (Asselin, Todd-Allen, & deFur, 1998; Benitez, Morningstar, & Frey,

2009; Blalock, Kochhar-Bryant, Test, Kohler, White, Lehmann, Patton, 2003; Kohler, 2003; Test et al., 2009; Wolfe, Boone, & Blanchett, 1998) for education professionals. The Commission on Rehabilitation Counselor Certification (CRCC, 2009) Code of Ethics provides strong support of the ethical obligation of rehabilitation counselors to understand and employ evidence-based practices, thus the overall message of using practices that have been proven to be effective is not in dispute within the field of rehabilitation.

Research indicates that rehabilitation counselors agree that the application of evidence-based practice is necessary, useful, and can lead to improved quality of service provision (Bezyak, Kubota, & Rosenthal, 2010). In addition, Bezyak et al. (2010) reported that rehabilitation professionals' attitudes were positive regarding interest in learning skills needed to effectively incorporate evidence into rehabilitation counseling practice. Despite these positive attitudes, rehabilitation professionals reported a lack of knowledge about evidence-based practice and insufficient academic preparation (Bezyak et al., 2010). Insufficient time continues to be reported (Bezyak et al., 2010; Chan et al., 2010) as a barrier to applying research evidence to practice. More specifically, Bezyak et al. (2010) reported that an estimated 83% of rehabilitation counselors ranked insufficient time as one of the top three barriers to implementing evidence-based practice. Some rehabilitation professionals agree that due to the individualized nature of the VR process of service delivery, it is challenging to provide evidence-based research. This challenge oftentimes results in the inability to consistently devote time to collecting new evidence, carefully reviewing findings, and developing implementation strategies, thus making it harder for evidence-based practice to be available in all areas of rehabilitation counseling (e.g., secondary transition) (Chan et al., 2010).

## **Ongoing Training in Transition**

It has been found that once working, rehabilitation professionals tend to use the same methods they were taught during pre-service training (Spring, 2007). Because of the frequent changes in legislation, professionals need to be provided ongoing training and support so they can identify the current practices used to meet the transition needs of youth with disabilities (Burker & Kazukauskas, 2010). Leahy and Arokiasamy (2010) suggest the following, “in terms of systems-wide impact, we would like to see that the Council on Rehabilitation Education (CORE) and the Commission on Rehabilitation Counselor Certification begin to examine their respective academic standards and test specifications to ensure that evidenced-based practice is clearly identified as an essential area of knowledge and skill for academic program curriculum and the certification of individual practitioners in rehabilitation counseling” (p. 175). Similarly to rehabilitation, special education has recognized the need for specialized training in transition which is reflected in the transition certification offered by several states (Sitlington & Clark, 2006). The ultimate goal of specific training in transition is anticipated to help students with disabilities be able to compete in a society with students without disabilities as they are provided with appropriate guidance from competent and highly trained transition professionals.

Currently, rehabilitation counselors are the only professional counselors specifically trained at the graduate level to serve individuals with disabilities. Approximately 20% of citizens in the United States of America have a disability (U. S. Census, 2010). The increased prevalence of Americans with disabilities has raised concern between the counseling profession and whether certain types of counselors are being adequately prepared to meet the needs of and serve all clients, regardless of their accrediting organization. In an effort to ensure that all counselors are exposed to opportunities to gain knowledge of disability regardless of the setting in which they

practice, the Council on Rehabilitation Education (CORE) and the Council on Accreditation of Counseling and Related Educational Programs (CACREP) will be merging, effective July 1, 2017. Both organizations entered an affiliation agreement in 2013. Years of discussion have taken place to establish the merge between the counseling professions' accrediting organizations. The result of the merge aims to strengthen the counseling profession and unify the accreditation process for all counselor preparation programs. Although CACREP will carry on the mission of both organizations, during the transition period, CORE will continue to oversee adherence to standards for rehabilitation counseling programs. A committee will be tasked with reformatting the CORE Standards in alignment with CACREP's review structure. With this new format, CORE and CACREP is striving to infuse disability concepts more clearly into preparation programs for all counselors. Counselors who are considered licensed or certified grew concerned about a uniform licensure title (i.e., licensed professional counselor) and the existence of certified rehabilitation counselor (CRC) certification program (i.e., Commission on Rehabilitation Counselor Certification). At this time, the Commission on Rehabilitation Counselor Certification (CRCC) will continue to administer the CRC certification program as long as curriculum in any counseling program continues to align with the knowledge and skill requirements for rehabilitation counselors, graduates of rehabilitation counseling and counseling programs are encouraged to pursue certified rehabilitation counselor (CRC) certification. As it currently stands with the CRCC (2015), the CRC is the highest level of credentialing for the rehabilitation counseling profession and a license as a professional counselor does not override the CRC certification. Rehabilitation counselor certification criteria is based on educational requirements that align with the empirical research to support the knowledge and skill requirements for rehabilitation counselors. Thus, the CCRC will continue to recognize graduates

of rehabilitation counseling programs that are accredited by CACREP in 2017. The recognition and fate of the continuation of the CRC remaining in high regard will partially rely on those 17,000 or more CRCs who have chosen to value it as a part of their professional identity (“News Brief: CORE and CACREP,” 2015).

As the merger progresses, each accrediting organization must keep in mind the unique pre-service training needs that counselors should be exposed to at the graduate level to serve specific populations of individuals with disabilities. This includes an extensive knowledge of all aspects of disability as well as an in-depth understanding of critical considerations such as transition practices and service provision. “Increased awareness could lead to better teaming and potentially more successful post-school outcomes for students with disabilities” (Plotner, Trach, Shogren, 2012, p. 266). “It is critical that transition professionals develop new perspectives to traditional activities (deFur & Taymans, 1995). Three domains are often perceived as central to the VR process: career planning, providing work experiences, and allocating Resources (Leahy et al., 2003). It is important that VR professionals do not view these activities as “generic” VR services. It would be illogical to approach these traditional VR roles in a manner inconsistent with our current person-centered value system. Professionals working with transition-age youth need to understand specific planning and development activities designed to recognize student strength and growth areas with limited or no work experience and/or career awareness. Furthermore, resources used to serve this population may include sources that are not typically utilized with older consumers. For example, a number of youth and after school programs (e.g., peer buddies programs) are available that VR counselors need to be aware of to best serve students” (Plotner, Trach, Shogren, 2012, p. 266). Moreover, as the committee works to reformat

the CORE Standards, which currently includes standards associated with transition, the infusion of the transition standards must remain prominent within the alignment of CACREP's structure.

There are many routes that can be taken so that transition professionals are adequately prepared to provide quality and evidence-based practices to improve the post-school outcomes of youth with disabilities. Hasazi, Furney, and Destefano (1999) suggested developing and monitoring professional development opportunities to address strategies that contribute to successful post-school outcomes as well as to meet other staff needs. In fact, Sitlington and Clark (2006) suggested that improving transition services should perhaps begin with the proper qualifications of those responsible for delivering such services. Developing teachers', rehabilitation counselors', and other professionals' skills and knowledge provides them the confidence to effectively implement new strategies (Buell, Hallam, Gamel-McCormick, & Scheer, 1999).

### **Summary**

While this literature review indicates that researchers in the field of transition have acknowledged that transition professionals require unique knowledge and skills in the area of best and evidenced-based transition practices, there is a paucity of research examining how they can be prepared to use these practices, relative effectiveness of the strategies, or various preparation models (Blanton, Sindelar, Correa, Hardman, McDonnell, & Kuhel, 2003).

Accountability can only be achieved by requiring educators and rehabilitation providers equally and jointly to be responsible for the success or failure of transition (National Council on Disability, 2004b). Ongoing professional development is necessary to keep professionals current on issues and strategies to improve transition services for youth with disabilities (IDEIA, 2004). In addition to sharing information with one another through professional development, transition

team members need to maintain an ongoing network with communities and businesses so they are ongoing learners as well (Blalock, 1996). Collaboration combined with productive, organized, and resourceful cross-agency teams are the foundation of effective and cohesive transition programming (Kohler, 1996).

In conclusion, further research is needed as there continues to be a void in rehabilitation literature related to the composition of specific knowledge domains central to the professional practice of rehabilitation counseling as mandated by legislation and the assessment of ongoing training needs of practicing professionals in state VR agencies (Chan, Leahy, Saunders, Tarvydas, Ferrin, & Lee, 2003; Saunders & Leahy, 2010). Practice implications for research in the field of rehabilitation suggest a need “to examine predictors of adult agency involvement and participation during transition planning” (Plotner et al., 2012, p. 267). Plotner et al. (2012) summarized practice implications for research in the field of rehabilitation by noting, “the majority of transition studies explore a teacher perspective but rarely a perspective from other transition team members outside the school (e.g., VR). Taking into account a holistic perspective to transition team competencies should increase transition team knowledge of the strengths of all team members. Increasing our knowledge of the competencies of all team members could facilitate more effective teaming and increase coordination of services due to greater accountability and role discernment of each transition team member. Increased awareness of others’ roles could lead to better teaming and potentially more successful post-school outcomes for students with disabilities” (p. 266). Plotner et al. (2012) further summarizes future research areas of needs by the following statements, “there are a limited number of studies that have explicitly defined professional competencies in transition, specifically transition team members

outside of the school”, “pre-service and in-service training for VR and special education needs to be examined to determine what transition content is being focused on” (p. 267).

It is obvious that no one service provider can accomplish the desired post-school outcomes without coordinating with other professionals (Eber, Nelson, & Miles, 1997). With the legislative mandates, transition services providers and stakeholders (e.g., public schools, vocational rehabilitation) are required to and should be encouraged to work together to actively facilitate the transition from school to work and community living for youth with disabilities.



## CHAPTER III. METHODOLOGY

A survey research, nonexperimental design was used in this study to determine Alabama rehabilitation counselors' perceptions of transition programs, services, and practices. Descriptive statistical analysis was conducted including means, frequencies, standard deviations, analysis of variances (ANOVAs), as well as cross tabulations (see Table 10). The *Transition Practices Survey* (TPS) by Rabren, Hall, & Eaves (2012) which is further described in the instrumentation section of this chapter, was adapted and used. This chapter explains the participants, instrumentation, and data collection procedures used in this study. Also, a detailed explanation of the analysis conducted for the results of this research study is presented.

### **Participants**

The sampling frame for this study was the population of rehabilitation counselors employed by the Alabama Department of Rehabilitation Services (ADRS). Alabama certified and non-certified rehabilitation counselors associated with, or responsible for the delivery of transition services and programs for youth and young adults with disabilities were solicited to participate. At the time of the study, this population included approximately 145 rehabilitation counselors employed at the ADRS (J. Myrick, e-mail correspondence, January 5, 2015). In late-October 2014, the study was introduced to state rehabilitation leaders and data collection began in mid-November 2014. The study took place over a seven-week period ending in January 2015. The survey was an anonymous, self-report, web-based instrument. One hundred and five surveys were attempted, with three being partially completed. Of the 105 respondents, three were eliminated, as these surveys were not fully completed, leaving 102. The three surveys were not

considered for this study because none had any of the content items completed (i.e., only demographics were submitted). The 102 rehabilitation counselors from the ADRS who fully participated in this study, resulted in a 70% response rate for the survey used in this study.

Seventy-three percent of the sample (73 participants) described themselves as Caucasian, 28% (28 participants) described themselves as African American, and one percent of the sample (1 participant) listed him or herself as Asian. Eighty-one of the respondents were females with 21 being males. Twenty-seven percent of the respondents reported that they completed a separate course in transition during their master's program. Forty-nine participants (48%) reported holding the certified rehabilitation counselor (CRC) credential, while 53 of the respondents (52%) were non-CRC. The response rate by credential held was as follows: CRC = 48%, and non-CRC = 52%. The number type of caseloads served by the participants were 20 (20%) with a transition caseload, 30 (29%) with a general caseload, and 52 (51%) with a combined caseload. Participants ranged in length of service from 34 (33.3%) having less than a year to five years to 31 (30.4%) having 16 or more years, with 37 (36.3%) having six to 15 years, with this last group having the most frequently reported amount of experience (see Table 5). The criteria for length of service increments were determined by appropriate representativeness of the sample population. In order to keep representativeness per group, the breakdown used in Table 5 best fit the sample population and rehabilitation social terminology, ranging from beginning rehabilitation counselors, to novice, and seasoned or veteran rehabilitation counselors. Of the 102 respondents, 18 out of 20 were serving transition caseloads, only eight out of 30 were serving general caseloads, and 45 out of 52 were serving a combined caseload reported having received training in transition within the past two years. Of the 102 respondents, 71 (69.6%) reported having received training in transition within the past two years. Finally, of the 102

respondents, only 27 (26.5%) indicated that they engaged in a separate course in transition during their master's program.

Table 3

*Frequencies and Percentages of CRCs and Non-CRCs (n = 102)*

Professional Certification	<i>f</i>	%
CRC	49	48.0
Non-CRC	53	52.0
Total	102	100.0

Table 4

*Frequencies and Percentages of Types of Caseloads (n = 102)*

Type of Caseload	<i>f</i>	%
Transition Caseload	20	19.6
General Caseload	30	29.4
Combined Caseload	52	51.0
Total	102	100.0

Table 5

*Frequencies and Percentages of Length of Service (n = 102)*

Length of Service	<i>f</i>	%
Less than a year to five years	34	33.3
Six to 15 years	37	36.3
16 or more years	31	30.4
Total	102	100.0

Table 6

*Frequencies and Percentages of Respondents Who Received Training in the Past Two Years*  
(*n* = 102)

Received Training?	<i>f</i>	%
Yes	71	69.6
No	31	30.4
Total	102	100.0

Table 7

*Frequencies and Percentages of Respondents Who Took a Separate Course in Transition*  
(*n* = 102)

Separate Course in Transition?	<i>f</i>	%
Yes	27	26.5
No	75	73.5
Total	102	100.0

### **Instrumentation**

The online instrument used to collect data for this study was the *Transition Practices Survey for Rehabilitation* (TPS-R) (see Appendix D). This survey was adapted from the *Transition Practices Survey* (TPS, Rabren, Hall, & Eaves, 2012) to include rehabilitation specific questions of inquiry. The original TPS was developed to identify transition practices that transition professionals employ in their delivery of services to youth with disabilities. It has been used to determine special educators' perceptions of their transition practices. The TPS-R is a survey instrument designed to measure self-reported levels of perceived importance and training

needs in various aspects of the rehabilitation process and practices. The TPS-R is composed of three sections (i.e., A. Transition Professional, B. Transition Practices and Program, C. Training in Transition), with 12 demographic information items and 52 content items.

Initial validation of the TPS instrument was conducted by Rabren and Eaves (in progress), with over 600 special education professionals from five states, representing the four regions of the United States. Internal consistency reliability coefficients (Cronbach's alphas) were computed and found to be high with Transition Goals ( $\alpha = .93$ ), Transition Planning ( $\alpha = .85$ ), Independence ( $\alpha = .90$ ), Staff Development ( $\alpha = .83$ ), and Collaboration ( $\alpha = .76$ ). The values exceed the minimum required for making programmatic judgments (i.e.,  $\geq .60$ ) (Nunnally, 1978). An initial exploratory factor analysis for the TPS led to the identification of five factors and showed common themes throughout the factor loadings. This solution accounted for approximately 44% of the variance.

For the purpose of this study, an adapted version of the TPS was used, which differed by an additional item in Section B, which was specifically worded for rehabilitation. The TPS-R provides a useful measure of rehabilitation counselors' perceptions of transition programs, practices, and services. The content of the TPS-R is virtually the same as the TPS and represents transition practices that have been identified as being evidenced-based or supported by best practice recommendations.

Since the adapted version of the TPS included slight wording differences and was used with a different population, an exploratory factor analysis was used to identify the underlying factor structure of the TPS-R. These factors explained the pattern of correlations within the sets of scale items. Five-factors were identified accounting for 80% of the total variance. One additional item, (i.e., To what degree should the Individualized Education Program

(IEP)/Transition planning meetings...have a rehabilitation counselor involved?) was added to the TPS-R to more accurately address the rehabilitation population. Three items did not load higher than .50. Items number six, twenty-seven, and thirty-six (i.e., Item number six: To what degree do students in transition receiving vocational rehabilitation (VR) services need to...receive career assessment?; Item number twenty-seven: To what degree should the Individualized Education Program (IEP)/Transition planning meetings...acknowledge the student as director of the plan?; and Item number thirty-six: To what degree does your state VR transition program...develop adequate working relationships with school personnel and other community service providers?). Therefore, the final factor structure consisted of five factors: (a) *Transition Practices* with 13 items, (b) *Postsecondary Planning* with 17 items, (c) *Professional Development* with 10 items, (d) *Community Integration* with five items, and (e) *Employment Support* with four items (see Table 8).

Table 8

*Cronbach's Coefficients Alpha and Items for the Transition Practices Survey for Rehabilitation*

Factor	Coefficient $\alpha$	Survey Items
1. Transition Practices	.98	1-5; 7-14
2. Postsecondary Planning	.98	15-16; 18-26; 29-33, 35
3. Professional Development	.97	43-52
4. Community Integration	.93	38-42
5. Employment Support	.90	17, 28, 34, 37

The researcher consulted with two other transition professionals and identified titles for the five factors which are briefly described as followed. The first factor, *Transition Practices* has 13 items. Items within this factor encompass a full range of transition service provision practices such as student-focused planning and student development. The second factor, *Postsecondary Planning* consists of 17 items, making it the largest number of items of any of the five factors. Its focus is on transition team planning for the future, building and maintaining relationships within transition teams and others involved in transition planning process. The third factor, *Professional Development* consists of 10 items, addressed training in transition professional development to improve transition services. Factor four, *Community Integration*, includes five items relating to the facilitation of community-based opportunities to assist students to adjusting to and gaining knowledge about community services. The final factor, *Employment Support*, was the smallest, consisting of only four items. These items relate to employment development and support. See Table 9 for the rotated factor loadings and item correlation of the TPS-R.

Table 9

*Rotated Factors' Loadings and Cronbach's Coefficients Alpha for the TPS-R (n =102)*

		<u>Rotated Factor Loadings: Pattern Matrix</u>				
<b>Factor 1: Transition Practices (Cronbach's <math>\alpha = .98</math>)</b>		1	2	3	4	5
1.	participate in their own Individualized Education Program (IEP)/transition planning?	.801				
2.	be informed of all high school exit pathways and requirements?	.737				
3.	receive self-advocacy skills training?	.919				
4.	receive self-determination skills training?	.942				
5.	receive social skills training?	.799				
7.	take a lead role in the development of their IEP/transition planning?	.777				
8.	receive work-related behaviors training?	.769				
9.	receive job seeking skills training?	.778				
10.	receive occupation-specific training based on their career assessments?	.578				
11.	have family or advocate representation at IEP meetings?	.678				
12.	receive accommodations and assistive technology as necessary?	.580				
13.	receive transition services planning by age 16?	.759				
14.	start transition services planning before age 16?	.611				
<b>Factor 2: Postsecondary Planning (Cronbach's <math>\alpha = .98</math>)</b>						
15.	use assessment information as basis for transition planning?		.634			
16.	select measurable goals to plan and implement transition services?		.729			
18.	identify postsecondary education goals?		.713			
19.	identify community living goals?		.688			
20.	identify independent living goals?		.641			
21.	include referrals to adult services before exit?		.600			
22.	specify responsibilities of each IEP participant (when applicable)?		.574			
23.	be student-driven and directed?		.639			
24.	address students' personal needs (e.g., financial, medical, legal)?		.502			
25.	address students' community participation and living arrangements?		.587			
26.	be reviewed at least annually to assess goal progress?		.520			
29.	have a special education teacher involved?		.535			
30.	have a general education teacher involved?		.812			



Table 9 (Continued)

*Rotated Factors' Loadings and Cronbach's Coefficients Alpha for the TPS-R (n =102)*

	<u>Rotated Factor Loadings: Pattern Matrix</u>				
	1	2	3	4	5
<b>Factor 2: Postsecondary Planning (Cronbach's <math>\alpha = .98</math>)</b>					
31. have a career/technical education teacher involved?		.835			
32. have an administrator involved?		.923			
33. have a guidance counselor involved?		.797			
35. address annual progress in each IEP goal area?		.604			
<b>Factor 3: Professional Development (Cronbach's <math>\alpha = .97</math>)</b>					
43. responding to transition program needs and issues?			.859		
44. graduation pathways for transition?			.832		
45. community-based instruction practices at the secondary level (e.g., job readiness training)?			.905		
46. planning and implementing goals for transition plans?			.973		
47. actively participating in successful IEP/transition meetings?			.920		
48. assessing students' transition needs?			.857		
49. increasing students' vocational skills?			.800		
50. training students in transition about the importance of advocacy and self-determination skills?			.760		
51. improving collaboration strategies among schools, other agencies, employers, and communities?			.801		
52. evaluating transition programs and services for accountability purposes?			.831		
<b>Factor 4: Community Integration (Cronbach's <math>\alpha = .93</math>)</b>					
38. offer student programs on self-advocacy and self-direction?				.836	
39. promote community awareness of transition student's issues and abilities?				.733	
40. advocate that disability is a normal part of human diversity and should be treated as such?				.560	
41. coordinate services and events (e.g., job/career fairs, job readiness trainings, college preparatory programs) with schools and other services providers?				.789	
42. participate in a local interagency community transition team (CTT)?				.673	
<b>Factor 5: Employment Support (Cronbach's <math>\alpha = .90</math>)</b>					
17. identify employment goals?				.562	
28. have a rehabilitation counselor involved?				.549	
34. have a job coach present and involved (when applicable)?				.622	

Table 9 (Continued)

*Rotated Factors' Loadings and Cronbach's Coefficients Alpha for the TPS-R (n =102)*

		<u>Rotated Factor Loadings: Pattern Matrix</u>				
<b>Factor 5: Employment Support (Cronbach's <math>\alpha = .90</math>)</b>		1	2	3	4	5
37.	develop adequate working relationships with local employers and businesses?					.530

The factors identified for the TPS-R are different than the original TPS due to the sample population and the way the questions were asked; however, there remains a consistent common theme among the factors identified for this study. Transition service provision, support, student-focused transition planning, training in transition, and collaboration were the major themes among the factors of the TPS and TPS-R.

The TPS-R has 12 demographic information items and 52 content questions pertaining to transition programs, services, practices, and professional development. Section A. Transition Professional required respondents to provide demographic information about themselves. More specifically, demographic items in this section included (a) race, (b) ethnicity, (c) gender, (d) year obtained master's degree, (e) CRC status, (f) type of caseload, (g) length of employment with ADRS, (h) size of caseload, (i) length of service to transition caseload, and (j) length of time spent engaging in training in transition. Participants had the option to specify and add comments in response to their race (see Appendix D).

Participants rated each of the 52 content items on two, five-point Likert scales, ranging from *never* to *always* on questions regarding transition practices and program for Part B, and *none* to *very much* on questions about training in transition, in Part C. In Part B, Transition Practices and Programs, rehabilitation professionals responded on the importance of each item to

their current work by answering a series of questions using a Likert scale, with the stems aligned as follows: *To what degree do students in transition receiving vocational rehabilitation (VR) services need to...; To what degree should Individualized Education Programs (IEPs) for students in transition...; To what degree should the Individualized Education Program (IEP)/Transition planning meetings...To what degree does your state VR transition program...; and To what degree would you like to receive more training or instruction in* (see Appendix D). Section B included information about the transition program and to what degree participants' viewed the current status of the state's transition program. The scale used to rate these items was: 1 = never, 2 = seldom, 3 = sometimes, 4 = often, and 5 = always. In Section C Training in Transition, addressed information about ongoing professional development in transition, and respondents were asked to rate the level to which they perceived the need for more training or instruction. The scale used to rate these items was: 1 = none, 2 = slight, 3 = some, 4 = much, and 5 = very much. The Likert scale was used to indicate to what degree the respondent perceives the current status of the state's transition program. The first sets of Likert scale items assessed rehabilitation counselors' perceptions of their transition program and practices being demonstrated (items 1-42). The second set of Likert scale items examined rehabilitation counselors' perceptions of their need for more training in the area of transition (items 43-52, see Appendix D).

Given that the majority of transition models have been developed from a school-based perspective, the TPS-R instrument allowed the researcher to assess the perceptions of a key, non-school based member of the transition team (i.e., rehabilitation counselors). Five transition factors were identified by an exploratory factor analysis.

## **Data Collection Procedures**

The TPS-R was completed by rehabilitation professionals from Alabama's Department of Rehabilitation Services, Division of Vocational Rehabilitation Services. The assistant commissioner of the Alabama Department of Rehabilitation Services (ADRS), Division of Vocational Rehabilitation Services was provided with an overview of the study and he acknowledged the need for and indicated interest in the study. A permission authorization letter was provided. Once authorization was obtained from the ADRS, approval from Auburn University was sought and gained.

Auburn University uses a system of permissions to protect the security of its websites and the data stored on the University's servers. The changes in any permissions are only allowable by University users with proper administration authority. All data transferred through the website is encrypted and secured using Hypertext Transfer Protocol with Secure Sockets Layer (HTTPS). The data collected is then stored on Auburn University servers which are located in a secure facility on campus and protected by a system of permissions used for authentication as well as firewall and other network protection to ensure the security and reliability of the data. All data collected was web-based and pulled from the website for analysis.

The TPS-R was distributed via the internet to rehabilitation professionals within the ADRS, Division of Vocational Rehabilitation Services (<https://web.auburn.edu/institute/ADRS/>). Access was provided to the online TPS-R from the researcher to the state rehabilitation administrator, who then distributed an invitation e-mail message to all rehabilitation counselors (approximately 145). Upon receipt of their invitation to participate e-mail, rehabilitation counselors were asked to click on a link to the TPS-R. At the TPS-R website, potential participants were provided an information letter about the study, asked to provide consent and by

clicking *next* to acknowledge their decision to participate in the study and complete the TPS-R. If consent was granted, participants were asked to provide specific demographic information (i.e., Part A. of the survey). Completion of this survey took approximately 10-15 minutes. Data were collected from completed TPS-R submissions. Along with the initial e-mail invitation, state administrators allowed two reminder e-mail invitations during the study to follow-up with non-respondents. No incentives were offered to complete the survey.

### **Data Analysis**

The Statistical Program for the Social Sciences (SPSS) version 22 (2014) was used for data analysis. In Part A. of the survey, descriptive demographic data were collected (i.e., race, ethnicity, gender, year obtained master's degree, CRC status, type of caseload, length of employment with ADRS, size of caseload, length of service to transition caseload, when applicable, and length of time spent engaging in in-service training in transition). A non-experimental survey design was used to investigate Alabama rehabilitation counselors' perceptions of transition programs, services, and practices. Quantitative data analysis was conducted with responses obtained from the TPS-R. Data analysis was conducted using data responses collected from completed surveys. An exploratory factor analysis identified the underlying dimensions for the TPS-R. Descriptive statistical analysis was conducted including means, frequencies, standard deviations, analysis of variances (ANOVAs), as well as cross tabulations. Table 10 provides a brief analysis of the research questions and how they were addressed during examination of the responses. Table 10 also provides a brief overview of four of the five factors, how they relate to each research question, and details of the number of survey items by factor. Cross tabulations were conducted as a follow-up procedure to address the fifth factor (i.e., Professional Development). The TPS-R can be found in Appendix D.

Table 10

*Analysis of the Research Questions and Summary of the Four Transition Areas Examined: Transition Practices, Postsecondary Planning, Community Integration, and Employment Support*

Research Question	Factors	Number of Survey Items	Analysis
1. Is there a significant difference between rehabilitation counselors' (RC) perceptions of transition practices among those who are a certified rehabilitation counselor (CRC) and those who are not a CRC?	Transition Practices	13	ANOVA
	Postsecondary Planning	17	
	Community Integration	5	
	Employment Support	4	
2. Is there a significant difference between RCs' perceptions of transition practices among those who exclusively serve a transition caseload, a general caseload, and a combined caseload?	Transition Practices	13	ANOVA
	Postsecondary Planning	17	
	Community Integration	5	
	Employment Support	4	
3. Is there a significant difference between RCs' perceptions of transition practices according to length of service as a RC?	Transition Practices	13	ANOVA
	Postsecondary Planning	17	
	Community Integration	5	
	Employment Support	4	
4. Is there a significant difference between RCs' perceptions of transition practices according to those who have or have not received professional development training in transition during the past two years?	Transition Practices	13	ANOVA Cross Tabulations
	Postsecondary Planning	17	
	Community Integration	5	
	Employment Support	4	

## Summary

The procedures and analysis used to examine perceptions of rehabilitation counselors' employed by ADRS were described in this chapter. First, the participant population was defined and separated by differences outlined by (a) race, (b) gender, (c) year of earning master's degree, (d) whether a separate course was taken during the respondents' master's program, (e) professional certification held or not held, (f) type of caseload served, (g) length of service, and (h) estimated length of time spent during in-service training in transition within the past two years. Second, the adaptation of the TPS-R was explained in the instrumentation section and included information about reliability measures for the rehabilitation version of the instrument. Next, the data collection procedures were addressed. Finally, analyses used to obtain results were presented in text and table format.

## CHAPTER IV. RESULTS

The *Transition Practices Survey for Rehabilitation* (TPS-R) identifies self-reported levels of perceived importance of transition practices and training needs of rehabilitation counselors. A review of literature on transition practices yielded a need for more research, specifically in the field of rehabilitation. To respond to this void in the literature and the direct need as expressed by one of Alabama's lead rehabilitation administrators, this study examined one southeastern state's rehabilitation counselors' perceptions of transition programs, services, and practices for youth with disabilities, as well as their professional training needs. This chapter presents the results of the analyses for the four research questions of this study.

A preliminary analysis was conducted to identify the underlying factor structure of the TPS-R. Results of an exploratory factor analysis indicated that the five-factor solution which accounted for 80% of the total variance was acceptable, with good simple structure, and can be meaningfully interpreted. Items comprising each of the factors, along with factor loadings, are provided in Table 9. Accordingly, the five factors were labeled: (a) *Transition Practices* with 13 items, (b) *Postsecondary Planning* with 17 items, (c) *Professional Development* with 10 items, (d) *Community Integration* with five items, and (e) *Employment Support* with four items. The internal consistency reliability coefficients (Cronbach's alpha) for the factors were found to be high, ranging from .90 to .98 and higher than the recommended minimum level of .70 (Nunnally, 1978).

Descriptive statistics for the participants were recorded in Tables 3-7 in the previous chapter. Some descriptive statistics relative to the research questions examined are worth noting.



Of the 102 respondents, 18 out of 20 serving transition caseloads, only eight of the 30 rehabilitation counselors serving general caseloads, and 45 out of 52 serving a combined caseload reported having received training in transition within the past two years.

The following research questions sought to identify the perceptions of rehabilitation professionals employed by the Alabama Department of Rehabilitation Services (ADRS).

1. Is there a significant difference between rehabilitation counselors' perceptions of transition practices among those who are a certified rehabilitation counselor and those who are not a certified rehabilitation counselor?
2. Is there a significant difference between rehabilitation counselors' perceptions of transition practices among those who exclusively serve a transition caseload, a general caseload, and a combined caseload?
3. Is there a significant difference between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor?
4. Is there a significant difference between rehabilitation counselors' perceptions of transition practices according to those who have or have not received professional development training in transition during the past two years?

### **Research Questions Results**

This section addresses the results from the analysis of each question. For each of the study's research questions, the mean (M) and standard deviations (SDs) are presented along with results of the ANOVA for questions one, two, three, and four, as well as the results of a cross tabulation as a follow-up analysis for question four. There were 39 questions combined to make up the *Perceptions of Practices* score and ratings from 10 questions made up the *Training in*

*Transition* results that will be discussed as a value of the follow-up analysis. The specific research questions are stated below, along with their results, in text and table format.

### **Research Question One**

In response to research question one, an analysis of variance was conducted to determine whether or not there is a significant difference between rehabilitation counselors’ perceptions of transition practices among those who are a certified rehabilitation counselor and those who are not a certified rehabilitation counselor.

The average combined *Transition Practices* score for CRCs was 51.55 (SD = 13.552) and for non-CRCs was 48.22 (SD = 15.698). An ANOVA was used to determine any significant differences in the perceptions of CRCs and non-CRCs about the *Transition Practices* factor. At an alpha level of .05, the results indicated that there were no significant differences in perceptions of the *Transition Practices* factor among those who were certified rehabilitation counselors and those who were not certified rehabilitation counselors. The test of homogeneity of variance was not significant,  $p = .22$ .

Table 11

*Means and SDs for Rehabilitation Counselors’ Perceptions of the Transition Practices Factor*

Credentials	Mean	Standard Deviation	<i>N</i>
CRC	51.55	13.552	49
Non-CRC	48.22	15.698	53
Total	49.82	14.729	102

Table 12

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Transition Practices Factor*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	281.41	281.41	1.301	.257
Within groups	100	21631.40	216.31		
Total	101	21912.82			

The average combined *Postsecondary Planning* score for CRCs was 65.04 (SD = 18.472) and for non-CRCs was 66.56 (SD = 20.368). An ANOVA was used to determine any significant differences in the perceptions of CRCs and non-CRCs about the *Postsecondary Planning* factor. At an alpha level of .05, the results indicated that there were no significant differences in perceptions of the *Postsecondary Planning* factor among those who were certified rehabilitation counselors and those who were not certified rehabilitation counselors. The test of homogeneity of variance was not significant,  $p = .85$ .

Table 13

*Means and SDs for Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor*

Credentials	Mean	Standard Deviation	<i>N</i>
CRC	65.04	18.472	49
Non-CRC	66.56	20.368	53
Total	65.83	19.399	102

Table 14

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	59.22	59.22	.156	.694
Within groups	100	37952.93	379.52		
Total	101	38012.16			

The average combined *Community Integration* score for CRCs was 16.46 (SD = 5.653) and for non-CRCs was 18.22 (SD = 6.113). An ANOVA was used to determine any significant differences in the perceptions of CRCs and non-CRCs about the *Community Integration* factor. At an alpha level of .05, the results indicated that there were no significant differences in perceptions of the *Community Integration* factor among those who were certified rehabilitation counselors and those who were not certified rehabilitation counselors. The test of homogeneity of variance was not significant,  $p = .70$ .

Table 15

*Means and SDs for Rehabilitation Counselors' Perceptions of the Community Integration Factor*

Credentials	Mean	Standard Deviation	<i>N</i>
CRC	16.46	5.653	49
Non-CRC	18.22	6.113	53
Total	17.38	5.933	102

Table 16

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Community Integration Factor*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	78.60	78.60	2.260	.136
Within groups	100	3477.48	34.77		
Total	101	35556.08			

The average combined *Employment Support* score for CRCs was 16.18 (SD = 3.527) and for non-CRCs was 16.43 (SD = 4.194). An ANOVA was used to determine any significant differences in the perceptions of CRCs and non-CRCs regarding the *Employment Support* factor. At an alpha level of .05, the results indicated that there were no significant differences in perceptions of the *Employment Support* factor among those who were certified rehabilitation counselors and those who were not certified rehabilitation counselors. The test of homogeneity of variance was not significant,  $p = .41$ .

Table 17

*Means and SDs for Rehabilitation Counselors' Perceptions of the Employment Support Factor*

Credentials	Mean	Standard Deviation	<i>N</i>
CRC	16.18	3.527	49
Non-CRC	16.43	4.194	53
Total	16.31	3.871	102

Table 18

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Employment Support Factor*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	1.59	1.59	.105	.746
Within groups	100	1512.36	15.12		
Total	101	1513.95			

### Research Question Two

In response to research question two, an analysis of variance was conducted to determine whether or not there is a significant difference between rehabilitation counselors' perceptions of transition practices among those who exclusively serve a transition caseload, a general caseload, and a combined caseload.

The average combined *Transition Practices* score for rehabilitation counselors who serve a transition caseload was 54.55 (SD = 9.338), for rehabilitation counselors who serve a general caseload was 39.16 (SD = 18.736), and for rehabilitation counselors who serve a combined caseload was 54.15 (SD = 10.142). An ANOVA was used to determine any significant differences in the perceptions among those who exclusively serve a transition caseload, a general caseload, and a combined caseload within the *Transition Practices* factor. At an alpha level of .05, the results indicated that there were significant differences in the perceptions of the *Transition Practices* factor among those who exclusively served a transition caseload, a general caseload, and a combined caseload. The test of homogeneity of variance was significant,  $p = .00$ . A post hoc Dunnett's *T3* test revealed that the transition and general caseload groups differed

significantly at  $p < .05$ , as well as did the general and combined caseload groups; the transition and combined caseload groups were not significantly different.

Table 19

*Means and SDs for Rehabilitation Counselors' Perceptions of the Transition Practices Factor by Caseload*

Type of Caseload	Mean	Standard Deviation	<i>N</i>
Transition	54.55	9.338	20
General	39.16	18.736	30
Combined	54.15	10.142	52
Total	49.82	14.729	102

Table 20

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Transition Practices Factor by Caseload*

Source	df	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	4828.93	2414.46	13.99	.000
Within groups	99	17083.88	172.56		
Total	101	21912.82			

The average combined *Postsecondary Planning* score for rehabilitation counselors who serve a transition caseload was 74.25 (SD = 9.925), for rehabilitation counselors who serve a general caseload was 49.60 (SD = 23.856), and for rehabilitation counselors who serve a combined caseload was 71.96 (SD = 12.803). An ANOVA was used to determine any significant differences in the perceptions among those who exclusively serve a transition caseload, general

caseload, and a combined caseload within the *Postsecondary Planning* factor. At an alpha level of .05, the results indicated that there were significant differences in the perceptions of the *Postsecondary Planning* factor among those who exclusively served a transition caseload, a general caseload, and a combined caseload. The test of homogeneity of variance was significant,  $p = .00$ . A post hoc Dunnett's  $T3$  test revealed that the transition and general caseload groups differed significantly at  $p < .05$ , as well as did the general and combined caseload groups; the transition and combined caseload groups were not significantly different.

Table 21

*Means and SDs for Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by Caseload*

Type of Caseload	Mean	Standard Deviation	<i>N</i>
Transition	74.25	9.925	20
General	49.60	23.856	30
Combined	71.96	12.803	52
Total	65.83	19.399	102

Table 22

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by Caseload*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	11275.29	5637.64	20.87	.000



Table 22 (Continued)

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by Caseload*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Within groups	99	26736.87	270.06		
Total	101	38012.16			

The average combined *Community Integration* score for rehabilitation counselors who serve a transition caseload was 20.45 (SD = 4.173), for rehabilitation counselors who serve a general caseload was 13.66 (SD = 6.964), and for rehabilitation counselors who serve a combined caseload was 18.34 (SD = 4.785). An ANOVA was used to determine any significant differences in the perceptions held by those who exclusively serve a transition caseload, general caseload, and a combined caseload within the *Community Integration* factor. At an alpha level of .05, the results indicated that there were significant differences in the perceptions of the *Community Integration* factor among those who exclusively served a transition caseload, a general caseload, and a combined caseload. The test of homogeneity of variance was significant,  $p = .002$ . A post hoc Dunnett's *T3* test revealed that the transition and general caseload groups differed significantly at  $p < .05$ , as well as did the general and combined caseload groups; the transition and combined caseload groups were not significantly different.

Table 23

*Means and SDs for Rehabilitation Counselors' Perceptions of the Community Integration  
Factor by Caseload*

Type of Caseload	Mean	Standard Deviation	<i>N</i>
Transition	20.45	4.173	20
General	13.66	6.964	30
Combined	18.34	4.785	52
Total	17.38	5.933	102

Table 24

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Community Integration  
Factor by Caseload*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	650.70	325.35	11.08	.000
Within groups	99	2905.38	29.34		
Total	101	3556.08			

The average combined *Employment Support* score for rehabilitation counselors who serve a transition caseload was 17.95 (SD = 1.731), for rehabilitation counselors who serve a general caseload was 13.56 (SD = 5.443), and for rehabilitation counselors who serve a combined caseload was 17.26 (SD = 2.301). An ANOVA was used to determine any significant differences in the perceptions among those who exclusively serve a transition caseload, general caseload, and a combined caseload within the *Employment Support* factor. At an alpha level of .05, the results indicated that there were significant differences in the perceptions of the *Employment*

*Support* factor among those who exclusively served a transition caseload, a general caseload, and a combined caseload. The test of homogeneity of variance was significant,  $p = .00$ . A post hoc Dunnett's  $T3$  test revealed that the transition and general caseload groups differed significantly at  $p < .05$ , as well as did the general and combined caseload groups; the transition and combined caseload groups were not significantly different.

Table 25

*Means and SDs for Rehabilitation Counselors' Perceptions of the Employment Support Factor by Caseload*

Type of Caseload	Mean	Standard Deviation	<i>N</i>
Transition	17.95	1.731	20
General	13.56	5.443	30
Combined	17.26	2.301	52
Total	16.31	3.871	102

Table 26

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Employment Support Factor by Caseload*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	327.41	163.70	13.65	.000
Within groups	99	1186.54	11.98		
Total	101	1513.96			

### Research Question Three

In response to research question three, an analysis of variance was conducted to determine whether or not there are significant differences between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor.

The average combined *Transition Practices* score for rehabilitation counselors according to their length of service was 55.05 (SD = 8.981) for those who reported serving in their role less than a year to five years, 47.40 (SD = 17.632) for those who have been in their role for six to 15 years, and 46.96 (SD = 14.896) for those who have been in their role for 16 or more years. An ANOVA was used to determine any significant differences in perceptions held according to the length of service as a rehabilitation counselor about *Transition Practices*. At an alpha level of .05, the results indicated that there were significant differences between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor within the *Transition Practices* factor. The test of homogeneity of variance was significant,  $p = .00$ . A post hoc Dunnett's  $T3$  test revealed that the beginning (i.e., less than a year to five years) and seasoned or veteran (i.e., 16 or more years) rehabilitation counselors' groups differed significantly at  $p < .05$ .

Table 27

*Means and SDs for Rehabilitation Counselors' Perceptions of the Transition Practices Factor by the Length of Service*

Length of Service	Mean	Standard Deviation	<i>N</i>
Less than a year to five years	55.05	8.981	34

Table 27 (Continued)

*Means and SDs for Rehabilitation Counselors' Perceptions of the Transition Practices Factor by the Length of Service*

Length of Service	Mean	Standard Deviation	<i>N</i>
Six to 15 years	47.40	17.632	37
16 or more years	46.96	14.896	31
Total	49.82	14.729	102

Table 28

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Transition Practices Factor by the Length of Service*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	1401.05	700.52	3.381	.038
Within groups	99	20511.76	207.19		
Total	101	21912.82			

The average combined *Postsecondary Planning* score for rehabilitation counselors according to their length of service was 70.76 (SD = 12.649) for those who reported serving in their role less than a year to five years, 62.97 (SD = 22.872) for those who have been in their role for six to 15 years, and 63.83 (SD = 20.531) for those who have been in their role for 16 or more years. An ANOVA was used to determine any significant differences in perceptions held according to the length of service as a rehabilitation counselor about *Postsecondary Planning*. At an alpha level of .05, the results indicated that there were no significant differences between rehabilitation counselors' perceptions of transition practices according to the length of service as

a rehabilitation counselor within the *Postsecondary Planning* factor. The test of homogeneity of variance was significant,  $p = .00$ .

Table 29

*Means and SDs for Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by the Length of Service*

Length of Service	Mean	Standard Deviation	<i>N</i>
Less than a year to five years	70.76	12.649	34
Six to 15 years	62.97	22.872	37
16 or more years	63.83	20.531	31
Total	65.83	19.399	102

Table 30

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by the Length of Service*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	1252.88	626.44	1.68	.190
Within groups	99	36759.28	371.30		
Total	101	38012.16			

The average combined *Community Integration* score for rehabilitation counselors according to their length of service was 19.50 (SD = 4.974) for those who reported serving in their role less than a year to five years, 15.973 (SD = 6.431) for those who have been in their role for six to 15 years, and 16.74 (SD = 5.807) for those who have been in their role for 16 or more

years. An ANOVA was used to determine any significant differences in perceptions held according to the length of service as a rehabilitation counselor about *Community Integration*. At an alpha level of .05, the results indicated that there were significant differences between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor within the *Community Integration* factor. The test of homogeneity of variance was not significant,  $p = .151$ . A post hoc Dunnett's  $T3$  test revealed that the beginning (i.e., less than a year to five years) and novice (i.e., six to 15 years) rehabilitation counselors' groups differed significantly at  $p < .05$ .

Table 31

*Means and SDs for Rehabilitation Counselors' Perceptions of the Community Integration Factor by the Length of Service*

Length of Service	Mean	Standard Deviation	<i>N</i>
Less than a year to five years	19.50	4.974	34
Six to 15 years	15.97	6.431	37
16 or more years	16.74	5.807	31
Total	17.38	5.933	102

Table 32

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Community Integration  
Factor by the Length of Service*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	2	238.68	119.34	3.56	.032
Within groups	99	3317.40	33.50		
Total	101	3556.08			

The average combined *Employment Support* score for rehabilitation counselors according to their length of service was 17.55 (SD = 2.350) for those who reported serving in their role less than a year to five years, 15.567 (SD = 4.781) for those who have been in their role for six to 15 years, and 15.83 (SD = 3.777) for those who have been in their role for 16 or more years. An ANOVA was used to determine any significant differences in perceptions held according to the length of service as a rehabilitation counselor about *Employment Support*. At an alpha level of .05, the results indicated that there were no significant differences between rehabilitation counselors' perceptions of transition practices according to the length of service as a rehabilitation counselor within the *Employment Support* factor. The test of homogeneity of variance was significant,  $p = .020$ .



Table 33

*Means and SDs for Rehabilitation Counselors' Perceptions of the Employment Support Factor by the Length of Service*

Length of Service	Mean	Standard Deviation	N
Less than a year to five years	17.55	2.350	34
Six to 15 years	15.56	4.781	37
16 or more years	15.83	3.777	31
Total	16.31	3.871	102

Table 34

*ANOVA Results of Rehabilitation Counselors' Perceptions of the Employment Support Factor by the Length of Service*

Source	df	Sum of Squares	Mean Square	F	Sig.
Between groups	2	80.30	40.15	2.77	.067
Within groups	99	1433.65	14.48		
Total	101	1513.96			

#### **Research Question Four**

In response to research question four, an analysis of variance was conducted to determine whether or not there were significant differences between rehabilitation counselors' perceptions of transition practices according to those who had or had not received professional development training in transition during the past two years.

The average combined *Transition Practices* score for rehabilitation counselors who had received training in transition within the past two years was 52.77 (SD = 11.427) and for rehabilitation counselors who had not received training in transition within the past two years it was 43.06 (SD = 18.919). An ANOVA was used to determine any significant differences in the perceptions about the *Transition Practices* factor of those who had or had not received professional development training in transition during the past two years. At an alpha level of .05, the results indicated that there was a significant difference in perceptions held about *Transition Practices* between rehabilitation counselors who had and had not received training in transition within the past two years. The test of homogeneity of variance was significant,  $p = .00$ .

Table 35

*Means and SDs for Rehabilitation Counselors' Perceptions of the Transition Practices Factor by Engagement in Training in Transition*

Training in Transition	Mean	Standard Deviation	<i>N</i>
Yes	52.77	11.427	71
No	43.06	18.919	31
Total	49.82	14.729	102

Table 36

*ANOVA Results for Rehabilitation Counselors' Perceptions of the Transition Practices Factor by Engagement in Training in Transition*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	2034.55	2034.55	10.23	.002
Within groups	100	19878.26	198.78		
Total	101	21912.82			

The average combined *Postsecondary Planning* score for rehabilitation counselors who had received training in transition within the past two years was 70.40 (SD = 14.331) and for rehabilitation counselors who had not received training in transition within the past two years it was 55.35 (SD = 24.996). An ANOVA was used to determine any significant differences in the perceptions about the *Postsecondary Planning* factor of those who had or had not received professional development training in transition during the past two years. At an alpha level of .05, the results indicated that there was a significant difference in perceptions held about *Postsecondary Planning* between rehabilitation counselors who had and had not received training in transition within the past two years. Rehabilitation counselors who received training in transition within the past two years produced higher scores. The test of homogeneity of variance was significant,  $p = .00$ .

Table 37

*Means and SDs for Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by Engagement in Training in Transition*

Training in Transition	Mean	Standard Deviation	<i>N</i>
Yes	70.40	14.331	71
No	55.35	24.996	31
Total	65.83	19.399	102

Table 38

*ANOVA Results for Rehabilitation Counselors' Perceptions of the Postsecondary Planning Factor by Engagement in Training in Transition*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	4889.91	4889.91	14.76	.000
Within groups	100	33122.25	331.22		
Total	101	38012.16			

The average combined *Community Integration* score for rehabilitation counselors who had received training in transition within the past two years was 18.38 (SD = 5.003) and for rehabilitation counselors who had not received training in transition within the past two years it was 15.09 (SD = 7.235). An ANOVA was used to determine any significant differences in the perceptions about the *Community Integration* factor of those who had or had not received professional development training in transition during the past two years. At an alpha level of .05, the results indicated that there was a significant difference in perceptions held about *Community Integration* between rehabilitation counselors who had and had not received training

in transition within the past two years. The test of homogeneity of variance was significant,  $p = .001$ .

Table 39

*Means and SDs for Rehabilitation Counselors' Perceptions of the Community Integration Factor by Engagement in Training in Transition*

Training in Transition	Mean	Standard Deviation	<i>N</i>
Yes	18.38	5.003	71
No	15.09	7.235	31
Total	17.38	5.933	102

Table 40

*ANOVA Results for Rehabilitation Counselors' Perceptions of the Community Integration Factor by Engagement in Training in Transition*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	232.64	232.64	7.00	.009
Within groups	100	3323.44	33.23		
Total	101	3556.08			

The average combined *Employment Support* score for rehabilitation counselors who had received training in transition within the past two years was 16.98 (SD = 2.774) and for rehabilitation counselors who had not received training in transition within the past two years was 14.77 (SD = 5.383). An ANOVA was used to determine any significant differences in the perceptions about the *Employment Support* factor of those who had or had not received professional development training in transition during the past two years. At an alpha level of

.05, the results indicated that there was a significant difference in perceptions held about *Employment Support* between rehabilitation counselors who had and had not received training in transition within the past two years. The test of homogeneity of variance was significant,  $p = .00$ .

Table 41

*Means and SDs for Rehabilitation Counselors' Perceptions of the Employment Support Factor by Engagement in Training in Transition*

Training in Transition	Mean	Standard Deviation	<i>N</i>
Yes	16.98	2.774	71
No	14.77	5.383	31
Total	16.31	3.871	102

Table 42

*ANOVA Results for Rehabilitation Counselors' Perceptions of the Employment Support Factor by Engagement in Training in Transition*

Source	<i>df</i>	Sum of Squares	Mean Square	<i>F</i>	<i>p</i>
Between groups	1	105.55	105.55	7.49	.007
Within groups	100	1408.40	14.08		
Total	101	1513.96			

### **Follow-up Analysis**

Since the initial analyses conducted for research question two, regarding types of caseload, and research question four, regarding training, determined that there are significant differences between rehabilitation counselors' perceptions of transition practices, those results yielded the need for follow-up analysis to examine rehabilitation counselors' perceptions of the

need for professional development in the area of transition. To recap, the initial analysis conducted for research question two determined that there were significant differences between rehabilitation counselors' perceptions of transition practices among those who exclusively serve a transition caseload, a general caseload, and a combined caseload; and results of research question four determined that there were significant differences between rehabilitation counselors' perceptions of transition practices according to those who had or had not received professional development training in transition during the past two years.

Cross tabulations were conducted as a follow-up analysis to examine rehabilitation counselors' perceptions of the highest area of need for ongoing training in transition within the *Professional Development* factor. The descriptive data indicated that of the 102 respondents, 18 out of 20 serving transition caseloads, only eight of the 30 rehabilitation counselors serving general caseloads, and 45 out of 52 serving a combined caseload reported having received training in transition within the past two years (see Table 43).

Table 43

*Frequencies of Respondents by the Type of Caseload Who Received Training in the Past Two Years (n = 102)*

Variable	No	Yes	Total
Transition Caseload	2	18	20
General Caseload	22	8	30
Combined Caseload	7	45	52

As a result of rehabilitation counselors' perceptions about each of the 10 items within the *Professional Development* factor, the cross tabulations revealed a consistently high interest for training in the area of *graduation pathways for transition*, regardless of the type of caseload

served. A combined average of 90 (88%) of respondents indicated *some to very much* interest in receiving more training or instruction on graduation pathways. This area was the only area respondents consistently indicated *very much* interest with substantially high percentages across the Likert scale. The second highly rated area of need was *responding to transition program needs and issues* (i.e., item number 43). The third area found to be of high interest was *community-based instruction practices at the secondary level (e.g., job readiness training)* (i.e., item number 45). Rehabilitation counselors serving a general caseload showed little interest in gaining training in *actively participating in successful IEP/transition meetings* (i.e., item number 47) and *improving collaboration strategies among schools, other agencies, employers, and communities* (i.e., item number 51).

Table 44

*Cross Tabulations of Respondents by the Type of Caseload and Level of Interest in Ongoing Professional Development*

Item Number 44. Graduation Pathways for Transition	Transition Caseload		General Caseload		Combined Caseload		Total	
	N	%	N	%	N	%	N	%
None	0	0.0%	6	20.0%	0	0.0%	6	5.9%
Slight	3	15.0%	3	10.0%	0	0.0%	6	5.9%
Some	1	5.0%	6	20.0%	10	19.2%	17	16.7%
Much	5	25.0%	6	20.0%	18	34.6%	29	28.4%
Very Much	11	55.0%	9	30.0%	24	46.2%	44	43.1%
Total	20	100.0%	30	100.0%	52	100.0%	102	100%



## Summary

This study examined Alabama rehabilitation counselors' perceptions of transition programs, services, and practices for youth with disabilities, as well as their professional training needs. The results of the analyses (i.e., ANOVAs) for the four research questions of this study were based on responses from 102 rehabilitation counselors. Perceptions about four transition factors were initially examined: (a) *Transition Practices*, (b) *Postsecondary Planning*, (c) *Community Integration*, and (d) *Employment Support*. The fifth factor, *Professional Development* was separately addressed. Each research question focused on perceptions of practice taking into account: (a) professional certification held or not held, (b) type of caseload served, (c) length of service, and (d) estimated length of time spent during in-service training in transition within the past two years. Analysis of research questions' two and four yielded significant differences in perceptions of transition practices across the four factors among rehabilitation counselors. Results for research question one were not statistically significant. The study found that there were some significant differences between rehabilitation counselors' perceptions of transition practices according to their length of service as a rehabilitation counselor. The results indicated significant differences in the perceptions of transition practices across the two of the four factors (i.e., *Transition Practices*, *Community Integration*) among rehabilitation counselors. An interpretation of the findings, limitations of the study, and implications for future research are conferred in the subsequent chapter.

## CHAPTER V. DISCUSSION

The previous chapter reported the results of the research questions that guided this study. An interpretation of the findings, limitations associated with the study, as well as implications for future research are discussed in this chapter. Additionally, chapter five will offer a discussion of the results to include a highlight of the findings within the context of: (a) the state's current status of becoming acclimated to the single exit option of the Alabama High School Diploma with multiple pathways, (b) the recent mandate by the Workforce Innovation and Opportunity Act of 2014 (WIOA) to provide pre-employment transition services to transition-age students and/or youth with disabilities, and (c) the increased need to cross-train as a result of the progressing merge of the Council on Rehabilitation Education (CORE) and the Council on Accreditation of Counseling and Related Educational Programs (CACREP). Finally, the chapter will close with a proposed direction on expansion of ongoing, multidisciplinary professional development and conclusions.

### **Interpretation of Findings**

The primary purpose of this study was to examine Alabama's rehabilitation counselors' perceptions of transition programs, services, and practices for youth with disabilities, as well as their professional training needs. A preliminary exploratory factor analysis on the *Transition Practices Survey for Rehabilitation* (TPS-R) was conducted, revealing a five-factor solution labeled as: (a) *Transition Practices*, (b) *Postsecondary Planning*, (c) *Community Integration*, (d) *Employment Support*, and (e) *Professional Development*. The internal consistency reliability coefficients for the five factors of the TPS-R ranged from .90 to .98. Four research questions

guided the exploration of identifying the perceptions of rehabilitation professionals employed by the Alabama Department of Rehabilitation Services (ADRS). Frequencies and percentages were reported for the demographic information provided by respondents. ANOVAs were conducted and research questions' two and four yielded significant differences in the perceptions of transition practices across the four factors among rehabilitation counselors. ANOVAs were conducted and research question three yielded significant differences in the perceptions of transition practices across two of the four factors among rehabilitation counselors. Results for research question one were not statistically significant.

### **Descriptive Data**

Frequencies and percentages were reported on each respondents' reported demographic data. Results indicated a fair representation of the sample population, with a 70% response rate for this study. At the time of the study, this population included approximately 145 rehabilitation counselors employed at the ADRS. Of the 102 respondents, 71 (69.6%) reported having received training in transition within the past two years. Also, of these respondents, only 27 (26.5%) indicated that they engaged in a separate course in transition during their master's program. It is encouraging to report that rehabilitation counselors are remaining engaged in training in the area of transition, despite the type of caseload they serve. A surprising finding of the 102 respondents was only eight of the 30 rehabilitation counselors serving general caseloads, reported having received training in transition within the past two years (see Table 43). The findings regarding those who serve a general caseload are possibly due to the rehabilitation counselors focusing more attention on training and practices that benefit the majority of their caseloads. Those serving a general caseload, at some point, might serve the transition population due to position vacancies, hiring freezes, and other unforeseen instances, thus causing a need for training in

transition among the rehabilitation counselors who serve a general caseload. More specific training findings and interpretations can be found in research question four's section of this chapter.

### **Research Question One**

The study found that there were no significant differences between rehabilitation counselors' perceptions of transition practices among those who are certified rehabilitation counselors (CRC) and those who are not certified rehabilitation counselors. This appears to be a new area of study and there is a limited amount of research focused on the implications of being or not being certified among rehabilitation counselors. Other studies have looked at similar variables associated with rehabilitation counselors such as their ongoing professional development (Wehman, Barcus, & Wilson, 2002; Chan et al., 2003; Plotner, Trach, & Strauser, 2012), length of service (Graham et al., 2013), and the type of caseload population (Plotner, Trach, & Shogren, 2012).

### **Research Question Two**

The study found that when rehabilitation counselors are grouped according to the type of caseload they served, their perceptions differed about transition practices. More specifically, throughout each transition practices factor, when rehabilitation counselors' perceptions scores were compared between each group (i.e., transition caseload, general caseload, combined caseload), there was always a statistically significant difference when compared with rehabilitation counselors' serving a general caseload. Taken together, the results from research question two suggest that those rehabilitation counselors' who served a transition caseload and a combined caseload seemingly perceive similar thoughts about transition practices in Alabama. This generalization can be partly due to that fact that general caseload rehabilitation counselors

aren't currently serving individuals soliciting the implementation of transition practices. These findings are consistent with those of Plotner, Trach, Oertle, and Fleming (2014) who found that "general counselors carry out all of the activities (or activities within these domains) [primary job responsibilities of rehabilitation counselors] less often than transition counselors has potentially serious implications for state agencies. This seems to indicate that students who work with general counselors may not be getting the same kinds of services as students who work with transition-focused counselors" (p. 114). Additionally, Graham, et al. (2013) discussed how rehabilitation staff value research during practice. A majority of the participants from their 2013 survey reported having an understanding of the fundamentals of research to practice, yet 40.5% indicated that academic articles did not clearly describe how to implement evidence-based practices (EBPs) (Graham et al., 2013). The authors (Graham et al., 2013) further discuss how specific rehabilitation counselors value certain practices according to the caseloads they serve. Participants' responses in their study (Graham et al., 2013) indicated that perhaps a limited amount of the consumers are impacted by certain EBPs, thus decreasing the focus and priority of the practices. Graham et al. (2013) further affirm that, "even for counselors with a more specialized caseload that focuses on individuals more closely aligned with a particular evidenced-based practice, the VR staff might not have access at the community level to replications of the systemic and direct service practices identified in the research" (Graham et al., 2013, p. 80). Furthermore, these results should yield a need for training among those rehabilitation counselors serving a strictly general caseload, as they might someday assume a caseload requiring service provision to transition-age youth. Previous research also supports the results of the current study as Plotner, et al. (2014) discussed, "it is important for VR and other community partners assisting with transition to identify roles to ensure that VR is not doing a

disservice to youth with disabilities by not having gaps in service delivery because of an absence of specialized counselors” (p.114). The solution to this situation may require a dedicated effort from administrators and the rehabilitation counseling field to increase the value and importance of training, regardless of what population is predominately being served by the rehabilitation counselors.

### **Research Question Three**

The study found that there were some significant differences between rehabilitation counselors’ perceptions of transition practices according to their length of service as a rehabilitation counselor. The results indicated significant differences in the perceptions of transition practices across the two of the four factors (i.e., *Transition Practices*, *Community Integration*) among rehabilitation counselors. More specifically, throughout each transition practices factor, when rehabilitation counselors’ perceptions scores were compared between each group (i.e., less than a year to five years, six to 15 years, 16 years or more), the results varied. Across the *Transition Practices* and the *Community Integration* factor there was always a statistically significant difference when compared with beginning rehabilitation counselors. Taken together, the results from research question three and the *Transition Practices* and the *Community Integration* factors suggest that beginning rehabilitation counselors’ seemingly perceive similar thoughts about transition practices in Alabama. Graham et al. (2013) also found that there is a disconnect across staff levels (e.g., length of service) in regard to the degree by which EBPs are valued by certain rehabilitation professionals. Consistent with the findings of this current study, Graham et al. (2013) also found differences in views of EBPs used. More specifically, their study (2013) found that the use of, “evidenced-based practices was not widely encouraged with 48.2% of participants reporting that their agency valued EBP. Only 38% of the

participants indicated that their supervisor expected them to use EBP in service delivery, and 36.1% in making planning decisions. Specifically, 38.6% of VR counselors, 23% of senior VR counselors, 33.3% of unit supervisors, and 71.2% of area supervisors reported that their supervisors expected them to use research in program planning” (p. 78). In order to keep representativeness per group, rehabilitation counselors’ service time was broken down to fit the rehabilitation social terminology, ranging from beginning rehabilitation counselors (i.e., less than a year to five years) to novice (i.e., six to 15 years), to seasoned or veteran rehabilitation counselors (i.e., 16 years or more). This question aimed at examining the relationship between group of respondents’ demographic variable (i.e., length of service) and perceptions of practice.

#### **Research Question Four**

The most striking findings of this study relate to research question four. The descriptive data indicated that of the 102 respondents, 18 out of 20 serving transition caseloads, only eight of the 30 rehabilitation counselors serving general caseloads, and 45 out of 52 serving a combined caseload reported having received training in transition within the past two years (see Table 43). The study found that there is a significant difference between rehabilitation counselors’ perceptions of transition practices according to those who had or had not received professional development training in transition during the past two years.

Since the initial analyses conducted for research question two, regarding types of caseload, and research question four, regarding training, determined that there is a significant difference between rehabilitation counselors’ perceptions of transition practices, those results yielded the need for follow-up analysis to examine rehabilitation counselors’ perceptions of the need for professional development in the area of transition by type of caseload. Cross tabulations were conducted as a follow-up analysis to examine rehabilitation counselors’ perceptions of the

highest area of need for ongoing training in transition within the *Professional Development* factor. This factor is comprised of 10 questions separated to make up the *Training in Transition* section of the TPS-R. During the follow-up analysis, the factor's items were not clustered, but individually reviewed. As a result of rehabilitation counselors' perceptions about each of the 10 items within the *Professional Development* factor, the cross tabulations revealed a consistently high interest for training in the area of *graduation pathways for transition*, regardless of the type of caseload served. A combined average of 90 (88%) of respondents indicated *some to very much* interest in receiving more training or instruction on graduation pathways. This was the only area that respondents consistently indicated *very much* interest with substantially high percentages across the Likert scale. Reasons for this situation may be partly due the state's current status of becoming acclimated to the single exit option of the Alabama High School Diploma with multiple pathways (Alabama State Board of Education Plan 2020, 2013). Rehabilitation counselors are responsible for providing services that might require an understanding of the new diploma and its pathways (e.g., making appropriate decisions about postsecondary education sponsorship and guidance, assisting a client with eligibility for employment, etc.).

The second highly rated area of need was *responding to transition program needs and issues* (i.e., item number 43). The recent mandate by the WIOA (2014) to provide pre-employment transition services to transition-age students and/or youth with disabilities could have possibly yielded this need. Specifically for the CRCs, the increased need to cross-train as a result of the progressing merge of CORE and CACREP organizations may have generated these findings. As the merger progresses, state administrators must keep in mind the in-service training needs that rehabilitation counselors should be exposed to as they seek to provide evidence-based practices to improve outcomes for transition-age youth with individuals with disabilities. This



includes an extensive knowledge of all aspects of disability as well as an in-depth understanding of critical considerations such as transition practices and service provision.

The third area found to be of high interest was *community-based instruction practices at the secondary level (e.g., job readiness training)* (i.e., item number 45). Since rehabilitation counselors are oftentimes the only link that students with disabilities, transitioning from school to their post-school desires have to employment, this interest is not surprising, yet remain consistent with Leahy et al. (2003) findings that the three domains that are often perceived as central to the VR process include career planning, providing work experiences, and allocating resources.

Less encouraging, rehabilitation counselors serving a general caseload showed little interest in gaining training in *actively participating in successful IEP/transition meetings* (i.e., item number 47) and *improving collaboration strategies among schools, other agencies, employers, and communities* (i.e., item number 51). As previously mentioned, professionals need to be provided ongoing training and support so they can identify the current practices used to meet the transition needs of youth with disabilities (Burker & Kazukauskas, 2010). This study's findings correspond with previous studies' findings that suggest that rehabilitation counselors lack ongoing training in transition that is needed to assume an effective role in providing transition services (deFur & Taymans, 1995; Benitez et al., 2009; Plotner, Trach, & Strauser, 2012). More specifically, Plotner, Trach, and Strauser (2012) reported that 85% of vocational rehabilitation professionals across three mid-western states had minimal engagement in transition-related training. Overall, the results of this current study can serve as a guide to begin addressing the most desired training areas of need as identified by rehabilitation counselors. With the recent re-emphasis on providing pre-employment transition services to transition-age

students and/or youth with disabilities mandated by the WIOA (2014), this study provides state administrators with data-based evidence as to what training areas in transition that rehabilitation counselors perceived as needed. If these data are used to formulate an ongoing professional development plan, rehabilitation counselors can have the opportunities to remain well-informed about the current practices used to meet the transition needs of youth with disabilities.

### **Limitations of the Study**

Although every effort was taken to ensure that sound methodology was employed, possible limitations associated with the study are described. First, the study was limited to only one state (i.e., Alabama). Secondly, although the sample size is appropriate for the analyses conducted, a smaller sample drawn from subgroups within the ADRS decreased the generalizability of the some of the findings. The subgroups within each research question (e.g., rehabilitation counselors serving a transition caseload, rehabilitation counselors serving a general caseload, and rehabilitation counselors serving a combined, transition and general caseload) possibly limited the generalizability of the findings as there were a limited number of rehabilitation counselors with strictly transition caseloads. The relatively small sample within subgroups reduced power for research questions one and three. Next, the survey was self-report, with no attempt made to verify the responses of the participants. Participants' responses were anonymous, but may have been influenced by socially acceptable norms, leading to responses that do not reflect true beliefs. Future study in this area should solicit participation from multiple states and other transition planning team members, collectively. Another potential limitation extends to the name of the study, causing rehabilitation counselors to refrain from participating. Participants could have potentially refrained from participating as the research study's name was advertised as *Vocational Rehabilitation Counselors' Perception of Transition Programs*,

*Services, and Practices for Youth with Disabilities*. More specifically, rehabilitation counselors with general and combined caseloads may have thought the study did not apply to them due to the title. A final limitation in design relates to the comparison between perception and actual practice.

### **Implications for Future Research**

A diverse group of individuals assisting in the transition process are central to ensure smooth transitions for students with disabilities (Noonan, Erickson, Morningstar, 2012). The results of this study implied that rehabilitation counselors' employed with the ADRS need more specific, ongoing, in-service training. Thus, this study can be used as evidence to formulate a professional development training in transition agenda for state rehabilitation counselors, as well as an avenue to promote cross-training with the ADRS. Further research is needed on the perceptions and on strategies to promote collaboration among all transition team members. As previous research (Oertle, Plotner, & Trach, 2013) discusses and this study indicates that as new practices develop it is crucial that rehabilitation counselors' are equipped with the necessary skills and commit to receiving ongoing training in order to promote successful post-school outcomes among students with disabilities.

### **Conclusions**

Misperceptions, negative attitudes, and lack of training are speculations as to why practitioners fail to collaborate effectively during transition planning and service delivery (U.S. General Accounting Office, 2003). It is clear that all transition professionals engaged in the delivery of transition services hold responsibilities during the process, yet questions still remain about who should assume leadership (Morningstar, Kim, & Clark, 2008; Szmanski & Danek, 1985). This study supports the view that there is an array of transition practices that professionals

have to choose from, but knowing how to choose the practice, and who should implement the practice and where seems to be the issue during service delivery (Morningstar et al., 2008; Szmanski & Danek, 1985). Additionally, the findings of this study mirror previous research in that perceptions influence practice and that there continues to be a need for ongoing professional development. The results from this study indicate a self-reported perceived need for training of Alabama rehabilitation counselors in many of the task areas considered essential to the practice of providing collaborative transition services to youth with disabilities. Overall, the results of this study provide insight into the perceptions about transition practices among rehabilitation counselors in Alabama, as well as their perceived highest training needs.

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Appendix A

Institutional Review Board Approval Letter



**AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS  
REQUEST FOR EXEMPT CATEGORY RESEARCH**

For Information or help completing this form, contact: **THE OFFICE OF RESEARCH COMPLIANCE**, 115 Ramsay Hall  
**Phone:** 334-844-5966 **e-mail:** IRBAdmin@auburn.edu **Web Address:** http://www.auburn.edu/research/vpr/ohs/index.htm

Revised 2/1/2014 **Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.**  
 Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.  
Project activities may not begin until you have received approval from the Auburn University IRB.

**1. PROJECT PERSONNEL & TRAINING**

PRINCIPAL INVESTIGATOR (PI):

Name Courtney K. Dotson Title \_\_\_\_\_ Student \_\_\_\_\_ Dept./School \_\_\_\_\_ SERC/COE \_\_\_\_\_  
 Address 100 Ramsay Hall AU Email ckd0004@auburn.edu  
 Phone 334-844-5918 Dept. Head E. Davis Martin, Jr., Ed.D.

FACULTY ADVISOR (if applicable):

Name Karen Rabren, Ph.D Title Professor/Director Dept./School \_\_\_\_\_ SERC/COE \_\_\_\_\_  
 Address 2084 Haley Center or 100 Ramsay Hall, Auburn University, Alabama 36849  
 Phone 334-844-5935 AU Email rabreks@auburn.edu

KEY PERSONNEL: List Key Personnel (other than PI and FA). Additional personnel may be listed in an attachment.

Name	Title	Institution	Responsibilities
_____	_____	_____	<div style="border: 2px solid blue; padding: 5px;">                     The Auburn University Institutional Review Board has approved this document for use from <u>11/6/14</u> to <u>11/5/17</u>.                      Protocol # <u>14-498 EX 1411</u> </div>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

KEY PERSONNEL TRAINING: Have all Key Personnel completed CITI Human Research Training (including elective modules related to this research) within the last 3 years?  YES  NO

TRAINING CERTIFICATES: Please attach CITI completion certificates for all Key Personnel.

**2. PROJECT INFORMATION**

Title: Vocational Rehabilitation Counselors' Perception of Transition Programs, Services, and Practices for Youth with Disabilities

Source of Funding:  Investigator  Internal  External

List External Agency & Grant Number: \_\_\_\_\_

List any contractors, sub-contractors, or other entities associate with this project.

Alabama Department of Rehabilitation Services

List any other IRBs associated with this project (including those involved with reviewing, deferring, or determinations).

FOR ORC OFFICE USE ONLY			
DATE RECEIVED IN ORC:	<u>10/27/14</u>	by <u>BK</u>	APPROVAL # <u>14-498 EX 1411</u>
DATE OF IRB REVIEW:	_____	by _____	APPROVAL CATEGORY: <u>45 CFR 46.101(b)(2)</u>
DATE OF ORC REVIEW:	_____	by _____	INTERVAL FOR CONTINUING REVIEW: <u>3 years</u>
DATE OF APPROVAL:	<u>11/6/14</u>	by <u>BO</u>	
COMMENTS:	_____		

## Appendix B

### Initial and Reminder Emails



AUBURN

UNIVERSITY

DEPARTMENT OF  
SPECIAL EDUCATION,  
REHABILITATION, AND COUNSELING

Dear Rehabilitation Professional,

I am a doctoral student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study to help gain a better understanding of transition programs, service delivery, and current practices within the vocational rehabilitation process. You may participate (*or may not participate*) if you are an Alabama vocational rehabilitation counselor.

Participants will be asked to complete an online survey that will take approximately 10-15 minutes to complete. This online survey should cause no more discomfort than you would experience in your everyday life. Any information obtained in connection with this study will remain confidential. Your name will not be associated in any way with the research findings.

Information obtained through your participation may be used to fulfill an educational requirement, published in a professional journal, and presented at a professional meeting.

If you would like more information about this study, an information letter can be obtained by clicking the following link, <https://web.auburn.edu/institute/ADRS/> and reading the first page of the online survey and or by sending me an email, [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) for a request of information. If you decide to participate after reading the letter, you can click on the next button on the first page of the online survey.

If you have any questions, please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or my advisor, Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu).

Thank you in advance for your consideration and participation in this research study.

Courtney K. Dotson, ABD, CRC  
Principal Investigator  
334.844-5918 | [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu)

[LINK TO SURVEY](#)

**From:** [Myrick, James \(Rehab\)](#)  
**To:** [REHAB -- Vocational Rehabilitation & Blind Deaf Counselors](#)  
**Cc:** [Glisson, Curtis \(Rehab\)](#); [Boswell, Cary \(Rehab\)](#); [Jenkins, Karen \(Rehab\)](#); [Dortch, Tina \(Rehab\)](#); [Akin, Craig \(Rehab\)](#); [Alford, Lisa \(Rehab\)](#); [Barrett, Phyllis \(Rehab\)](#); [Brechtin, Connie \(Rehab\)](#); [Browning, Mary \(Rehab\)](#); [Frankum, Britt \(Rehab\)](#); [Hanks, Beth \(Rehab\)](#); [Hebson, Paige \(Rehab\)](#); [Lackey, Cavla \(Rehab\)](#); [McLain, Amber \(Rehab\)](#); [McRae, Constance \(Rehab\)](#); [Mobley, Pam \(Rehab\)](#); [Nelson, Tanya \(Rehab\)](#); [Owens, James \(Rehab\)](#); [Pinkard, Carol \(Rehab\)](#); [Robinson, Jennifer \(Rehab\)](#); [Robinson, Tamara \(Rehab\)](#); [Schrimsher, Tammy \(Rehab\)](#); [Smith, Jennifer \(Rehab\)](#); [Spencer, Yolanda \(Rehab\)](#); [Townsend, Ashley \(Rehab\)](#)  
**Subject:** FW: A Research Study: Your Participation is Needed by December 12th  
**Date:** Wednesday, November 26, 2014 1:06:48 PM  
**Importance:** High

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Hello Everyone,

Attached is a research study that was presented by Courtney Dotson to Commissioner Boswell and myself requesting our permission, which was approved by us, to solicit information regarding "Vocational Rehabilitation Counselor's Perception of Transition Program, Services, and Practices for Youth with Disabilities" from our field staff. We feel the information gained from this research project will provide the agency with feedback that will enhance our ability to serve this population more effectively. This survey is especially targeted to those working with transition students; however, all counselors may participate based on their knowledge in this area. The more that participate the better.

Please review the letter below from Ms. Dotson and take a few minutes from your schedule to complete this survey. Your efforts will be greatly appreciated. Thanks.

---

**From:** Courtney Dotson [mailto:ckd0004@auburn.edu]  
**Sent:** Friday, November 21, 2014 1:32 PM  
**To:** Myrick, James (Rehab)  
**Subject:** A Research Study: Your Participation is Needed by December 12th  
**Importance:** High

Dear Rehabilitation Professional,

I am a doctoral student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study, *Vocational Rehabilitation Counselors' Perception of Transition Programs, Services, and Practices for Youth with Disabilities* to help gain a better understanding of transition programs, service delivery, and current practices within the vocational rehabilitation process. Your participation is optional, the decision to participate is yours and yours alone.

Alabama Vocational Rehabilitation Counselors will be asked to complete an online survey that will take approximately 10–15 minutes to complete. This online survey should cause no more discomfort than you would experience in your everyday life. Any information obtained in connection with this study will remain confidential. Your name will not be associated in any way with the research findings.

Information obtained through your participation may be used to fulfill an educational requirement, published in a professional journal, and presented at a professional meeting.

If you would like more information about this study, an information letter can be obtained by clicking the following link, <https://web.auburn.edu/institute/ADRS/> and reading the first page of the online survey and/or by sending me an email, [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) for a request of information. If you decide to participate after reading the letter, you can click the next button on the first page of the online survey.

If you have any questions, please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or my advisor, Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu).

Thank you in advance for your time and participation in this research study.

[Click here](#) to access the survey or copy and paste the following link in your browser, <https://web.auburn.edu/institute/ADRS/>.

Again, I appreciate you.

*Courtney*

---

Courtney K. Dotson, ABD, CRC

Principal Investigator  
334.844-5918 | [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu)

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This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain private, confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, employee or agent responsible for delivering this message, please contact the sender by reply e-mail and delete all copies of the original e-mail message.

**From:** [Myrick, James \(Rehab\)](#)  
**To:** [REHAB -- Vocational Rehabilitation & Blind Deaf Counselors](#)  
**Cc:** [Courtney Dotson](#)  
**Subject:** FW: REMINDER to ALL Counselors: A Research Study: Your Participation is needed by FRIDAY, December 12th  
**Date:** Tuesday, December 09, 2014 3:41:51 PM  
**Importance:** High

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Hello everyone,

Please see the e-mail below from Ms. Courtney Dotson regarding the research study you received earlier. Many thanks to those who have participated in the project. There have been over 50 to do so. I am encouraging as many as possible to complete the survey before Friday. Thanks.

---

**From:** Courtney Dotson [mailto:[ckd0004@auburn.edu](mailto:ckd0004@auburn.edu)]  
**Sent:** Tuesday, December 09, 2014 1:59 PM  
**To:** Myrick, James (Rehab)  
**Subject:** REMINDER to ALL Counselors: A Research Study: Your Participation is needed by FRIDAY, December 12th  
**Importance:** High

Dear Rehabilitation Professionals,

This is a friendly reminder that on Friday, December 12, 2014 the [Vocational Rehabilitation Counselor's Perception of Transition Programs, Services, and Practices for Youth with Disabilities Survey](#) link that was emailed to you on November 26, 2014 will close. Although the survey questions are focused on transition, the participation of ALL rehabilitation counselors (i.e., transition caseloads only, combined caseloads, and general caseloads) are requested to help gain a better understanding of current practices within the vocational rehabilitation process.

This survey takes approximately 10–15 minutes to complete and ALL rehabilitation counselors may participate. If you have any questions, please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or my advisor, Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu). If you have already participated in the survey, thank you, and thank you in advance to those who plan to participate by Friday.

[Click here](https://web.auburn.edu/institute/ADRS/) to access the survey or copy and paste the following link in your browser, <https://web.auburn.edu/institute/ADRS/>.

Again, I appreciate all that you do for individuals with disabilities, and your time and participation in this research study.

*Courtney*

---

Courtney K. Dotson, ABD, CRC  
Principal Investigator  
334.844.5918 | [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu)

**From:** [Myrick, James \(Rehab\)](#)  
**To:** [REHAB -- Vocational Rehabilitation & Blind Deaf Counselors](#)  
**Subject:** FW: SURVEY EXTENDED: Your Participation (ALL COUNSELORS) is needed by FRIDAY, January 16th  
**Date:** Monday, January 05, 2015 11:45:24 AM  
**Importance:** High

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Hello Everyone,  
Please see the information below. The Transition Survey has been extended. Thanks to those who have responded. If you have not responded, please take the time to do. Your participation is much appreciated.

Dear Rehabilitation Professionals,

The survey for the [Vocational Rehabilitation Counselor's Perception of Transition Programs, Services, and Practices for Youth with Disabilities](#) research study has been extended in an attempt to gain as many participants as possible. The survey link will be available until Friday, January 16, 2015.

Although the survey questions are focused on transition, the participation of ALL rehabilitation counselors (i.e., transition caseloads only, combined caseloads, and general caseloads) are requested to help gain a better understanding of current practices within the vocational rehabilitation process.

This survey takes approximately 10–15 minutes to complete and ALL rehabilitation counselors may participate. If you have any questions, please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or my advisor, Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu). If you have already participated in the survey, thank you, and thank you in advance to those who plan to participate by January 16th.

[Click here](#) to access the survey or copy and paste the following link in your browser, <https://web.auburn.edu/institute/ADRS/>.

Again, I appreciate all that you do for individuals with disabilities, and your time and participation in this research study.

*Courtney*

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*Courtney K. Dotson*, ABD, CRC  
Principal Investigator  
334.844.5918 | [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu)

Appendix C  
Information Letter





DEPARTMENT OF  
SPECIAL EDUCATION,  
REHABILITATION, AND COUNSELING

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

**INFORMATION LETTER**  
for a Research Study entitled  
*“Vocational Rehabilitation Counselors’ Perception of Transition Programs, Services, and Practices for Youth with Disabilities”*

You are invited to participate in a research study to investigate the current perception of transition programs, services, and practices among vocational rehabilitation counselors. The study is being conducted by Courtney Dotson, Doctoral Student in Rehabilitation, under the direction of Dr. Karen Rabren, Chair, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were invited to participate because you are a Vocational Rehabilitation Counselor in Alabama and are age 19 or older.

**What will be involved if you participate?** Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to complete an electronic *Transition Practices Survey for Rehabilitation*. Your total time commitment will be approximately 15 minutes.

**Are there any risks or discomforts?** The risks associated with participating in this study should cause no more discomfort to you than you would experience in your everyday life. As in any electronic survey, there is the possibility that someone other than the intended recipient may see your responses through intent or accident. The researcher will utilize all privacy protections provided by survey host. Auburn University uses a system of permissions to protect the security of the websites used as well as the data stored on the University’s servers. All data transferred through the website is encrypted and secured using Hypertext Transfer Protocol with Secure Sockets Layer (HTTPS). The data collected is then stored on Auburn University servers, which are located in a secure facility on campus and protected by a system of permissions used for authentication, as well as firewall and other network protection to ensure the security and reliability of the data.

**Are there any benefits to yourself or others?** If you participate in this study, you can expect to receive educational information about the importance of transition in a future presentation. I cannot promise you that you will receive any or all of the benefits described. Although completing this survey may not benefit you directly, I believe the information gained from this study will help me gain a better understanding of transition programs, service delivery, and current practices within the vocational rehabilitation process.

**Will you receive compensation for participating?** No, however the researcher is offering to conduct a presentation upon request about transition programs, services, and practices for youth with disabilities after this study is complete.

**If you change your mind about participating,** you can withdraw at any time by closing your browser window. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Once you have submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Alabama Department of Rehabilitation Services.

**Any data obtained in connection with this study will remain anonymous.** We will protect your privacy and the data you provide by not collecting any identifiable information from you that would connect you to the survey. Information collected through your participation may be used to fulfill an educational requirement, published in a professional journal, and/or presented at a professional meeting, etc.

**If you have questions about this study,** please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu).

**If you have questions about your rights as a research participant,** you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at [IRBAdmin@auburn.edu](mailto:IRBAdmin@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW.  
YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

*C. K. Dotson*                      11/17/2014  
Investigator                      Date

*The Auburn University Institutional Review Board has approved this document for use from November 16, 2014 to November 15, 2017. Protocol #14-498 EX 1411.*

**SEE SURVEY ATTACHED SURVEY**

## Appendix D

### Transition Practices Survey for Rehabilitation



# Transition Practices Survey for Rehabilitation

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

After reading the Information Letter click NEXT below if you decide to continue...

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

## INFORMATION LETTER

for a Research Study entitled

*“Vocational Rehabilitation Counselors’ Perception of Transition Programs, Services, and Practices for Youth with Disabilities”*

You are invited to participate in a research study to investigate the current perception of transition programs, services, and practices among vocational rehabilitation counselors. The study is being conducted by Courtney Dotson, Doctoral Student in Rehabilitation, under the direction of Dr. Karen Rabren, Chair, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were invited to participate because you are a Vocational Rehabilitation Counselor in Alabama and are age 19 or older.

**What will be involved if you participate?** Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to complete an electronic Transition Practices Survey for Rehabilitation. Your total time commitment will be approximately 15 minutes.

**Are there any risks or discomforts?** The risks associated with participating in this study should cause no more discomfort to you than you would experience in your everyday life. As in any electronic survey, there is the possibility that someone other than the intended recipient may see your responses through intent or accident. Auburn University uses a system of permissions to protect the security of the websites used as well as the data stored on the University’s servers. All data transferred through the website is encrypted and secured using Hypertext Transfer Protocol with Secure Sockets Layer (HTTPS). The data collected is then stored on Auburn University servers, which are located in a secure facility on campus and protected by a system of permissions used for authentication, as well as firewall and other network protection to ensure the security and reliability of the data.

**Are there any benefits to yourself or others?** If you participate in this study, you can expect to receive educational information about the importance of transition in a future presentation. I cannot promise you that you will receive any or all of the benefits described. Although completing this survey may not benefit you directly, I believe the information gained from this study will help me gain a better understanding of transition programs, service delivery, and current practices within the vocational rehabilitation process.

**Will you receive compensation for participating?** No, however the researcher is offering to conduct a presentation upon request about transition programs, services, and practices for youth with disabilities after this study is complete.

**If you change your mind about participating,** you can withdraw at any time by closing your browser window. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Once you have submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Alabama Department of Rehabilitation Services.

**Any data obtained in connection with this study will remain anonymous.** We will protect your privacy and the data you provide by not collecting any identifiable information from you that would connect you to the survey. Information collected through your participation may be used to fulfill an educational requirement, published in a professional journal, and/or presented at a professional meeting, etc.

**If you have questions about this study,** please contact Courtney Dotson at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu).

**If you have questions about your rights as a research participant,** you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at [IRBadmin@auburn.edu](mailto:IRBadmin@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK NEXT BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP. Thank you for your time!

The Auburn University Institutional Review Board has approved this document for use from **November 16, 2017** to **November 15, 2017**. Protocol # 14-498 EX 1411.

NEXT ->



# Transition Practices Survey for Rehabilitation

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

The Transition Practices Survey for Rehabilitation is a tool to be used for systematic review of transition programs and services provided to youth with disabilities.

## DIRECTIONS

**STEP ONE:** Complete the general demographic information about yourself, "Transition Professional" (see Section A).

**STEP TWO:** Reflect upon the practices, services, policies, and structure of the transition program that you are associated with.

**STEP THREE:** Read each item and indicate to what degree it represents the current status of your transition program by marking "1" **Never**; "2" **Seldom**; "3" **Sometimes**; "4" **Often**; "5" **Always** (see Section B) or "1" **None**; "2" **Slight**; "3" **Some**; "4" **Much**; "5" **Very Much** (see Section C).

### SECTION A: TRANSITION PROFESSIONAL (Information About You)

1. Race:  African American  Asian  Caucasian  Native American  Pacific Islander  Other  
If other, please specify:

2. Ethnicity:  Hispanic  Not Hispanic

3. Gender:  Female  Male

4. What year did you obtain your Master's degree?

5. Did you take a separate course in transition during your master's program?  Yes  No

6. Designated as:  Certified Rehabilitation Counselor (CRC)  Non-Certified Rehabilitation Counselor

7. Type of caseload:  Transition Caseload (ONLY) (50% or more transition-age 16-22)  
 General Caseload (ONLY) (23 and older only)  
 Combined Caseload (Transition & General)

8. Length of service:  (number of years)  (number of months)

9. Number of consumers (all ages) on your caseload:

10. How long have you had a transition caseload (Transition & Combined caseload included)?  (number of years)

11. If you have transition-aged youth (16-22) on your caseload, how many?  (type "0" if none)

12. Your estimated time spent at in-service transition training during the past 2 years is:  (number of hours)

NEXT ->



# Transition Practices Survey for Rehabilitation

1 of 5

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

## SECTION B. TRANSITION PRACTICES & PROGRAM (Information about the Transition Program You Work With)

	Never	Seldom	Sometimes	Often	Always
1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always					
<b>To what degree do students in transition receiving vocational rehabilitation (VR) services need to...</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. participate in their own Individualized Education Program (IEP)/transition planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. be informed of all high school exit pathways and requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. receive self-advocacy skills training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. receive self-determination skills training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. receive social skills training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. receive career assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. take a lead role in the development of their IEP/transition planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. receive work-related behaviors training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. receive job seeking skills training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. receive occupation-specific training based on their career assessments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. have family or advocate representation at IEP meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. receive accommodations and assistive technology as necessary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. receive transition services planning by age 16?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. start transition services planning before age 16?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEXT ->



# Transition Practices Survey for Rehabilitation

2 of 5

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

## SECTION B. TRANSITION PRACTICES & PROGRAM

(Information about the Transition Program You Work With)

	Never	Seldom	Sometimes	Often	Always
1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always					
<b>To what degree should Individualized Education Programs (IEPs) for students in transition...</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
15. use assessment information as basis for transition planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. select measurable goals to plan and implement transition services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. identify employment goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. identify postsecondary education goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. identify community living goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. identify independent living goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. include referrals to adult services before exit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. specify responsibilities of each IEP participant (when applicable)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. be student-driven and directed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. address students' personal needs (e.g., financial, medical, legal)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. address students' community participation and living arrangements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. be reviewed at least annually to assess goal progress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEXT ->



# Transition Practices Survey for Rehabilitation

3 of 5

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

## SECTION B. TRANSITION PRACTICES & PROGRAM (Information about the Transition Program You Work With)

- 1 = Never
- 2 = Seldom
- 3 = Sometimes
- 4 = Often
- 5 = Always

	Never	Seldom	Sometimes	Often	Always
<b>To what degree should the Individualized Education Program (IEP)/Transition planning meetings...</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
27. acknowledge the student as director of the plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. have a rehabilitation counselor involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. have a special education teacher involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. have a general education teacher involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. have a career/technical education teacher involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. have an administrator involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. have a guidance counselor involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. have a job coach present and involved (when applicable)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. address annual progress in each IEP goal area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEXT ->





# Transition Practices Survey for Rehabilitation

4 of 5

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

## SECTION B. TRANSITION PRACTICES & PROGRAM (Information about the Transition Program You Work With)

- 1 = Never
- 2 = Seldom
- 3 = Sometimes
- 4 = Often
- 5 = Always

To what degree does your state VR transition program...	Never	Seldom	Sometimes	Often	Always
36. develop adequate working relationships with school personnel and other community service providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. develop adequate working relationships with local employers and businesses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. offer student programs on self-advocacy and self-direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. promote community awareness of transition student's issues and abilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. advocate that disability is a normal part of human diversity and should be treated as such?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. coordinate services and events (e.g., job/career fairs, job readiness trainings, college preparatory programs) with schools and other services providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. participate in a local interagency community transition team (CTT)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEXT ->



# Transition Practices Survey for Rehabilitation

5 of 5

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

## SECTION C: TRAINING IN TRANSITION (Information about ongoing professional development)

- 1 = None
- 2 = Slight
- 3 = Some
- 4 = Much
- 5 = Very Much

	None	Slight	Some	Much	Very Much
<b>To what degree would you like to receive more training or instruction in...</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
43. responding to transition program needs and issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. graduation pathways for transition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. community-based instruction practices at the secondary level (e.g., job readiness training)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. planning and implementing goals for transition plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. actively participating in successful IEP/transition meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. assessing students' transition needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. increasing students' vocational skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. training students in transition about the importance of advocacy and self-determination skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. improving collaboration strategies among schools, other agencies, employers, and communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. evaluating transition programs and services for accountability purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing the *Transition Practices Survey for Rehabilitation*. Your feedback is greatly appreciated.

SUBMIT ->



# Transition Practices Survey for Rehabilitation

Modified version of Rabren, Hall, and Eaves (2012) Transition Practices Survey

Thank you for completing the *Transition Practices Survey for Rehabilitation*. Your feedback is greatly appreciated.

Appendix E  
Letters Seeking Permission



Cary F. Boswell, Commissioner  
Alabama Department of Rehabilitation Services  
602 South Lawrence Street  
Montgomery, Alabama 36104

Dear Dr. Boswell:

I am a doctoral student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University under the direction of Dr. Karen Rabren. I am asking permission from the Alabama Department of Rehabilitation Services to conduct research for my study, "Vocational Rehabilitation Counselors' Perception of Transition Programs, Services, and Practices for Youth with Disabilities".

Alabama Vocational Rehabilitation Counselors will be asked to complete an online survey that will take approximately 15 minutes to complete. This online survey should cause no more discomfort than they would experience in their everyday life. Any information obtained in connection with this study will remain confidential. The participants' names will not be associated in any way with the research findings. My plan is for the research activities to be finished by May 29, 2015.

Information obtained from the participants may be used to fulfill an educational requirement, published in a professional journal, and presented at a professional meeting. Employees will not be asked to take time from their work duties to complete the survey.

I will provide a copy of the Auburn University IRB-approved, stamped consent document before the email invitation to participate in the survey is distributed to the division director(s). I will also provide a copy of any aggregate results. Once results are collected, I would be available to conduct a presentation upon request for your staff about transition programs, services, and practices for youth with disabilities which would include results from this study. Also, attached are the information letter and a copy of the *Transition Practices Survey for Rehabilitation*. If you have any questions, please contact me, Courtney Dotson, at [ckd0004@auburn.edu](mailto:ckd0004@auburn.edu) or my advisor, Dr. Karen Rabren at [rabreks@auburn.edu](mailto:rabreks@auburn.edu).

Thank you for your consideration,

Courtney K. Dotson, ABD, CRC  
Principal Investigator  
334.844.5918

See Survey Attached

Appendix F  
Authorization Letter



**Robert Bentley**  
GOVERNOR

Alabama Department of  
**REHABILITATION SERVICES**



**Cary F. Boswell**  
COMMISSIONER

November 7, 2014

Auburn University  
Office of Research Compliance/Institutional Review Board  
115 Ramsay Hall  
Auburn, Alabama 36849

Dear Board Members:

Please note that Courtney Dotson, Auburn University Graduate Student, has the permission of Alabama's Department of Rehabilitation Services (ADRS) to conduct research with our agency for her study, "Vocational Rehabilitation Counselors' Perception of Transition Programs, Services, and Practices for Youth with Disabilities".

The survey will be emailed to employees by ADRS division director(s). She will provide the division director(s) with an electronic link to the survey and will send email reminders to be distributed to ADRS employees. Her plans are for research activities to be completed by May 29, 2015.

Ms. Dotson has agreed to provide ADRS with a copy of the Auburn University IRB-approved, stamped consent document before any activities are conducted (i.e., the email invitation to participate in the survey is distributed to the division director(s)) and will also provide a copy of any aggregate results.

If there are any questions, please contact me at 334-293-7500.

Sincerely,

Cary F. Boswell, Commissioner  
Alabama Department of Rehabilitation Services

James Myrick, Assistant Commissioner  
Alabama Department of Rehabilitation Services

**PROVIDING SERVICES TO ALABAMIANS WITH DISABILITIES**

602 S. Lawrence Street ■ Montgomery, AL 36104 ■ 334-293-7500 ■ 1-800-441-7607  
Fax: 334-293-7383 ■ [www.rehab.alabama.gov](http://www.rehab.alabama.gov)