The ACT Now! program advocating for community transition: a program development plan

Allyson E. Williams
The University of Toledo
The ACT Now! Program

Advocating for Community Transition:

A Program Development Plan

Allyson E. Williams

Faculty and Site Mentor: Dr. Beth Ann Hatkevich, PhD, OTR/L

Site Mentor: Cheryl Tresnan, M. Ed.

Department of Rehabilitation Sciences

Occupational Therapy Doctorate Program

The University of Toledo

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

There is a growing need to provide services and create opportunities for individuals with developmental disabilities. Not only should these individuals have a quality of life like anyone else, but also it is important that they maintain their dignity and be taught skills to succeed in life, as well as be able to contribute to society. The Administration for Children and Families (2010) supports this view with their mission statement that reads “to improve and increase services to and assure that individuals with developmental disabilities have opportunities to make their own choices, contribute to society, have supports to live independently, and are free of abuse, neglect, financial and sexual exploitation and violations of their legal and human rights.” Due to the increase in the number of individuals who want to pursue these rights, it is apparent that there is a need to develop a program that will help them to accomplish these goals.

The goal of the program is for an independent living skills program at The University of Toledo main campus to improve independence in individuals with developmental disabilities who are graduating from high school. The objectives of the program are focused on easing some of the strain that parents may have when caring for a child, as well as improving confidence and skills related to independence in the participants. It is determined that a maximum of 20 participants will be able to take part in the first year of the program, which will be located at The University of Toledo main campus. The participants will be evaluated using two standardized assessments prior to starting the program and after completing the program. Throughout the program, participants and parents will also be able to evaluate the success of the program, provide feedback, and make suggestions as needed. Outcomes and program success will also be determined by following-up with each of the participants a year after the program to identify independent living, continuing education, and employment status.
Introduction

Program Goal

The goal of the program is for an independent living skills program at The University of Toledo main campus to improve independence in individuals with developmental disabilities who are graduating from high school. In order to gain a better understanding of what this means, it may help to know what is meant by independent living skills and developmental disabilities. Independent living skills are those skills needed to perform everyday tasks. According to the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2008), these skills range in the areas of occupation that people engage in, including occupations of daily living (ODL’s – bathing, dressing, feeding, personal hygiene, and sexual activity), instrumental occupations of daily living (IODL’s – community mobility, financial management, health management, home management, meal preparation, safety procedures, and shopping), education, work, play, leisure, and social participation. The Centers for Disease Control and Prevention (2010) defines developmental disabilities as “a group of severe chronic conditions that are due to mental and/or physical impairments, which have an impact on major life activities such as language, mobility, learning, self-help and independent living.”

Sponsoring Agency

The program will be supported by the Lucas County Board of Developmental Disabilities (2010), which is a not-for-profit corporation designed to provide a variety of services including early intervention, senior services, service and support administration services, and quality assurance, as well as running a school bus system, an administration complex, and adult service centers. The vision of the board is to advocate for everyone to live, learn, work, play, worship, and participate as equal citizens, while the mission believes that all people eligible for services
have strengths, abilities, values, equal rights, and responsibilities, and must be treated with
dignity and respect. They also believe in self-determination and empowering all people with the
supports needed to make informed decisions and choices. They follow six core values, which
are people first, self-determination, importance of families, community participation, ethical and
visionary leadership, and cultural competence. The program will be developed by and take place
at The University of Toledo, which is located in Toledo, Ohio. The mission of the university is
to improve the human condition; to advance knowledge through excellence in learning, discover
and engagement; and to serve as a diverse, student-centered public metropolitan research
university. There are also six core values that the university abides by, which are compassion,
professionalism and respect; discovery, learning and communication; diversity, integrity and
teamwork; engagement, outreach and service; excellence, focus and innovation; and wellness,
healing and safety (The University of Toledo, 2010).

Organizational Structure

At the Lucas County Board of Developmental Disabilities, there are various departments
and services that make up the entire board to ensure that it runs successfully and to help the
board pursue its vision. These departments include Adult Options, Children’s Options, Early
Intervention, Ombudsman, Transportation, Travel Training, Special Olympics, and Recreation
and Leisure. Cheryl Tresnan, the Children’s Options Coordinator in the Children’s Options
department at the Lucas County Board of Developmental Disabilities, provided an organizational
chart for this particular department (see Appendix A for the organizational chart). Under the
director, there are three children’s options coordinators, but only one of them (under Cheryl
Tresnan) is for individuals with developmental disabilities who are of high school age. The other
two are for younger children. As shown by the chart, an occupational therapist is already
assigned to work in the department, but the occupational therapist only works with the younger children. It is easy to see where an occupational therapist would belong, mainly because of the lack of one in an area of the department where individuals with developmental disabilities are transitioning out of the program into the adult world. The addition of the occupational therapist is represented with bold lines and print into the organizational chart to show how the addition would add to the structure. The board would serve as a facilitator of bringing students into the program, so the occupational therapist may need to collaborate with Cheryl Tresnan, the Children’s Options Coordinator.

A second chart is provided to show the organizational structure for the Judith Herb College of Education, Health Science, and Human Service at The University of Toledo (see Appendix B for the organizational chart). There are several departments and individuals that work under the dean in this college. One individual in particular, David Kujawa (Director of Clinical Affairs), oversees the clinical aspects of all academic programs. The ACT Now! Program is represented as a clinical aspect under David. Since the program is intended to provide clinical opportunities to occupational therapy students and will take place on the main campus, the proposed therapist would report to David. There will also be an occupational therapy assistant working with the program, who will report to the occupational therapist. The occupational therapist will also be involved with the students getting ready to graduate from high school since the Lucas County Board of Developmental Disabilities will be supporting and helping to recruit these students into the program. An occupational therapist would be beneficial to have under the children’s option coordinator for high school age students, because the transition specialists work with teens with disabilities and their families to assist them with connections to the community and put things in place to assist them with the transition to
adulthood. An occupational therapist can assist with this process, but also see where the students are at, where they could go based on their current abilities, and teach them the skills to get there and reach their maximum potential.

**Investigating the Need for Programming**

In order to determine if there was a need for an independent living skills program for individuals with developmental disabilities, it was necessary to contact a variety of people and use various methods, as well as to determine what those particular needs are. These methods included gathering input and information from caretakers who have high school age children with developmental disabilities to identify needs for their children and plans after high school and gathering information from various stakeholders throughout the community who run programs and provide services for these individuals. Each of the methods discussed are beneficial, because of the various people that were providing the input. In particular, telephone interviews and semi-structured interviews were conducted to collect the data and obtain the necessary information for identifying the need. A focus group was scheduled to be held with service providers throughout the community, but due to time restraints and individuals being unable to attend, the semi-structured interviews were conducted instead.

The first method carried out was conducting telephone interviews with the caretakers of individuals with developmental disabilities who are of high school age. Bourque and Fielder (2003, p. 18) state that “telephone surveys can be longer and more complex than mail or other self-administered questionnaires, more topics can be included, topics can be explored in greater depth, and questions can be probed further to gather more specific and meaningful answers.” These benefits were helpful in this particular case, because they allowed for a chance to specifically ask the parents questions and explain to them what it is the interviewer was looking
for in particular. It also prevented them from having to leave home or from writing down their answers quickly in a questionnaire form just to get them done. The individual developing the program did the interviews, and the individuals that were included were all of those who care for a child with developmental disabilities who is in high school, between the ages of 16-22, and serviced by the Lucas County Board of Developmental Disabilities.

The needs assessment instrument for the telephone interviews gathered information from a caretaker’s perspective about his/her child with developmental disabilities (see Appendix C for the needs assessment instrument). It started off with simpler questions about the child’s interests and dislikes at home and at school, then moving to questions about how the child does with self-care, chores, socialization, leisure, transportation, and making decisions. The interview then ended with some questions about what the caretaker would like to see from the child in terms of personal and post-graduation goals, whether or not he/she would be interested in a life skills program for the child to attend, and any skills the child could work on to improve his/her independence. The telephone interviews were done so that personal information could be gathered, as well as information about experiences, behaviors, the environment, thoughts, and feelings.

Based on the information gathered and what is already known about services available throughout the community, the second method that was carried out was semi-structured interviews with various stakeholders who already provide services and programs to individuals with developmental disabilities (see Appendix E for the semi-structured interview). The interviews were done to gain the individuals’ perspective on issues, concerns, and needs in regards to the target population and intended goals and outcomes of the program. These questions varied from the kinds of services that they already provide; what they wish they could
provide; what they feel is necessary to include in a program; any experiences, suggestions and
advice they can give; and anything that may be too repetitive or unnecessary. The goal was to
elicit their perceptions, feelings, attitudes, and ideas about the development of the independent
living skills program.

Needs were addressed and provided based on the factors of practicality, importance, and
financial support. Obviously, the needs that have been addressed and stated by the parents will
all be considered, especially since they are the ones who make the program possible through
their participation. Those stated needs were compared to the thoughts and ideas from the
stakeholders, since the stakeholders already conduct services in the area and too much similarity
will not benefit anyone.

Needs Assessment Results

The needs assessment survey for caretakers was carried out with the assistance of the
Lucas County Board of Developmental Disabilities. Letters were sent out to caretakers who
have children with developmental disabilities (ages 16-22) that are registered with the board to
inform them about the survey being conducted. A total of 565 letters were mailed out, and
caretakers were randomly called from the list. There were 46 surveys that were completed (see
Appendix D for the survey results). The children attended 17 different schools, were in grades 9
through 12, and ranged in age from 16-22. The majority of respondents said that they would
absolutely love to have their child attend a program after high school that would teach life skills
to increase his/her independence. Several caretakers also said that their child has taken these
types of classes in school, so it would be up to them to decide if they would want to take them
again. Goals that caretakers would like their child to be able to do consisted of learning to do
homemaking tasks, being able to read better, being as independent as he/she can possibly be,
making social and emotional relationships, getting a job/fulfilling vocation, and learning how to drive. In regards to services in place to help their child after graduation, responses varied from absolutely not; I don’t really know what is out there/I haven’t started looking yet; I am finding it difficult finding things available for his/her skills and needs; just now starting to look; and there definitely could be more/not enough. Following graduation, caretakers would like to see their child being happy and safe, doing the best he/she can do in whatever he/she chooses, attending college, living on his/her own as much as possible, attending day programming, doing some type of work, and making friends in the community. Their children’s post-school goals consisted of getting a job, attending college, staying home and not doing anything, and being unsure. It was reported that the majority of children get to and from places by parents and family members only, while some do take or are learning to use TARPS/TARTA. The majority of caretakers reported that their child either loves going to school or sometimes likes going, but can easily be talked into going. There were many things listed by caretakers that their child needed assistance with including reminders to stay on task and to do things, safety issues and understanding danger, having no sense of stranger danger, fine motor skills, bathing, preparing food, dressing, personal care, cleaning, reading, socialization, and taking medications. There were a few more questions answered within the survey, but the results show that there is a need for a program to provide independent living skills to graduating seniors with developmental disabilities within Lucas County. The survey also provided information about what these individuals like and dislike doing at home; what they like and dislike about school; decisions that they need help making; activities outside of the home that they participate in; and things they could work on that would help to increase their independence.
There were five semi-structured interviews that were conducted with service providers throughout the community (see Appendix F for the interview results). Each of the providers felt that there was a need for a year round program to provide life skills, vocational skills, and independent living skills combined into one program, and nobody felt that there would be too much overlap to other programs or services. All of the service providers liked the idea of having university students helping to teach the program. They felt it would benefit not only the students in the program, but also help the university students put into practice what they have been taught with a population they may have never previously dealt with. When asked about additional services they wish they could provide, answers ranged from increasing the students’ motivational level, teaching about relationship issues, providing opportunities for more hands on work, more availability and funding, increasing access to resources to eliminate barriers to employment, and being able to help them more realistically. In regards to aspects to include into a life skills program, providers feel it is important to teach employer expectations, soft skills (unwritten rules of work and society), transitional skills, adaptive behavior skills, social skills, resume writing, homemaking, personal care/hygiene, activities of daily living, work training skills, money management, simple computer skills, provide parental assistance, and teach them about various providers in the community. The service providers feel that it is important to teach the students by providing many examples, teaching the skills over time, providing opportunities for generalization, making it hands on, offering a one to two week get away experience to practice the skills, and providing on the job work experiences. Additional information that was gathered from the results include opinions on the number of hours and days to run the program, the best way to educate individuals with developmental disabilities, opinions on how to encourage
students and parents to want to participate, opinions on eligibility requirements, and opinions on funding to start and sustain the program in further years.

A prior graduate student conducted a focus group with service providers throughout the community to also determine the need for a transitional program for young adults with developmental disabilities (Stanger, 2009). Results from this focus group also help to show the need for a program to provide independent living skills to individuals with developmental disabilities. All of the participants answered yes when asked if there was a need for a transitional program to provide independent living skills in Lucas County. When asked about concerns that the service providers may have with the program, answers mainly included transportation to and from the program, transportation for outings, timing of the program, and difficulties with using TARTA. In regards to complimenting other programs throughout the area, most people said to keep communication open, collaborate with other programs and services, and to use The Ability Center of Greater Toledo and the Lucas County Board of Developmental Disabilities for referrals. Participants stated that realistic outcomes of the program would be increased self-esteem, consumers and families feeling more empowered, and self-advocacy. Additional suggestions were also discussed including involvement of the school systems, utilizing computer labs, pairing students up based on needs and functional levels, and making sure social skills are taught. Additionally, it was felt that students should be able to repeat if necessary; eligibility should involve an interview process, assessments, and a deadline for paperwork; the location at the university would keep them with their non-disabled peers and allow them to wear name tags; and funding could be supported by grants for student fieldwork and by adding more clinics on the campus.
Literature Review

According to responses from a sample of the population, the 2008 Disability Status Report from Cornell University (2008) found that the number of individuals ages 21 to 64 (working-age) with disabilities in the United States was 10.4 percent. Out of this population, the employment rate of those with disabilities was 39.5 percent compared to 79.9 percent of those without disabilities, and the poverty rate for working-age people with disabilities was 25.3 percent. Of the working-age population for people with disabilities, 25.4 percent are working full-time, while 60.4 percent of working-age people without disabilities are working full-time. In particular, Ohio has an 11.6 percent count of non-institutionalized working-age people with disabilities with 38.3 percent of them employed and 80.4 percent of people without disabilities employed. These statistics help show that people with disabilities who are of working-age are not obtaining as much employment as those without disabilities.

The Ohio Department of Education website provides statistics in an Annual Performance Report (APR) for the state of Ohio, as well as statistics for the performance level in each district. The Annual Performance Report for 2007-2008 has 20 indicators (2009). Of these, indicators 13 and 14 are most relevant for this particular population. Indicator 13, secondary transition, is in reference to “the percent of youth aged 16 and above who have an IEP (individualized education programs) that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals.” This indicator shows that out of 75,356 youth with disabilities aged 16 and above, 89.8 percent had transition goals and services included in their IEP’s. Indicator 14, postsecondary outcomes, is in reference to “the percent of youth who had IEP’s, who 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.” This indicator shows that out of 536 youth surveyed within one year of exit, 86.8 percent were engaged in competitive employment and/or postsecondary school. Although this second indicator looks good, it only represents one-sixth of Ohio’s local education agency’s serving youth with disabilities.

To go even further, the Ohio Department of Education website describes district-level performance data in relation to the state targets through the use of 14 indicators in the 2007-2008 District-Level Performance Data report (2009). Indicators 1, 3, 5, and 13 are most relevant for this particular population and for showing statistics of students in the specific school district that will benefit from the life-skills program, which is the Toledo City School District in Lucas County. Indicator 1 is for graduation rates, and there was an 80.65 percent graduation rate for students with disabilities, but an SPP (state performance plan) target of 84.60 percent. Indicator 3A is for an AYP (adequate yearly progress) report. Toledo City schools did not meet the AYP for the students with disabilities subgroup. Indicator 3B states that Toledo City schools did meet the SPP target with a 98.08 percent participation rate for students with disabilities. Indicator 3C states that there is a 54 percent SPP math target and a 63 percent SPP reading target. Toledo City schools only had a math pass rate of 34.51 percent and a reading pass rate of 39.77 percent for students with disabilities. Indicator 5 describes the least restrictive environment for school-age students. According to the statistics, there is a 48.40 percent SPP target for students with disabilities to be outside of the regular classroom less than 21 percent of the day, but Toledo City schools only had a 24 percent rating. It also has an SPP target of 12.50 percent for students with disabilities to be outside the regular classroom more than 60 percent of the day, and Toledo City schools had a 42 percent rating. Indicator 13 is if transition plans are in place for students with disabilities aged 16 and above. Toledo City schools are 97.77 percent with an SPP target of 100
percent. Although every child and district is different, these statistics show that the district is doing well in terms of transition plans, but could improve in other areas of importance for preparing students with developmental disabilities to succeed after high school.

An Ohio Longitudinal Transition Study was done to identify student expectations at the time of school exit and outcomes one year after leaving high school for individuals with IEP’s (Baer, Daviso, Queen, & Magee, 2009). The exit survey asked about postsecondary goals and an evaluation of their high school experiences, while the one year follow-up asked these same individuals about how well their goals were met. At the time of exit, almost 80 percent of individuals planned to work after graduation with 45 percent of them expecting full-time work. The majority of students were receiving services through career and technical education, career assessment, and work-study, and most students had planned to pay for things through competitive work and family help. Leisure and community participation expectations were high among seven categories, which included community activities, driver’s license, owning a car, outdoor activities, voting, using a computer, and hobbies. Ratings for services that were received were highest for career and technical education, work on their own, IEP meetings, and job shadowing, while ratings for their transition plans were highest for addressing employment and overall preparation. The follow-up surveys found that out of the 80 percent of students that had planned to work after graduation, 69 percent achieved those expectations a year later, and out of 70 percent planning to participate in postsecondary education training, only 34 percent had reached that goal. About 50 percent of students had planned to live away from their families, but 80 percent were still living at home one year later. Even though these rates were not as high as they had expected, the satisfaction rates for outcomes were fairly high in regards to current job (80 percent), living situation (93 percent), and contact with friends (90 percent). This survey
gathered a great deal of information including the benefits of involving students in creating their IEP’s, but it also shows some obvious areas that could be addressed. One particular area of concern is that how are students working towards accomplishing those IEP goals? The students are encouraged to make these goals, but is someone working with them after graduation to ensure that they learn the appropriate skills for achieving them? Also, does the education have to stop after high school graduation? Shouldn’t they have the opportunity to learn skills that will help them achieve these goals?

There are many challenges associated with transitioning from high school to adult life for individuals with developmental disabilities. On particular article (Wall et al., 2008) discusses these challenges and ways to ease those challenges with appropriate transition services. They discovered that individuals with developmental disabilities who complete high school have difficulties in the areas of community and social participation, gainful employment, independent living skills, and emotional self-sufficiency. It explains the skills an occupational therapist has to support the transition process including identifying a student’s strengths, interests, and abilities, as well as adapting activities and environments, designing accommodations, using various assessments, and collaborating with everyone involved. The article also described how occupational therapy faculty and students at Colorado State University designed a community work experience program that involved the occupational therapy students staffing local high school students with developmental disabilities in valuable work experiences. The occupational therapy students were able to gain field experience in program development, implementation, and evaluation, while the high school students were able to participate in purposeful work activities, practice work-related behaviors, and learn community mobility and social interaction skills. The article provides an example of how this type of program benefits university students
and individuals with developmental disabilities. The graduating students will have more of an opportunity to prepare for the transition into adult life, while the university students will be able to practice various skills they have been taught in their program and increase the variety of populations they will work with.

An article by Stewart, Stavness, King, Antle, and Law (2006) reviewed five articles to identify factors that help in the transition process for individuals with developmental disabilities moving from adolescence to adulthood, factors that get in the way of the transition process, and what works in transitional services. They concluded that a variety of factors support transition including development of skills like self-determination, self-advocacy, choice making, and problem solving; environmental supports like information, peer mentors, and family; and supports within service systems like communication and an individualized approach. In order for services to be delivered successfully to help with the transition, they need to be part of a developmental continuum or life course and recognize each individual’s strengths and needs. Various outcomes to consider in this type of transition include self-management, employment, life satisfaction, participation, and quality of life. The evidence described here shows that a variety of skills need to be learned and experiences need to be provided in order for these individuals to transition into adulthood successfully.

There is also a need to make others in the community aware of what individuals with developmental disabilities can do. Community members need to trust that these individuals are capable of living within a community, as well as being productive members of society. An article by Kamens, Dolyniuk, Dinardo, Rockoff, Forsythe, and Corman (2004) describes a program designed for high school students with developmental disabilities that allowed them to work alongside college students in a variety of jobs on a college campus. The program provided
benefits to the students with developmental disabilities, the college community, and the community as a whole. It allowed the individuals with developmental disabilities to develop functional skills in the areas of socialization, education and vocation, and even provided them with the opportunity to interact with other people their own age. It allowed the college students the chance to become more aware of individuals with developmental disabilities and to be more supportive of who they are as individuals. It even gave workers and teachers throughout the campus experience to individuals with developmental disabilities and a chance to see the abilities they do have.

There is also a concern for how individuals with developmental disabilities view themselves as being able to perform work tasks. One study by Brady, Duffy, Frain, and Bucholz (2010) evaluated the difference between the way a teacher rated a student’s work performance, and a student rated his/her own performance on the same employment variables. The study used two evaluation systems known as the Job Observation and Behavior Scale (JOBS), which is filled out by teachers, and the JOBS: Opportunity for Self-Determination (JOBS: OSD), which is filled out by students. Results showed that the students rated themselves higher on every scale when compared to their teacher’s ratings and identified the need for less supports. The article describes how individuals with developmental disabilities tend to have a misunderstanding of their own abilities and amount of support they need to perform job tasks. If these individuals are not aware of their own abilities and level of assistance needed, they are already at a disadvantage when trying to perform tasks. They would benefit from learning to better evaluate their own abilities and needs and building the skills necessary for self-determination.

An important aspect when teaching life skills to individuals with developmental disabilities is to also teach the skills of self-advocacy and self-determination. One particular
article by Kleinert, Harrison, Fisher, and Kleinert (2010) describes what these skills should include, and why they are important. These skills involve selecting personal goals, planning steps toward those goals, assessing one’s progress, making choices, and self-monitoring and evaluating one’s behaviors. They also state that the basis behind these skills is communication. By increasing one’s ability to perform each of these skills, it has been shown that individuals with developmental disabilities have better post school outcomes and reported quality of life. By teaching students skills to communicate more effectively, advocate for themselves, and work through a planning process, it will help them to become more involved in their own learning process and to live more independently.

Based on the review, it is apparent that a goal to increase independence through an independent living skills program is needed. Not only do statistics show that individuals with developmental disabilities who are of working-age are unemployed, but the Ohio Department of Education also shows that even though IEP’s and transition plans are in place, Toledo City schools are not meeting many of the targeted goals. And although the Ohio Longitudinal Transition Study did show high satisfaction rates in comparison to lower follow-up results, most of these individuals were still not able to achieve the goals that they had anticipated. Why are these individuals unable to achieve their goals as expected even though they are planned and laid out in advance? What skills may they be lacking that are preventing them from achieving goals in life that many of us simply take for granted?

Individuals with developmental disabilities experience disadvantages throughout the country, but it is also apparent that this is true right here in our backyard in the Toledo Public School system. They are able to have IEP’s, job coaches, and transition specialists while in high school to help develop their plans, but after high school, these services drop off. Who is making
sire they achieve their goals or at least helping them to do so after they graduate? Who is checking to see if they have all of the necessary skills to live as independently as possible, obtain and maintain a job, and explore leisure and socialization opportunities? These individuals want as much from life as everyone else and most importantly deserve that opportunity. A program to teach independent living skills located on the main campus of The University of Toledo will increase awareness within the community and learning experiences for individuals participating in the program, as well as for those outside of the program. This program will help improve the lives of individuals with developmental disabilities graduating from high school within the Toledo Public School system by identifying individualized goals and teaching the life skills necessary for the transition to adulthood.

**Occupation-Based Programming**

The needs that were assessed are occupationally based, because the program will cover and teach the skills needed to perform everyday tasks. These areas involve occupations of daily living like bathing, dressing, feeding, personal hygiene, and sexual activity; instrumental occupations of daily living like community mobility, financial management, health management, home management, meal preparation, safety procedures, and shopping; as well as skills needed for education, work, play, leisure, and social participation. The program will also help teach the individuals to be self-advocates, to make choices, to problem solve, and to identify and use resources and supports in the community. All of these areas will help the individuals with developmental disabilities increase their independence and participate in the community as much as possible. Although each individual will require different needs and have individualized goals, he/she will still be learning to make and achieve goals, as well as carry out occupations that are meaningful and purposeful. Christiansen (1999, p. 547) confirms this by stating that
“occupations are key not just to being a person, but to being a particular person, and thus creating and maintaining an identity. When we build our identities through occupations, we provide ourselves with the contexts necessary for creating meaningful lives.”

The ACT Now! Program will teach skills that will help build confidence in the lives of individuals with developmental disabilities. This confidence will help them pursue their goals and interests, but they will also need to be taught skills and learn about resources that will provide them with opportunities to further increase their current skills in order to build that confidence. These skills will include various abilities that are necessary to perform everyday tasks, and skills that will help them to succeed in roles of employment, socialization, and independence. All of these aspects will in turn increase their participation in their own lives, which will lead to a greater life satisfaction and quality of life. Gupta, Chandler, and Tota (2009) state that “occupational therapy promotes health and well-being through active involvement in meaningful occupations. By helping clients eliminate barriers, enhance their self-management skills, improve their performance of daily activities and adopt healthy habits and routines, occupational therapy unlocks the door to participation across the lifespan.” Since occupational therapy focuses a great deal on improving one’s quality of life through occupations that are both meaningful and purposeful, it is evident that this program will present a similar outcome in individuals with developmental disabilities graduating from high school. The program will help them to achieve their original IEP goals and fulfill roles in life that are important to many.

**Models of Practice**

The participants who will take part in the program will be individuals with developmental disabilities who have recently graduated from high school. Aspects from the program that will be evaluated are parental perceptions on the students’ improvements, the amount of assistance
needed on various life skills, quality of life and satisfaction with one’s own life, measures of independence, and employment and/or participation. Based on these measures, the models of practice that will guide the teaching in the program include Role Acquisition (Mosey, 1986) and Canadian Occupational Performance Model (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996).

The Role Acquisition model is appropriate, because it focuses on teaching skills that are practical and essential so that people can engage in their roles in life. Skills that are included in the model are task skills and interpersonal skills, both of which are essential for this population to learn about in order to make their roles possible. Roles that are also included in the model are family, activities of daily living, school, work, and play/leisure. Each of these roles is possible, but the individuals need to be taught the skills to carry them out. Other aspects of the model that are important to teach in the program are time management, role partners, social networks, meaning, and purpose. The model is open-ended and allows for the leader to collaboratively decide with the learner what it is that he/she will be working on. Even though there are few standardized tests, the model utilizes keen observation in order to determine where individuals are currently functioning, which is important to know in the program. Intervention methods involve engaging the person in occupations that elicit, require, and permit the skills; that are interesting to the learner; and that allow for exploration and mastery. Important for both the model and the program are to have concrete goals in order to know where the person is headed and to provide a basis for activity analysis and synthesis.

The Canadian Occupational Performance Model is also relevant to the program, because it is client-centered. The program is to focus around the students and their needs, and this model does that by evolving around personal success, and the person’s way of thinking about the
importance of what he/she is doing. The model looks at three levels, which are the person, the occupation, and the environment. Other important aspects of the model are that the client drives it; the client’s choices are paramount; it focuses on capabilities as opposed to limitations; and it emphasizes participation and community. The model uses the Canadian Occupational Performance Measure to evaluate clients in four steps. Next, the model takes the identified problems and develops an action plan to set realistic goals, then uses naturalistic occupations to implement the plans for achieving the goals. The leader in this model is non-directive, nonjudgmental, optimistic, empathetic, treats the person as an individual, and does not generalize, all of which are important to the program as well.

**Federal Initiatives and National Trends**

The goal of Healthy People 2020 (U.S. Department of Health and Human Services, 2010) that relates most to the program is the fourth one. The goal is “to promote quality of life, healthy development, and healthy behaviors across all life stages.” Promoting quality of life is something that the independent living skills program can contribute to the lives of the individuals involved. They will be taught the skills and given the resources needed to live a happy and successful life. The second goal (to eliminate health disparities) also relates in a small part. The part of most concern is to eliminate disparities for individuals with disabilities, who are identified as having an activity limitation, who use assistance, or perceive themselves as having a disability. The U.S. Department of Health and Human Services writes, “In 1994, 54 million people in the United States, or roughly 21 percent of the population, had some level of disability. Also, rates of disability are relatively stable for people aged 45 years and older, but are on the rise among the younger population.” The topic areas of most concern are Disability and Health and Educational and Community-Based Programs. The goal of Disability and Health is to
“promote the health and well-being of people with disabilities.” They state that people with disabilities have every right to play an important and valued role within their community and to take part in important daily activities that contribute to their growth, development, fulfillment, and community contribution. The goal of Educational and Community-Based Programs is to “increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.”

This can be done by addressing influences at multiple levels and in a variety of environments/settings. These levels include personal, organizational/institutional, environmental, and policy. Various objectives that are important and relate to the development of the program include feelings and depression interfering with activities among adults with disabilities, social participation among adults with disabilities, satisfaction with life among adults with disabilities, employment parity, accessibility of health and wellness programs, and environmental barriers affecting participation in activities.

**Objectives**

**Program Goal**

The goal of the program is for an independent living skills program at The University of Toledo main campus to improve independence in individuals with developmental disabilities who are graduating from high school. A variety of skills will be taught including occupations of daily living, instrumental occupations of daily living, education, work, leisure, socialization, self-advocacy, decision making, problem solving, utilizing resources, confidence, time management, communication, and acceptable behaviors.
Objectives

1. Participants will identify at least three goals to work towards within the first three weeks of starting the program.

   Short-term goals will also be identified to help reach the long-term goals. As the participants’ goals change, or are accomplished, new goals will be created.

2. Caregivers will complete the Caregiver Strain Index at the start of the program and at the end of the program showing an increased score of 50%.

3. Participants will demonstrate competency in each of the skills taught by implementing specified tasks correctly 2 out of 3 attempts following the completion of each lesson.

   For example, a participant may have to complete a task of properly preparing a microwavable meal, which would include the steps of choosing the meal, reading the directions, opening it, setting the timer properly, and carefully handling the meal afterwards.

4. Participants will demonstrate a 50% improvement on the UK FIM+FAM by the end of the program.

5. Participants will demonstrate a 50% improvement on the Assessment of Motor and Process Skills Evaluation by the end of the program.

6. One year after the program, at least 75% of participants will have obtained employment, independent living status, and/or pursued continuing education.

   Marketing and Recruitment of Participants

Marketing

   There are various stakeholders and individuals important for not only recruiting participants for the program, but to help the program work and be successful as well. These individuals include high school teachers, high school principals, employees in the Option IV
program, employers at the students’ various job sites, employees at the Lucas County Board of Developmental Disabilities (in particular in the Children’s Options Department), parents/caretakers of the students, the students themselves, and any other individuals throughout the community who provide services to individuals with developmental disabilities (i.e. The Ability Center of Greater Toledo). The high school teachers are with the students a majority of the time and know the amount of assistance and education they provide to them every day. They are aware of skills the students are missing and skills that can be improved upon, as well as what the students may need in order to be as independent as possible in life. High school principals want the best for all of the students in their schools including pursuing continuing education, obtaining gainful employment, and succeeding in life no matter what path a student may take after high school. The Option IV program teaches high school students with developmental disabilities job training skills needed for obtaining and maintaining a job. Job coaches and employees in this program have an understanding of the various skills that are needed for the students to succeed at a job and know the value that employment has on an individual’s life. Through the Option IV program, many of the students are given the opportunity to practice job skills at various job sites throughout the area. The employers of these businesses have an understanding of skills and training the students may need to perform the job successfully and maintain a job at the business. Employees at the Lucas County Board of Developmental Disabilities help a variety of children and students in all aspects of their lives. They work with the students to identify goals, know some of their strengths and weaknesses, and know of services that the students would benefit from. They are also involved in IEP meetings and play a role in planning for the student’s future. Parents/caretakers have been around over the years as their children have grown. They have thought about future plans, have worked with the students
to develop the skills they do have, and are aware of areas that the students are good at, as well as not so good at. The students should also be approached in the marketing campaign, because without persuading the students to want to participate, there would be no need to run a program like this.

In terms of marketing materials and strategies, a brochure and a simple flier were designed (see Appendix G for the sample flier). These will help describe the program and its benefits and will be given to the various stakeholders listed above. These are easy to create a large amount of, can be designed to attract a consumer/stakeholder’s attention, and can include the main points of the program necessary for persuading someone to look further into it. If the brochures and fliers are passed out to the high school teachers, employees in the Option IV program, and employees at the Lucas County Board of Developmental Disabilities, then these individuals can personally hand the items to parents/caretakers of the students and explain some of the benefits when they meet with them. High school principals can also help spread the word by placing the brochures/fliers in the main offices, out at school functions, and in the mail with newsletters and information for all parents to see and be informed about. Employers at the job sites can be given the brochures/fliers, which may encourage them to personally mention the idea of the program to the students. In addition to using people who are with the students on a regular basis to inform the parents, the brochures/fliers can be sent through the mail to households where the students reside. These brochures and fliers can also be made available to other agencies throughout the area that provide services to individuals with developmental disabilities like The Ability Center of Greater Toledo and camps/day programs that the students may attend. Another location of interest to catch the parents/caretakers’ attention in particular would be placing the brochures and fliers at other locations in which the students receive services from. Examples of
these would be health departments, physician/doctor offices, and therapy locations that could promote the program to the parents. This would be beneficial, because parents/caretakers usually attend these appointments with their children, sit in the waiting room, and/or speak to the receptionist who could hand the flier to them. When considering the parents/caretakers’ level of education, socioeconomic status, and lifestyle, it is important to understand that many of them live very busy and hectic lives and may not have the most fortunate financial means and opportunities. Therefore, it may not be as beneficial to have advertisements in a newspaper in case they do not receive one, and because a newspaper may not have information in it that the parents would find useful to read on a daily basis in regards to their child. Informing individuals that provide services throughout the community and relying on them to pass on the information may be the best option since parents/caretakers tend to look to others for advice and what course of action to take next when it comes to their children. The brochures and fliers must also be simple to read, quickly state the facts, and attract a parent’s attention to look further into the service being offered. The therapist will pass the brochures and fliers out to the stakeholders, as well as explain the program to the stakeholders, so they can be better prepared to promote and explain the information to the parents.

Along with the brochures and fliers for people to read on their own, an in-service will be created and presented to individuals and stakeholders throughout the area who provide services to the students. This in-service will educate individuals who speak directly to the parents/caretakers, and therefore can explain the program and its benefits. As these individuals see what the program can provide to students, they will be more likely to mention it to parents/caretakers and advise them to sign their child up for the program. Since word of mouth may be the most successful way to obtain participants, it is important that the individuals who
will be advising the parents are knowledgeable about the program and see the benefits of having the students participate in it so that they are more likely to bring it up in conversation. Each in-service will be conducted at the various facilities where the stakeholders work and most likely during their lunch hours so it is more personal, everyone can be present, and it will not disrupt their work day. The occupational therapist leading the ACT Now! Program will hold the in-services since the therapist will be most knowledgeable about the skills being taught and benefits to be gained.

Another strategy to use for marketing will be to create a link describing the program on previously developed and well-known sites that serve the population throughout the area. Parents/caretakers may already look to these sites for advice on future and upcoming services available for their children and will be able to see the link for the new program being developed. There is no need to create a brand new site since the ones in existence are already beneficial to parents/caretakers and other individuals. Some good websites to use would be the Lucas County Board of Developmental Disabilities, the Toledo Public School System, and The Ability Center of Greater Toledo.

Potential participants who will benefit from the ACT Now! Program are students with developmental disabilities in the Toledo Public School system who are ready to graduate from high school. These individuals may vary in age from 18 to 22, since 22 is the age in which they can remain in school until, but eligible participants are only those who have just graduated in June. Even though the participants are of age, parental/caretaker approval is required for participation so that The University of Toledo cannot be held responsible for any injuries or mishaps. Participants will have varying levels of functioning, must have graduated from high school within the Toledo Public School system, must be registered with the Lucas County Board
of Developmental Disabilities, be able to function without attendant care, must not have a current or chronic history of inflicting physical harm to self or others, and must not have a current or chronic history of arrest or probation. In order for the participants to receive services from Pathways 2 Success during the final semester, it is also required that they meet eligibility requirements from the Ohio Rehabilitation Services Commission (Ohio Rehabilitation Services Commission, 2011). These requirements include having limitations in three or more functional capacity areas, having a physical or mental impairment that causes a substantial impediment to employment, being able to benefit from vocational rehabilitation services in terms of an employment outcome, and requiring vocational rehabilitation services to prepare for, secure, retain, or regain employment. The expected, as well as maximum number of participants that will be accepted into the program for the first year is 20, although this number may increase in subsequent years as people in the community see the benefits of the program. In that case, space, funds, and supervision may need to be considered and possibly increased. The program will be a year in length, so there will only be a cohort of 20 participants each year.

As stated above, the ages of the participants will be anywhere from 18 to 22, depending when they finish high school. Participants will be both male and female, and they will have various abilities and functional levels depending on their diagnoses and levels of disability. These students will come from all over the Toledo area; therefore, socioeconomic status, ethnicity, race, and religion will vary among participants. The most important information to gather about the participants is socioeconomic status and level of disability. Socioeconomic status is important to know about so that the therapist has an idea of what kind of increased services and programs an individual may have had an opportunity to participate in and/or may be able to further benefit from in the future, especially in regards to future living supports. Level of
disability status is also important so that the therapist can plan for the amount of care and support an individual may need while participating in the program and after the program and be able to modify the teaching methods to fit an individual's need. It will also be important to obtain the most current IEP and transition plan for each of the participants, as well as information that document the disability and outline the social, educational, and vocational history. This information will help to understand what each of the participants have been working on, how well they have been doing, and assist the therapist in creating appropriate goals and lessons for each participant.

**Recruitment of Participants**

Since the occupational therapist will be in charge of leading and running the program, he/she will be most knowledgeable in how the program will run and know the benefits of participating in the program. Therefore, the occupational therapist will be in charge of recruiting participants, passing out and explaining the fliers and brochures, and informing the stakeholders and other individuals throughout the community about the program. The therapist will hold and lead the in-services at each of the sites, as well as pass out the brochures and fliers to stakeholders and individuals throughout the community who provide services to individuals with developmental disabilities. As the therapist passes out the brochures/fliers, he/she can explain the program and encourage each of the service providers about the benefits that the program can have on the students’ lives. The therapist will also contact each of the Toledo Public high schools to obtain a list of the students with developmental disabilities and their addresses to send out brochures to their homes. The therapist will then contact the Lucas County Board of Developmental Disabilities, the Toledo Public School system, and The Ability Center of Greater Toledo to discuss adding a page about the program to their websites. If those sites approve, the
therapist (possibly with the help of a web designer) will work on creating the page about the program. The main costs associated with this type of marketing would be printing the fliers and brochures, as well as mailing them out to parents/caretakers. After the first year of the program, the outcomes will hopefully eliminate the intensive recruitment of participants on the therapist’s part. Rather, word of mouth by parents, stakeholders, and other individuals will be the main method for recruitment.

**Programming**

The ACT Now! Program is designed to teach personal and life skills, as well as vocational skills to individuals with developmental disabilities who are graduating from high school. These skills will help increase their independence in life after graduation, improve their self-esteem and confidence to be able to perform more tasks, and take some of the pressure off of their parents/caretakers. The program will be run and lead by an occupational therapist and guided by two models of practice commonly used in occupational therapy. These models are the Role Acquisition Model (Mosey, 1986) and Canadian Occupational Performance Model (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996). The Role Acquisition Model is a good match for the program, because the program will be teaching life skills for the students to use and apply to their lives, helps them improve upon already existing roles and develop new roles to participate in. The program will also assist and teach participants how to manage in other areas of life important to maintaining independence. The therapist will be able to work with the students and use observation to determine how the students are functioning. The students will engage in occupations to learn and practice skills and identify meaningful goals to work towards. The Canadian Occupational Performance Model is also an appropriate match for the program, because it focuses on the participants, their needs, and their personal successes, which the
The three levels that are addressed in the model are important aspects to consider when identifying goals and skills to work on, and the program will encourage increased participation in the community. The program will help participants identify problems, ways to improve them, and place the participants in naturalistic settings to work on their skills. In the program, the therapists and fieldwork students will treat each and every person as an individual and work with the participants to help them see their strengths and build their confidence.

Many of the participants will need individualized and ongoing education, therefore admission to the program will be one time a year and limited to 20 participants. After graduating from high school, participants will enter the program at the end of August and remain in the program together until the beginning of the following July. They will have breaks throughout the year around holidays similar to that of The University of Toledo campus schedule. In order to participate, interested students and their parents/caretakers will contact the Lucas County Board of Developmental Disabilities and be transferred to the children’s options department for individuals who are of high school age. The parent/caretaker will speak to the therapist, be informed about the program and its requirements in more detail, and then can make a final decision about allowing his/her child to participate. As stated earlier, parental/caretaker permission is required, and participation is limited to students with developmental disabilities who have just graduated from high school in the Toledo Public School system, as well as be registered with the Lucas County Board of Developmental Disabilities. Participants can register any time from February 1 of the year they graduate until July 1 after graduation or until the 20 spots are filled. After expressing interest to participate, the parent/caretaker will have to read over the program description, sign off on the agreement and liability sheets, and fill out data and
history forms about his/her child. The admission process will also include an on-site interview with the parent/caretaker and potential student to assess motivational level and potential for graduating, as well as determine eligibility with the Ohio Rehabilitation Services Commission.

The program will be conducted three days a week (Monday, Wednesday, and Friday) from 9am to 3pm with an hour lunch break at noon with the exception of five weeks during the final semester. The first week of the program will be an introduction/orientation to what the students will learn in the year, getting to know one another, understanding what is expected of the participants, and learning about the schedule and setup. Parents/caretakers are required to attend the first day to fill out paperwork, sign forms, and take the Caregiver Strain Index (Robinson, B. C., 1983), which assesses difficulties and strains in the areas of employment, financial, physical, social, and time as a result of care giving responsibilities. If desired, they may attend the rest of the week as well. Also in this week, the occupational therapist will conduct the UK FIM+FAM (Turner-Stokes, Nyein, Turner-Stokes, & Gatehouse, 1999), which is the UK version of the Functional Independence Measure plus the Functional Assessment Measure, and a modified version of the original Functional Assessment Measure. Other evaluations will include the Assessment of Motor and Process Skills Evaluation (Fisher, 2003), and the Canadian Occupational Performance Measure (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1998) with each of the participants. Important information to gather about the participants throughout the course of the program will include assessment scores, goals, and daily progress and intervention notes. All updated and current information, including documentation on each of the participants will be written out and kept in a locked filing cabinet in the therapist’s office on The University of Toledo main campus. Participants can either be dropped off by their parents/caretakers or use the TARTA/TARPS bus route that has a stop on
The University of Toledo main campus to get to and from the program. Lunch will not be provided, unless stated ahead of time for special occasions or part of a lesson. Participants are expected to attend, since this will be a program that requires commitment and participation to receive a certificate of completion in it.

The program will run a schedule similar to that at The University of Toledo (see Appendix H for the program schedule). Participants will only come for 15 weeks in the fall and spring semesters and 10 weeks in the summer. Thanksgiving week will be off in the fall semester, spring break week will be off in the spring semester, and both finals’ weeks will be off. The summer semester will start two weeks after the completion of the students’ spring semester (around the third week of May). At the start of each week, participants will have the topic to be discussed explained to them. They will then have the opportunity to sit down with the fieldwork students and employees to discuss specific goals and skills to work on that are related to the topic, but are also appropriate and meaningful to each of them. Each week will consist of topics and lessons that are important and necessary for living independently. These topics will range in areas of self-care, money management, transportation, home management, self-advocacy, leisure, safety, socialization, health management, meal planning, computer use, and employment. At times a topic may need to be covered in consecutive weeks if it is more difficult and/or consists of a large amount of information, while two or three topics can be covered in one week if they are small and simpler. Instruction may be more necessary at times depending on the topic being discussed, but classes will primarily be based on examples, practice, hands-on work, community outings, role-playing, and self-reflection. There will also be opportunity for the participants to work in smaller groups of three to four people per fieldwork student/employee when practicing the information. These groups will have participants matched by similar skill
levels so that all participants have the opportunity to learn at their own pace and not have to feel slowed down or rushed by others. In addition to the lessons, assignments, hands-on practice, and assessments provided to the students during the program, they will also be referred to agencies, supports, and services in the community that they could benefit from after graduation. At the end of most weeks, students will be given an assignment to complete over the weekend related to the topic discussed. The assignments will have the students apply the information that has been taught and use it at home. They will be reviewed in the first class the following week. At times, an assignment such as dressing as you would for an interview may be assigned during the week.

The direct services that will be provided to the students in the program will include the various assessments that have already been stated, and the interventions that will be provided to the students by the occupational therapist, occupational therapy assistant, and fieldwork students throughout the course of the program. These interventions pertain to the various skills that will be taught to the students. There are also a variety of indirect services that will include training of the staff, development of appropriate lesson plans, creating appropriate goals for the students, daily documentation, and ensuring that the program runs successfully from one year to the next. Particular occupational forms will include use of a kitchen, living room, bedroom, laundry room, bathroom, computer room, and classroom. There will also be various locations throughout the community that will be utilized including banks, grocery stores, malls, bus lines, service agencies, apartment offices, Laundromats, restaurants, and job locations. A more detailed description of the occupational forms is listed below:

- The kitchen will have a stove, microwave, refrigerator, sink, cooking and eating utensils, cooking supplies, cleaning supplies, coffee pot, George Foreman grill, table,
and chairs. Occupations here will involve meal planning and preparation, eating, cleaning, safety, sanitation, use of supplies, and healthy eating.

- The living room will have a chair, sofa, lamp, and table. Occupations here will involve cleaning, safety, and home maintenance.

- The bedroom will have a bed, closet, dresser, and alarm clock. Occupations here will involve folding and hanging clothes, putting clothes away, setting the time and alarm, making the bed, and cleaning.

- The laundry room will have a washing machine, dryer, detergent, laundry baskets, iron, and ironing board. Occupations here will involve using the washing machine and dryer, using the iron and ironing board, sorting clothes, and folding clothes.

- The bathroom will have a toilet, tub/shower, sink, and mirror. Occupations here will involve cleaning, and personal hygiene.

- The computer room will be various ones throughout campus and have computers, chairs, and printers. Occupations here will involve typing, learning to use a computer, using the Internet, searching for websites, and using websites.

- The classroom will have tables, chairs, dry erase board, computers, projector, screen, document camera, DVD player, and school supplies. Occupations here will involve learning the various lessons, doing worksheets and tabletop tasks, group and individual work, and discussion with the group.

An additional piece to the ACT Now! Program that makes it unique is the inclusion of the fieldwork component. Level II occupational therapy students complete a 12-week rotation, while Level II occupational therapy assistant students complete an eight-week rotation. Level II students will staff the fall and summer semesters of the program in order to decrease the
student/"teacher" ratio to five students per “teacher.” Two occupational therapy students will be recruited, along with four occupational therapy assistant students (two students for the first eight weeks and two students for the second eight weeks). Since there may be times in the semesters when there will not be enough occupational therapy students to lead the groups, the occupational therapist and occupational therapy assistant will lead those groups of students. A study by Tracy and Iacono (2008) evaluated changes in the attitudes of undergraduate medical students when they interacted with people with developmental disabilities after the students took part in a communication skills training session. Results showed a significant change in attitudes, as well as the students feeling more comfortable interacting with individuals with developmental disabilities after the session. Students also reported that they gained insight into communication issues faced by this population and valued them more as individuals. Also, the program will be collaborating with Pathways 2 Success, which is a vocational rehabilitation program provided through the Ohio Rehabilitation Services Commission. This particular service helps to transition students and adults with developmental disabilities into the community by increasing vocational outcomes, assessing career explorations, and providing the necessary training and support needed to obtain successful employment. Pathways 2 Success partners with various service providers throughout the community to provide on-the-job training and follow-along services for each individual to ensure that he/she will meet all of the job specifications. Five weeks will be set-aside in the summer semester for the students to participate in the summer youth work experience through Pathways 2 Success. This experience tends to run Monday through Thursday for about five hours a day, depending on the service provider the student chooses in collaboration with his/her assigned counselor. During the ten-week summer session, the students will still be in class for the first four weeks prior to the five-week summer youth work experience. These
four weeks fall during a time when the program will not be able to be staffed by occupational therapy or occupational therapy assistant students. Therefore, the program will send e-mails out at the beginning of the spring semester to university faculty asking if any students would like to sign up for service learning opportunities during those four weeks to assist with the lessons to be taught. A brief training session will be provided to those students who sign up.

The topics for discussion and hands-on practice were chosen based on the literature and findings. An article by Kellems and Morningstar (2010) discusses the types of transition services that have been shown to be effective for helping students with developmental disabilities plan and prepare for the transition from school to adult life. Some of the areas of importance include self-care/independent living skills, career awareness, parental involvement, social and communication skills, self-determination, work experience, and community experiences. It is also important to teach students to become advocates for themselves, gather important information, and gain experience when planning the transition from secondary school to independent adulthood (Manela, Manela, & Janeczko, 2004). Wall et al. (2008) discussed challenges associated with youth transitioning from high school to adult life, and how to ease those challenges. The students tend to have difficulties in the areas of community and social participation, gainful employment, independent living skills, and emotional self-sufficiency. An occupational therapist assisting these students should identify strengths, interests, and abilities, as well as adapt activities and environments, design accommodations, use various assessments, and collaborate with everyone involved. Findings from the needs assessment survey to parents and interview questions to service providers also showed a need to include the various topics and skills that will be taught in the program.
The first semester is more about skills that can be used and applied immediately to their time in the program. Learning these skills early on will help them to practice the skills, improve upon them, and receive help and assistance as needed. The semester will start off with the orientation/introduction to the program, as well as the completion of the initial assessments by parents/caretakers and students. The second week will teach skills related to self care and personal appearance. This is important to start with so that the students know how to appropriately present themselves for community outings, functions, and around others, as well as knowing what to look for and how to care for simple illnesses. The next week will lead into more detailed information about health management like appointments, medication schedules, prescription information, and healthy eating. At this time, the students will also work with the fieldwork students/employees to identify at least three goals they would like to accomplish and work on in the program. The fourth week will teach the students how to use a computer to access important websites, find valuable information on the Internet, and navigate around simple computer programs and tasks. The fifth week will review how to use, access, and find transportation. The sixth week will cover overall general safety. Safety will be reviewed when necessary with every topic, but this week will help the students identify safety concerns in areas like personal, community, household, and vocational. The seventh week will cover areas of time management like work and bus schedules, paying bills on time, completing tasks, prepping food, and arriving on time. The eighth week reviews resources and sites throughout the community that provide services and events to individuals with developmental disabilities. The ninth week has the participants identify and become aware of their interests, ways to participate in the community, and how to meet others. The tenth week teaches skills important for socializing with others, maintaining friendships, and communicating with others. The eleventh week will
cover issues related to sexuality, as well as employee, friendship and personal relationships. The twelfth week will cover issues and skills related to advocating for one self. The thirteenth week reviews responsibility for one’s self, consequences for actions, and responsibility relating to living independently. The fourteenth week, or whichever week falls on Thanksgiving, will be off, while the remaining two are left for completing any unfinished topics or assignments, an overview of the semester, and a discussion of what was learned.

The second semester is more focused on home management, cooking, laundry, shopping and other skills important to independent living. The first week starts off with home safety including kitchen safety, first aid, and things to be aware of around the home. At this time, the students will also start the registration process with Pathways 2 Success in order to be assigned a counselor to work with, and complete the necessary intake information. The second week teaches the students how to care for things around a home like laundry, cleaning, trash, and repairs. The third week moves into the kitchen to teach the students about various items, safety, sanitation, and healthy meals. The fourth week continues in the kitchen with learning how to prepare and plan for meals. The fifth week is also in the kitchen and works on learning how to actually set up and follow a recipe. The sixth week teaches the students how to manage and pay bills, write checks, use debit cards, and know how much money they have/can spend. The seventh week involves learning how to use proper etiquette in stores, ask for help, look at items, understand costs, and choose necessary items. The eighth week teaches the students how to search for a place to live, understand a lease, determine the costs of having a place, and what to look for if they would like to live on their own. The ninth week, or whichever week falls on spring break, will be off. The tenth week reviews academic information that can be important to living independently including reading, writing, and mathematics. The eleventh week involves
having the students prepare a budget based on the information that has been covered this
semester. The twelfth week has the students learn to create a schedule, identify important items
to place into the schedule, and consider times for departure and arrival at places. The thirteenth
week has the students develop a timeline of things they would like to do while finishing the
program, goals they would like to accomplish after leaving the program, and any additional items
that they would like to cover or review. The fourteenth week is more student-led and left open to
cover or review any items that the students have identified in the week prior. The fifteenth week
is left for completing any unfinished topics or assignments, while the final week is an overview
of the semester and a discussion of what was learned.

The final semester is shorter and is focused on skills related to employment since this is a
part of one of the objectives to be met after completion of the program. The first week will
consist of teaching the students important items to place in a resume, how to create a resume by
thinking about their skills and interests, and what to do with the resume once it is created. The
second week deals with where and how to search for jobs, what to look for in an ad, and how to
fill out an application. The third week teaches the students how to do an interview including
behavior, how to answer questions, and how to dress. The fourth week teaches skills and
appropriate behaviors expected of employees at a job and to complete any unfinished topics and
assignments. Weeks five through nine will provide the students with on the job training to
practice a variety of skills that have been learned in the program, including but not limited to
appearance, making a schedule, transportation, behavior, money management, time management,
and preparing a healthy lunch. This will involve working with a counselor and a job coach
through Pathways 2 Success at a Summer Youth Work Experience. The tenth week is for
overview, discussion, completion of final assessments, reviewing the job experience with the
counselor, and attending graduation. At this time, the parents/caretakers will also complete the Caregiver Strain Index again.

Involvement in the program will include individual one-on-one work with either a therapist or a fieldwork student, small group work (of three to four students of similar ability levels) with a therapist or a fieldwork student, and larger group work for more general discussions. Lessons will be taught by the main occupational therapist in charge and done in the designated classroom, and then the students will be able to break off into their smaller groups for more individualized learning. The smaller groups will be more client-centered providing the students with the opportunity to obtain the material at a level that meets their needs. After having the material discussed to the students, they will be given the opportunity to apply it through discussion, hands-on work, assignments to complete, examples, role-playing, worksheets, community outings, and any other means appropriate for the material. The goal of the program is to have the students practice and apply each of the lessons to their own lives so they are more likely to learn and retain the material. The students will work with various fieldwork students and therapists due to the length of the program, therefore it will be important that each fieldwork student/therapist spends the time to carefully document and describe what each student in the group did that day, how well each student did, and assistance that was needed. The main occupational therapist will also document the overall information that was covered each day, the assignments and occupations done, and how the group did as a whole.

Each student in the program will have a file containing background information on the individual, results of the evaluations and assessments, and all of the documentation throughout the course of the year. These files will be kept in a locked file cabinet in the occupational therapists office, which can also be locked.
At the conclusion of the program, the final assessments will be given to find out if two of the objectives were met. It will then be determined which of the students successfully graduated from the program. In order to graduate, students must have attended at least 85% of the classes and participated in some way in all of the group and individual work. The students who have successfully met these requirements will be handed a certificate of completion from The University of Toledo stating their completion of the ACT Now! Program. The students who did not meet the requirements will still be congratulated for their performance and commitment and given a certificate of performance in the program. A formal graduation ceremony/party will be held in the last week of class for family to attend. This is when the students will be called up to receive their certificate in a holder, but it will not be announced out loud which one they received. Since the program ends at the end of July, that leaves a month (four weeks) to evaluate the completed program and prepare for the upcoming one at the end of August. The following July, each of the students will be contacted to ask about current employment, independent living status, and/or continuing education to evaluate the final objective of the program. A student can be prematurely dismissed from the program if he/she continues to miss or be late consecutive days without an approved excuse by the occupational therapist; if he/she is consistently not participating in assignments and lessons as determined by the occupational therapist; and if he/she is not following the rules as stated in the program description. In any of these cases, both the occupational therapist and David Kujawa, the Director of Clinical Affairs at The University of Toledo, will make the decision.

The models of practice chosen to guide the teaching of the program have very few standardized tests as a part of them. The Role Acquisition Model does not really contain any assessments that look at skills since it relies mainly on keen observation of a therapist.
Evaluation in this model has the therapist work with a client to determine how the client is functioning in skills necessary to perform his/her roles in life, while intervention has the client develop goals to work towards and practice skills for fulfilling those roles. The Canadian Occupational Performance Model mainly evaluates clients using the Canadian Occupational Performance Measure, which has clients identify problem areas and goals to work on, as well as rate their performance in those areas and level of satisfaction with their performance. The clients should then be involved in identifying ways to work on those areas and be integrated into the community as much as possible.

To objectively measure how the students performed in the program, two assessments were chosen to evaluate their performance at the start of the program and at the end of the program. The UK FIM+FAM measures level of assistance and environmental, task, or equipment modifications required to complete daily activities in seven broad areas: self-care, sphincter control, mobility, locomotion, communication, social adjustment, and cognition. This assessment also adds the addition of items covering cognition, community integration, emotional status, orientation, attention, reading and writing skills, and employability. The assessment is made up of 30 items that are rated on a scale from one to seven, with one indicating a person requires total assistance to complete a task, and seven indicating complete independence. The total score ranges from 18 to 126. The Assessment of Motor and Process Skills evaluates quality of performance on 16 motor and 20 process skills in instrumental and personal activities of daily living. The client is able to choose two tasks to perform from a set list of 83 for the initial assessment and choose two different ones for the final assessment. In addition to these assessments, the Canadian Occupational Performance Measure will be given in the first week to
help the students complete the objective of identifying their own goals. If they are not able to complete it in the first week, they will do it again in the third week.

**Budgeting and Staffing**

The anticipated costs necessary to run the ACT Now! Program for the initial year will include salaries, office and therapeutic items, and indirect costs. The program will be developed, designed, and implemented by the occupational therapist hired to oversee and run the program. The occupational therapist will be hired for a full-time occupational therapy position at a salary of $62,836 a year. This salary was determined from www.salary.com (2011) based off of an average estimate for a full-time occupational therapist in Toledo, Ohio ($71,020), and then calculated to determine the salary per week. The occupational therapist needs to have at least a master’s degree, three years experience in the field, preferably with individuals with developmental disabilities and/or in a community-based setting, and be registered nationally (see Appendix I for the job description). The occupational therapist will be expected to supervise and deliver a designed occupational therapy program to students, plan and accomplish individual goals, work creatively in an autonomous position and study, evaluate, and record student progress. Since the program will also incorporate a fieldwork component for occupational therapy students, the occupational therapist will be required to oversee the work of an occupational therapy assistant and occupational therapy fieldwork students (see Appendix J for the sample advertisement). Due to the large number of participants in the program, it would also be beneficial to have a part-time occupational therapy assistant working 20 hours per week at a salary of $20,562 a year. This salary was also determined from www.salary.com (2011) based off of an average estimate for a full-time occupational therapy assistant in Toledo, Ohio ($46,471), divided by two, and then calculated to determine the salary per week. The
occupational therapy assistant must have at least an associate’s degree and passed the national examination, as well as be expected to assist the occupational therapist in designing and implementing the ACT Now! Program to students. The benefits for each of the employees were determined by taking 25% of each salary and adding the 25% to the salary to get a total expenditure.

A variety of items are also needed to set-up and run the program successfully. The therapeutic items that are needed will help the therapist develop lesson plans, set up the kitchen and the rest of the facility, and provide the participants with an opportunity to perform basic tasks, learn skills, and be integrated into the community. The office items that are needed will provide materials to the students, as well as to the therapist to make and create lesson plans and set up a functional office for the therapist to work out of. The tables are listed below for these items as well.

*Projected Staffing Costs*

<table>
<thead>
<tr>
<th>Employee Positions</th>
<th>Hours Per Week</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>40</td>
<td>$62,836</td>
<td>$15,709</td>
<td>$78,545</td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>20</td>
<td>$20,562</td>
<td>$5,141</td>
<td>$25,703</td>
</tr>
<tr>
<td>Total Projected Staffing Costs</td>
<td></td>
<td></td>
<td></td>
<td>$104,248</td>
</tr>
</tbody>
</table>

*  

$46,471 / 2 = $23,236  
$71,020 / 52 weeks = $1,366 per week  
$23,236 / 52 weeks = $447 per week  
$1,366 x 46 weeks = $62,836  
$447 x 46 weeks = $20,562  
$62,836 x .25(fringe) = $15,709  
$20,562 x .25 ( fringe) = $5,141  

- Six weeks will be off for both the OT and the OTA. These will include the week of Thanksgiving, one week off between the fall and spring semesters, the week of spring break, and three weeks off in the summer (two during the Pathways 2 Success experience and one between the end of a program year and the start of a new one).
*Salaries were estimated from www.salary.com

**Items for Therapeutic Purposes**

<table>
<thead>
<tr>
<th>Items</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Motor and Process Skills</td>
<td>This is one of the assessments used with participants to objectively measure how they performed in the program</td>
<td>1 @ $129 + Shipping</td>
<td>$137.99</td>
</tr>
<tr>
<td>Canadian Occupational Performance Measure Manual, 4th Edition</td>
<td>This assessment will be used to help participants identify and measure their individual and personal goals</td>
<td>1 @ $49 + Shipping</td>
<td>$56.12</td>
</tr>
<tr>
<td>Kohlman Evaluation of Living Skills, 3rd Edition</td>
<td>This book will be a useful guide in the program to help determine the participants’ ability to function in basic living skills</td>
<td>1 @ $35 + Shipping</td>
<td>$42.12</td>
</tr>
<tr>
<td>Life Skills Training Manuals</td>
<td>These will be useful for providing various lesson plans for teaching students with developmental disabilities</td>
<td>(Allotted amount set aside)</td>
<td>$100</td>
</tr>
<tr>
<td>Cooking Ingredients</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>6 Sessions @ $30 per session</td>
<td>$180</td>
</tr>
<tr>
<td>BakerEze 12-Piece Bakeware Set</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$29.88</td>
</tr>
<tr>
<td>Mainstays 18-Piece Cookware Set</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$39</td>
</tr>
<tr>
<td>Ekco 123 16-Piece Baking Set</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$34.98</td>
</tr>
<tr>
<td>Set of 3 Mixing Bowls</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$14.96</td>
</tr>
<tr>
<td>Progressive Color-Coded Chopping Mats, Set of 6</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$12.98</td>
</tr>
<tr>
<td>Item Description</td>
<td>Quantity</td>
<td>Price</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Preserve Large 3.5-Quart Colander (Necessary)</td>
<td>1</td>
<td>$12.49</td>
<td></td>
</tr>
<tr>
<td>Paula Deen 9 x 13 Baking Dish (Necessary)</td>
<td>1</td>
<td>$18.97</td>
<td></td>
</tr>
<tr>
<td>Toastmaster 6-Speed Hand Mixer, 125 Watt (Necessary)</td>
<td>1</td>
<td>$17.99</td>
<td></td>
</tr>
<tr>
<td>Progressive International I-Can Opener (Necessary)</td>
<td>1</td>
<td>$11.89</td>
<td></td>
</tr>
<tr>
<td>Canopy 4-Piece Oven and Pot Mitt Set (Necessary)</td>
<td>1</td>
<td>$16</td>
<td></td>
</tr>
<tr>
<td>Canopy 9-Piece Flat Woven Kitchen Towel Set (Necessary)</td>
<td>1</td>
<td>$12</td>
<td></td>
</tr>
<tr>
<td>Rubbermaid 4-Piece Antimicrobial Sink Set (Necessary)</td>
<td>1</td>
<td>$19.96</td>
<td></td>
</tr>
<tr>
<td>Hometrends Cerrado 16-Piece Dinnerware Set (Necessary)</td>
<td>1</td>
<td>$29.96</td>
<td></td>
</tr>
<tr>
<td>Danford 53-Piece Flatware Set (Set for 8) (Necessary)</td>
<td>1</td>
<td>$34.97</td>
<td></td>
</tr>
<tr>
<td>Mainstays Triple Rivet 21-Piece Cutlery Set (Necessary)</td>
<td>1</td>
<td>$29.97</td>
<td></td>
</tr>
<tr>
<td>Better Homes and Gardens New Cook Book (Necessary)</td>
<td>1</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Hamilton Beach 5-Quart Portable Slow Cooker (Necessary)</td>
<td>1</td>
<td>$19.88</td>
<td></td>
</tr>
<tr>
<td>Haier .7 Cubic Foot Touch Control Microwave (Necessary)</td>
<td>1</td>
<td>$49.54</td>
<td></td>
</tr>
<tr>
<td>Proctor Silex Toaster Oven and Broiler (Necessary)</td>
<td>1</td>
<td>$24.88</td>
<td></td>
</tr>
<tr>
<td>Black &amp; Decker 12-Cup Programmable Coffee Maker (Necessary)</td>
<td>1</td>
<td>$19.88</td>
<td></td>
</tr>
<tr>
<td>Item Description</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>George Foreman 36” Grill</td>
<td>Necessary for performing cooking occupations with the participants</td>
<td>1</td>
<td>$18.88</td>
</tr>
<tr>
<td>Various Clothes Items Purchased from GoodWill</td>
<td>Necessary for showing the participants appropriate clothing items to wear and for teaching them how to do laundry</td>
<td>About 30 pieces of various items (Allotted amount set aside)</td>
<td>$100</td>
</tr>
<tr>
<td>Honey Can Do Tubular Hanger (30 Pack)</td>
<td>Necessary for showing the participants how to hang laundry and take care of clothes</td>
<td>1</td>
<td>$13.89</td>
</tr>
<tr>
<td>Honey Can Do Swivel Dress Hanger (18 Pack)</td>
<td>Necessary for showing the participants how to hang laundry and take care of clothes</td>
<td>1</td>
<td>$10.09</td>
</tr>
<tr>
<td>Sterilite Ultra HipHold Laundry Basket</td>
<td>Necessary for showing the participants how to take care of clothes</td>
<td>2 @ $14.99 each</td>
<td>$29.98</td>
</tr>
<tr>
<td>Sunbeam Nonstick Iron with Auto Shut-Off</td>
<td>Necessary for showing the participants how to take care of clothes</td>
<td>1</td>
<td>$14.88</td>
</tr>
<tr>
<td>Mainstays 4 Leg Ironing board</td>
<td>Necessary for showing the participants how to take care of clothes</td>
<td>1</td>
<td>$19.97</td>
</tr>
<tr>
<td>6 Piece Terrycloth Washcloths</td>
<td>Necessary for showing the participants how to clean a place</td>
<td>1</td>
<td>$4.69</td>
</tr>
<tr>
<td>Hometrends Ellington Bed in a Bag Bedding Set</td>
<td>Necessary for showing the participants how to make a bed</td>
<td>1</td>
<td>$39</td>
</tr>
<tr>
<td>J&amp;J 170-Piece Basic First-Aid Kit</td>
<td>Necessary to have for safety reasons, but also for teaching participants about basic first aid</td>
<td>1</td>
<td>$9.97</td>
</tr>
<tr>
<td>Black and Decker 59-Piece Home Project Kit</td>
<td>Necessary for teaching the participants how to care for a home and perform simple repairs</td>
<td>1</td>
<td>$54</td>
</tr>
<tr>
<td>Cleaning Supplies</td>
<td>Necessary for teaching the participants how to maintain a clean and sanitary place to live (Ex. bucket, paper towels, windex, soap, laundry detergent)</td>
<td>(Allotted amount set aside)</td>
<td>$350</td>
</tr>
<tr>
<td>Item</td>
<td>Rationale</td>
<td>Quantity</td>
<td>Total Cost</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Rubbermaid PVA Sponge Mop w/Wringer Lever</td>
<td>Necessary for teaching the participants how to maintain a clean and sanitary place</td>
<td>1</td>
<td>$17.99</td>
</tr>
<tr>
<td>Mainstays Home Large Bucket</td>
<td>Necessary for teaching the participants how to maintain a clean and sanitary place</td>
<td>1</td>
<td>$6.99</td>
</tr>
<tr>
<td>Camco RV Broom with Dust Pan</td>
<td>Necessary for teaching the participants how to maintain a clean and sanitary place</td>
<td>1</td>
<td>$11.72</td>
</tr>
<tr>
<td>Bissell Powerforce Bagless Upright Vacuum</td>
<td>Necessary for teaching the participants how to maintain a clean and sanitary place</td>
<td>1</td>
<td>$46.84</td>
</tr>
<tr>
<td>The University of Toledo Charter Bus Service</td>
<td>Necessary for visiting various locations throughout the Toledo area to teach the students about life in the community (Ex. grocery store, bank, community centers)</td>
<td>Approx. 10 trips @ $150 minimum charge for 4 hours (Allotted amount set aside)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>Necessary for the amount of work and opportunities that may become available and since it is difficult to determine every particular item to be used due to the individualized approach (Ex. bus tokens, newspapers)</td>
<td>(Allotted amount set aside)</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Total Cost of Items for Therapeutic Purposes** $4,235.30


**Office Items**

<table>
<thead>
<tr>
<th>Items</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>HammerMill Copy Plus Paper (5,000 sheets per case)</td>
<td>Necessary for making work sheets for students, printing off instructions, creating notes, etc.</td>
<td>2 Cases @ $46.99 per case</td>
<td>$93.98</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Price per Unit</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Ink and Toner</td>
<td>Necessary for either reimbursing the University or supplying it for our own printer</td>
<td>(Allotted amount set aside)</td>
<td>$50</td>
</tr>
<tr>
<td>BIC Ultra Round Grip Ballpoint Pens, Black (24 per pack)</td>
<td>Necessary for therapists, fieldwork students, and students to take notes</td>
<td>2 Packs @ $2.29 per pack</td>
<td>$4.58</td>
</tr>
<tr>
<td>#2 Yellow Pencils (dozen per pack)</td>
<td>Necessary for therapists, fieldwork students, and students to take notes</td>
<td>3 Packs @ $1.49 per pack</td>
<td>$4.47</td>
</tr>
<tr>
<td>Staples Remarx Dry-Erase Markers (4 per pack)</td>
<td>Necessary for teaching lessons to the students</td>
<td>2 Packs @ 4.49 per pack</td>
<td>$8.98</td>
</tr>
<tr>
<td>Staples Dry-Erase Eraser</td>
<td>Necessary for teaching lessons to the students</td>
<td>3 @ $2.99 each</td>
<td>$8.97</td>
</tr>
<tr>
<td>1 Subject Notebooks (6 per pack)</td>
<td>Necessary for documentation and taking notes on each of the students</td>
<td>4 Packs @ $6.99 per pack</td>
<td>$27.96</td>
</tr>
<tr>
<td>College Ruled Filler Paper (120 sheets per pack)</td>
<td>Necessary for documentation and taking notes</td>
<td>4 Packs @ $1.99 per pack</td>
<td>$7.96</td>
</tr>
<tr>
<td>4” Avery Durable Binders</td>
<td>Necessary for storing lesson plans, recipes, and important information related to the program</td>
<td>4 @ $16.49 each</td>
<td>$65.96</td>
</tr>
<tr>
<td>Standard Sheet Protectors (100 per pack)</td>
<td>Necessary for storing lesson plans, recipes, and important information related to the program</td>
<td>5 @ $12.79 per pack</td>
<td>$63.95</td>
</tr>
<tr>
<td>Staples Insertable Big Tab Dividers (8 per pack)</td>
<td>Necessary for storing lesson plans, recipes, and important information related to the program</td>
<td>15 @ $1.79 per pack</td>
<td>$26.85</td>
</tr>
<tr>
<td>1-1/2” Avery Economy Binders</td>
<td>Necessary to provide to the students in the beginning to store notes, lessens, and tips throughout the course</td>
<td>20 @ $4.29 each</td>
<td>$85.80</td>
</tr>
<tr>
<td>Southworth Create Your Own Certificate Paper with CD (120 sheets per pack)</td>
<td>Necessary for designing and creating the graduation and performance certificates</td>
<td>1</td>
<td>$12.99</td>
</tr>
<tr>
<td>Item Description</td>
<td>Necessary For</td>
<td>Quantity</td>
<td>Cost</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Staples Adjustable 3-Hole Punch</td>
<td>Necessary for punching holes in the many documents that will be passed out to students</td>
<td>1</td>
<td>$17.49</td>
</tr>
<tr>
<td>Staples Standard Stapler Combo Pack</td>
<td>Necessary for keeping information together</td>
<td>1</td>
<td>$8.29</td>
</tr>
<tr>
<td>Reinforced Hanging File Folders, Letter, 3 Tab (25 per box)</td>
<td>Necessary to keep student records separated from one another in the locked filing cabinet</td>
<td>1</td>
<td>$11.99</td>
</tr>
<tr>
<td>Staples Heavyweight Manila File Folders (50 per box)</td>
<td>Necessary to keep information stored and organized</td>
<td>1</td>
<td>$11.49</td>
</tr>
<tr>
<td>Staples 26” Vertical File Cabinet, 4 Drawer, Letter Size Factory Installed Lock</td>
<td>Necessary for storing documents, student files, and any other important information</td>
<td>1</td>
<td>$176.99</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>Necessary for purchasing any further items needed for the office or student use (Ex. Post-it notes, calendar, highlighters)</td>
<td>(Allotted amount set aside)</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total Cost of Office Items</strong></td>
<td></td>
<td></td>
<td><strong>$838.70</strong></td>
</tr>
</tbody>
</table>

*Prices for office items were estimated from www.staples.com

**In-Kind Support**

The University of Toledo will provide the following as in-kind support to the ACT Now! Program: office space, office desk, computer chair, telephone, computers, printer, copying services, simulated apartment with kitchen (stove and refrigerator), laundry (washing machine and dryer), bedroom, and bathroom facilities, work room for learning, tables and chairs for students, projector in the classroom, screen, document camera, DVD player, and a bus for transportation.
Indirect Costs

Indirect costs for facility amenities including electricity, heat, air conditioning, maintenance, and janitorial staff will be reimbursed to The University of Toledo by the ACT Now! Program.

Total Program Costs

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Staffing Costs</td>
<td>$104,248</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>$4,235.30</td>
</tr>
<tr>
<td>Office Items</td>
<td>$838.70</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal of Program Costs</td>
<td>$109,322</td>
</tr>
<tr>
<td>Indirect Costs (25% of Subtotal of Program Costs)</td>
<td>$27,330.50</td>
</tr>
<tr>
<td><strong>Total Program Costs</strong></td>
<td><strong>$136,652.50</strong></td>
</tr>
</tbody>
</table>

Funding

In order for the ACT Now! Program to run successfully, it is necessary to have grant funding available to cover the estimated budget costs of $136,652.50. Three possible grant funding agencies have been identified and are appropriate to cover the costs based on their annual amounts and corresponding grant purpose to the program goal. The following agencies are provided below and will be applied to in order to initially fund and implement the ACT Now! Program.

The first potential funding source is a federal grant called the Independent Living State Grant through the Department of Education in the Special Education and Rehabilitative Services office (Rehabilitation Services Administration, 2010). The grant provides funds to programs that
provide independent living services to individuals with significant disabilities, including physical, mental, cognitive, and/or sensory impairments. This grant is relevant, because it strives to maximize the leadership, empowerment, independence, and productivity of individuals with developmental disabilities, as well as integrate them into society. Through this grant, the program will be able to improve the independence of individuals with developmental disabilities by teaching them the skills necessary to live independently, increase the roles that these individuals will have in society, and increase community awareness of what individuals with developmental disabilities are capable of.

The second potential funding source is a foundation grant from the Wal-Mart Foundation through the State Giving Program (The Walmart Foundation, 2011). The foundation strives to improve the lives of individuals in the community by providing funds and opportunities to nonprofit organizations in one of four major focus areas. The particular focus areas related to the program are education and job skills training. The foundation also aims to meet unmet needs of people in the community, especially those individuals who are underserved and individuals with disabilities. The ACT Now! Program will help to improve the lives of individuals, both individually and in the community, and give them access to a better life. In particular, the program will meet the qualifications of the focus areas by addressing the educational needs of under-served individuals ages 18-22, and meet the job skills training area by providing professional training, counseling, and support to help improve their work-related skills.

The third potential funding source is a project grant called the Developmental Disabilities Projects of National Significance through the Department of Health and Human Services in the Administration for Children and Families office (Administration for Children and Families, 2011). The grant supports local nonprofit organizations and agencies that are either public or
private, and a community need must be documented, as well as match state plans for developmental disabilities. The grant can provide the program funds for personnel, equipment, travel, supplies, and other necessary expenses since the program meets one of the ten use restrictions stated by the grant. In this case, the program meets the ninth requirement, which is a project that helps the transition of youth with developmental disabilities from school into work and adult life. The grant strives to promote projects of national significance that both increase and support the independence, productivity, integration, and inclusion of individuals with developmental disabilities into the community.

**Self-Sufficiency Plan**

A grant will be used to fund the first year of the ACT Now! Program, after which further methods must be taken to ensure that the program can continue to be financially supported. As long as the major stakeholders (high school teachers and principals, the Option IV program, employers at the students’ various job sites, the Lucas County Board of Developmental Disabilities, and The Ability Center) and members of the community are able to see the benefits and successes of the program, it should be easier to receive further funding and maintain the program for many years. Other actions should also be considered to ensure the self-sufficiency of the program. The first of these consists of having the occupational therapist in charge of running the program provides traditional occupational therapy services to the recipients under Medicaid services. A majority of the revenue earned through this method will be able to pay for the income of the therapists, as well as the costs needed to run the program. Along with trying to qualify for Medicaid services, the program can see if it is possible to become a Day Program Provider. These are day program/vocational options throughout the community that are provided to adults with developmental disabilities. The individuals, who must be Medicaid eligible, are
given waiver money from the Lucas County Board of Developmental Disabilities to pay for the service that they choose to attend. Another option to consider is to accept monetary donations from individuals and stakeholders throughout the community and surrounding areas. If people are able to see the benefits of the program, and the impact it can have on the community, they may be willing to make a donation to help ensure that the program continues for the sake of the individuals being served. A third option to cover some of the costs is to charge a fee to the students attending. Students must pay to go to college, so families may find it feasible to pay for the program since their children will be receiving services, attending class on a college campus, and receiving an identification badge from The University of Toledo. Obviously, this last option may not be possible until families have seen the success of the program and the benefits that it can provide to their children through future outcome studies.

**Program Evaluation**

Evaluating the ACT Now! Program is necessary and important to show the program’s success and value, as well as to guarantee future funding and support of the program. The program will be evaluated throughout the course of the program, at the end of the program, and a year after the program to evaluate how the participants are benefiting from the program. Both formative and summative evaluations will be used to evaluate the program, its outcomes, and its effectiveness. The formative evaluations will be used at various times throughout the program to determine if participants are benefiting from the lessons and if parents/caretakers view the program as successful (see appendix K for the formative evaluation). The formative evaluations will be done halfway and at the end of each semester by the therapist verbally asking participants what they are learning, what they would like to learn, and if they feel more confident in themselves. The therapist will also call the parents/caretakers to ask them about their child’s
improvement in the home, any weaknesses the child could improve upon, and any suggestions they may have to increase the effectiveness of the program. Questions may be further explained if needed. As described in objective number two below, the parents/caretakers will also individually complete the Caregiver Strain Index (Robinson, B. C., 1983) at the start of the program and at the end of the program to assess difficulties, strains, and other negative effects as a result of care giving responsibilities. The parents/caretakers will attend an orientation with the students on the first day of class to individually fill out the first Caregiver Strain Index, while the second one will be filled out during the last week, in which they will be asked to come in one of the three days.

A variety of summative evaluations will also be conducted at the end of the program and a year after the program to identify outcomes of the participants. As described below in the objectives, the UK FIM+FAM (Turner-Stokes, Nyein, Turner-Stokes, & Gatehouse, 1999) and the Assessment of Motor and Process Skills Evaluation (Fisher, 2003) will be conducted as a pre- and post evaluation to measure progress of the participants in terms of level of assistance, modifications, and quality of performance in instrumental and personal occupations of daily living. Both of these will be administered by the occupational therapist at the start of the program and at the conclusion of the program. A year after the program has been completed; the occupational therapist will contact the students by telephone to identify progress the students have made in terms of employment, independent living status, and/or pursuing continuing education. The goal and objectives that have been established for the ACT Now! Program will be monitored and documented by the occupational therapist and kept in the filing cabinet for future reference. The objectives will be evaluated according to the following methods:
1. Participants will identify at least three goals to work towards within the first three weeks of starting the program.
   
   a. During the first three weeks of the program, the occupational therapist will work individually with each of the students using the Canadian Occupational Performance Measure (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1998) to help each student identify at least three goals to work towards during the course of the program. If a student has difficulty speaking for him/her self, the parent/caretaker may also be involved in the process. Based on these goals, the occupational therapist will develop short-term goals in order to help reach the long-term goals. As needed throughout the course of the program, the occupational therapist will perform the assessment again with the students.

2. Caregivers will complete the Caregiver Strain Index at the start of the program and at the end of the program showing an increased score of 50%.
   
   a. On the first day of the program, the parents/caretakers of each student will be required to attend so they can individually fill out the Caregiver Strain Index, along with some other required paperwork. At the end of the program, the parents/caretakers will need to fill out the questionnaire again. They will be asked to come in one of the three days of the program during the last week. The occupational therapist will evaluate the results to determine if the objective has been met.

3. Participants will demonstrate competency in each of the skills taught by implementing specified tasks correctly 2 out of 3 attempts following the completion of each lesson.
a. The occupational therapist will evaluate this objective by identifying appropriate tasks for each student to complete based on the skills that were taught. The students will then be provided with three opportunities in the weeks following to demonstrate competency in the skill. The entire task does not have to be done correctly in order to receive credit, but the percentage of the task that was successfully completed will be determined by the occupational therapist.

4. Participants will demonstrate a 50% improvement on the UK FIM+FAM by the end of the program.
   a. The occupational therapist will evaluate this objective by administering the UK FIM+FAM to each participant in the first week of the program and at the conclusion of the program and assess the results to determine if the objective has been met.

5. Participants will demonstrate a 50% improvement on the Assessment of Motor and Process Skills Evaluation by the end of the program.
   a. The occupational therapist will evaluate this objective by administering the Assessment of Motor and Process Skills Evaluation to each participant in the first week of the program and at the conclusion of the program and assess the results to determine if the objective has been met.

6. One year after the program, at least 75% of participants will have obtained employment, independent living status, and/or pursued continuing education.
   a. The occupational therapist will evaluate this objective by making follow-up phone calls to each of the participant’s homes one year after completion of the program. The therapist can speak to either the participant or a parent/caretaker and ask
questions in regards to employment, independent living status, and continuing education including how many times the student has applied places and where; how many jobs the student has worked and where; if the student is working currently and where; if the student is living independently and where; if the student has tried to live independently; if the student is pursuing any further education; if the student is interested in pursuing any further education, etc.

**Timeline**

A timeline outlining the major tasks and objectives of the ACT Now! Program for the first year has been provided (see Appendix L for the timeline).

**Letters of Support**

Several individuals and agencies will be contacted to provide letters of support for the ACT Now! Program. The main letter of support is from Cheryl Tresnan, Children’s Options Coordinator at the Lucas County Board of Developmental Disabilities (see Appendix M for the letter of support). Ms. Tresnan was selected to write the letter, because of her position of working with high school students with developmental disabilities in the Children’s Options Department. Not only does she have a position in the agency that is supporting the program, but also she spends a great deal of time with the individuals who will be applying to the program and benefiting from the program’s services.

It is also important to seek out additional letters of support from individuals at various community and organizational levels. The contact information for some of those individuals who could further provide letters of support for the ACT Now! Program has been provided (see Appendix N for the additional supporters). The first potential letter of support could come from Jack Rasar, an independent living coordinator at The Ability Center of Greater Toledo. Mr.
Rasar would be an important person to write a letter, because he provides services and training to school age students with developmental disabilities transitioning into adult life and knows how many of his students do not have an opportunity to attend college or continuously practice their skills for independence after high school. A second potential letter of support could come from Paula Follis, Job Training Coordinator in the Toledo Public Schools system. Ms. Follis provides training, support, and services to many of the students who could potentially be involved in the program and knows how the services are dropped once the students’ graduate from high school. This leaves the students without a transition period to learn valuable skills for independence. A third letter of support could come from John Martin, Director at the Ohio Department of Developmental Disabilities. Mr. Martin could support this program by addressing the importance of teaching individuals with developmental disabilities how to be independent, as well as how important it is to provide transitional services to students graduating from high school. A fourth letter of support could come from Dr. Florence Clark, President of the American Occupational Therapy Association. Dr. Clark could describe how occupational therapy is a profession that can help enable individuals with developmental disabilities how to live life to its fullest, develop skills necessary for independence, and perform roles that are important and meaningful. A fifth letter of support could come from Dr. Lloyd Jacobs, President of The University of Toledo. Dr. Jacobs would be an important person to support the program because of his commitment to creating a diverse student body and community-engaged university, and his focus on creating collaborative programs. A sixth letter of support could come from Bob Vasquez, President of the Board of Education in the Toledo Public Schools system. Mr. Vasquez could support this program by expressing the importance of every student having an opportunity to receive an appropriate education; every student being able to
appropriately transition out of the high school setting; and every student being able to grow and
develop as a unique human being.
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Appendix A

Organizational Chart for the Children’s Options Department at the Lucas County Board of Developmental Disabilities

EIS, EIHCs, OT, COTA, Intake Specialist
Appendix B

Organizational Chart for the Judith Herb College of Education, Health Science, and Human Service

Judith Herb College of Education, Health Science, and Human Service

Barbaranne Benjamin, PhD
Associate Dean for Academic Affairs

Beverly J. Schmoll, PhD
Dean

Barbara Kopp Miller, PhD
Associate Dean for Research & Quality

David Kujawa, PT
Director of Clinical Affairs

Jennifer Schaefer
Development Officer
Alumni Relations

Military Science
Maj. Jonathan Beasley
Department Chair

Health and Recreation Professions
Joseph Dake, PhD
Department Chair

Counselor Education
Barry Scheuermann, PhD
Department Chair

Kinesiology

Crime Justice and Social Work
Morris Jenkins, PhD
Department Chair

Speech Language
Pathology
Occupational Therapy
Physical Therapy

Health Care Administration
Health Information Administration
Health Education
Recreation
Recreational Therapy

OCCUPATIONAL THERAPIST

Speech Language
Pathology
Perceptual Motor Development
Medical Fitness
Clinical aspects of all Academic Programs

The ACT Now! Program

Barb Tresnan
Lucas County Board of Developmental Disabilities
Children’s Options Coordinator

Occupational Therapy Assistant

School Psychology,
Legal Specialties and
Counselor Education
Martin Ritchie, EdD
Department Chair

Department of Rehabilitation Sciences
Michelle Masterson, PhD
Department Chair

Counselor Education
School Psychology
Paralegal Studies
Elder Law Certificate
Patient Advocacy Certificate
Legal Specialties Minor
Appendix C

Needs Assessment Instrument
Telephone Survey Questionnaire for Caretakers
of Individuals with Developmental Disabilities

- Hello, my name is ___________. Recently, a letter was sent out about interviews I am conducting with caretakers who have children in high school with developmental disabilities. I hope you were able to receive that letter and read it over.

- The information collected will be used in determining if there is a need for the development of a life skills program for individuals with developmental disabilities when they graduate from high school.

- Caretaker’s name (optional):

- Child’s high school, grade, and age:

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<thead>
<tr>
<th>#</th>
<th>Question/Descriptions</th>
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<tbody>
<tr>
<td>1</td>
<td>May I ask if you are a primary caretaker of the child in this household?</td>
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<td>2</td>
<td>Do you have time to talk with me for about 15 minutes?</td>
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<td>3</td>
<td>What does your child like to do at home? Do you know why?</td>
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<tr>
<td>4</td>
<td>What does your child resist or dislike doing at home? Do you know why?</td>
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<tr>
<td>5</td>
<td>Does your child enjoy attending school?</td>
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<tr>
<td>6</td>
<td>What does your child like to do at school? Do you know why?</td>
</tr>
<tr>
<td>7</td>
<td>Does your child dislike anything about school? Do you know why?</td>
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<tr>
<td>8</td>
<td>Are there any things your child needs help with at home or school that either you or others assist with? It can be anything in regards to leisure, self care, socializing with others, out in the community, in the home, etc.</td>
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<td>9</td>
<td>Does your child need assistance in making decisions? What kind of decisions do you help your child make? What kind of decisions does your child make?</td>
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<td><strong>10)</strong></td>
<td>What activities outside of the home does your child participate in or do?</td>
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<td><strong>11)</strong></td>
<td>How does your child get places?</td>
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<td><strong>12)</strong></td>
<td>What would you like your child to do after graduating from high school?</td>
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<td><strong>13)</strong></td>
<td>What would your child like to do after graduating from high school?</td>
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<td><strong>14)</strong></td>
<td>Do you feel there are enough services in place to help your child pursue independence following graduation? Why?</td>
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<td><strong>15)</strong></td>
<td>Are there any goals you have for your child or would like your child to accomplish and be able to do?</td>
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<td><strong>16)</strong></td>
<td>Would you be interested in your child attending a program after high school that would teach your child life skills to increase his/her independence?</td>
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<td><strong>17)</strong></td>
<td>Is there anything your child could do that would help increase his/her independence?</td>
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<td><strong>18)</strong></td>
<td>Are there any other questions or comments that you have for me or would like to share in reference to you or your child?</td>
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Appendix D

Needs Assessment Survey Results

***Answers that were given multiple times

1. Schools that were represented?
   a. Rogers High School
   b. Anthony Wayne High School
   c. Summit Academy
   d. Southview High School
   e. Springfield High School
   f. Whitmer High School
   g. Bowsher High School
   h. Autism Academy of Learning
   i. Autism Model School
   j. Maumee High School
   k. Wauseon High School
   l. Clay High School
   m. Waite High School
   n. Start High School
   o. Toledo Christian High School
   p. Penta Career Center
   q. Home Schooled

2. Grades
   a. 12th
   b. Senior
   c. Junior
   d. Freshman
   e. 9th

3. Ages
   a. 22
   b. 21
   c. 20
   d. 19
   e. 18
   f. 17
   g. 16

4. What does your child like to do at home?
   a. **Baking/cooking/creating recipes**
   b. **Watching television/cartoons/movies**
   c. **Listening to music**
   d. Talking on the phone/hanging out with friends
e. ***Drawing/coloring/doing puzzles/arts and crafts/board games
f. Playing guitar/piano/writing lyrics
g. Putting things together and taking them apart
h. Reading
i. Dancing.skating/playing basketball
j. ***Taking walks
k. ***Riding a bike
l. Being outdoors
m. Helping with chores
n. ***Watching videos on YouTube
o. ***Playing Playstation/video games/Wii
p. ***Swimming
q. ***Using the computer/computer games/going online
r. Taking care of her daughter
s. Taking care of pets
t. Playing with Legos/playdoh

5. What does your child resist or dislike doing at home?
   a. ***Cleaning/cleaning room/cleaning up after self
   b. ***Housework
c. Likes to stay to him/her self
d. ***Chores/laundry
e. Does not like being alone or alone in the bathroom
f. Has difficulty riding a bike
g. Has difficulty with things that are not scheduled/changes from normal routine/do new activities
h. Does not like being bored/has to be occupied
i. Reading/table work
j. ***Taking a shower
k. Eating healthy foods
l. Physical activity
m. Anything he/she is not in the mood to do
n. ***There are things that he/she is not happy about doing, but knows that he/she has to do it and just does it now
o. ***Nothing really/pretty easy going

6. Does your child enjoy attending school?
   a. ***Yes
   b. ***Loves going to school
c. ***For the most part/I think so/can easily be talked into going
d. Sometimes; gets frustrated when something is difficult
e. Not really, but just accepts it for what it is/typical complaining like other teenagers do

7. What does your child like to do at school?
   a. Making things/building things/drawing
b. Loves his/her teacher/likes to learn  
c. Writing stories/choir/playing in the band/being in musicals  
d. Attending school activities  
e. Researching things  
f. Likes English class/history class/math class/shop class/gym class/art class/spelling/cooking class  
g. **Doing things that are hands on/not just sitting in a classroom  
h. Sorting things/matching things/crushing cans  
i. Likes to use the computer  
j. ***Loves to see best friend/be with friends/socialize with others  
k. ***Likes to do school work/jobs at school  
l. ***Likes the routine  
m. ***Likes to ride the bus  
n. ***Being able to get away from home  
o. Doing the interns and job training skills  
p. If they can tie in the subjects to his/her interests/help him/her relate to the material

8. Does your child dislike anything about school?  
   a. Having to get up in the morning for it  
   b. ***Gossip from other students/the social situation  
   c. ***When teachers lecture/curriculum is tough  
   d. ***Classmates being too loud/noise in lunch room and halls  
   e. When other kids rush around him/her  
   f. The way others treat him/her/getting along with the other kids  
   g. ***The bullying to him/her and others  
   h. When things become monotonous and repetitive  
   i. The changes in routine/translations  
   j. Being there for so long  
   k. Gym class/having to write/math class  
   l. Dose not like to do homework/work outside of school  
   m. ***No, really just enjoys going/has not expressed anything

9. Are there any things your child needs help with at home or school that either you or others assist with? It can be anything in regards to leisure, self care, socializing with others, out in the community, in the home, etc.  
   a. Needs redirection  
   b. ***Needs reminders to stay on task/stay focused/to do things/to do things well  
   c. ***Safety issues like what to do for a fire, having no sense of danger  
   d. ***No sense of stranger danger  
   e. Critical thinking  
   f. Gets lost in self-stimulating behaviors  
   g. Motivation to try to spend time with others/participate in group activities  
   h. Positive reinforcement to continue doing tasks  
   i. Needs visual cues  
   j. ***Fine motor skills are difficult to do  
   k. ***Assistance crossing the street
l. ***Bathing/doesn’t know the right temperature to use
m. ***Doesn’t know how to use a microwave or cook food/preparing food
n. ***Dressing like tying shoe, putting clothes on the right way
o. ***Personal care/hygiene like wiping, brushing and doing hair, brushing teeth, shaving, trimming nails
p. ***Cleaning
q. ***Has difficulty reading/can’t read
r. ***Socializing with others/communicating with others effectively/difficulty making friends
s. Following a schedule/following multi-step directions
t. Staying organized
u. ***Assistance taking medications
v. If you don’t ask him/her to do something, he/she won’t do it
w. Total care

10. Does your child need assistance in making decisions? What kind of decisions do you help your child make? What kind of decisions does your child make?
   a. ***Assistance with medical issues, appointments, financial issues, appropriate safety issues, school issues, community, and transitional issues
   b. Complex issues difficult to comprehend and make/things need explained to him/her
   c. Needs told what to do for many things
   d. Difficulty understanding what is real and imaginary
   e. ***Guidance on proper nutrition
   f. Does not understand consequences
   g. He/she likes to make own decisions, but they are not always the right decisions
   h. Chooses own school schedule
   i. Try to have him/her make own decisions as much as possible, because it is his/her life
   j. ***Picks out own clothes, what to eat, what to watch/can choose if given options
   k. Can follow routine
   l. Can make simple decisions about basic wants, needs, and interests
   m. Allow him/her to decide if he/she wants to go somewhere or do something
   n. No, he/she is pretty independent

11. What activities outside of the home does your child participate in or do?
   a. Family vacations/functions/being with family
   b. ***Leisure activities with family like amusement parks, walks
   c. Summer camps
   d. Hanging out with friends
   e. Sporting events/school events
   f. ***Activities/programs at the Ability Center and Sunshine
   g. ***Going to church/church activities
   h. Boy scouts/girl scouts
   i. ***Shopping
   j. Going out to eat/to the movies
k. ***Sports like bowling, karate, basketball, soccer, baseball, softball, golf, roller skating, skateboarding, cheerleading, and gymnastics
l. Eating healthy and working out
m. Going to the library
n. Taking pictures
o. ***Walks/going to the park
p. ***Swimming/bike riding/fishing
q. Volunteer work at the zoo, humane society/working
r. Likes teaching and informing people
s. Performing/being on stage/acting/singing/art classes
t. Riding horses/working with animals/going to the zoo
u. ***Does not socialize well with other peers
v. Nothing right now

12. How does your child get places?
   a. ***Family members only
   b. ***Parents only
   c. Staff that work with him/her
   d. ***Don’t want him/her to use public transportation due to safety issues/stranger issues/needs constant supervision
   e. ***Bus to and from school
   f. Public transportation/TARPS/TARTA
   g. Walks if it is close
   h. Learning to use and schedule TARPS/TARTA
   i. Friends drive him/her around

13. What would you like your child to do after graduating from high school?
   a. ***Be happy and safe/enjoy him/her self/do the best he/she can in whatever he/she would like to do
   b. Receive increased exposure in interests like art
   c. ***Attend college/continue schooling
   d. Learn more about the outside world
   e. ***Live on his/her own as much as possible
   f. ***Learn skills to be as independent as possible
   g. ***Find something that he/she can do that will be effective and keep him/her busy
   h. ***Get at least a part time job/do some type of work/full time employment
   i. ***Attend day programming
   j. Doing something other than monotonous type work like Lott Industries
   k. Be able to support him/her self
   l. Learn to do more things around the home like cooking, cleaning, and laundry
   m. ***Making friends and peers in the community
   n. Learn how to handle money/know the value of money
   o. Become a successful young man/woman
14. What would your child like to do after graduating from high school?
   a. Get his/her own place
   b. Make money
   c. Get married
   d. ***Get a job/do some type of work
   e. Work with animals/children/art/in a nursing home
   f. Perform, become a professional wrestler, be a cosmetologist, be a school counselor, be a school teacher, be a sports reporter, be a car mechanic, be a waitress
   g. ***Attend college/take classes at UT/take online courses
   h. ***Stay home and not do anything
   i. Does not want to stay home and do nothing
   j. Does not know enough to know what it takes to live in the real world
   k. ***He/she doesn’t know

15. Do you feel there are enough services in place to help your child pursue independence following graduation?
   a. ***Absolutely not/things are not appropriate for his/her child
   b. ***Don’t really know what is out there/don’t look/haven’t started looking yet
   c. ***Finding it difficult to find things available for his/her skills and needs
   d. ***Just now starting to look into them and learn about them
   e. There seem to be some things, but they don’t seem to be appropriate for higher functioning individuals
   f. ***There definitely could be more/not enough
   g. There are never enough/not individualized enough
   h. There are facilities around, but would like to see more outdoor things in the summer/something in the college environment
   i. Needs to be something that teaches responsibility after leaving the home
   j. It seems like it, but it is a slow process to get supportive services in place/need to figure out how to use them/long waiting lists
   k. The consistency of people and programs is pretty bad and the people do not always know everything
   l. It gets overwhelming looking and understanding what is out there
   m. He/she seems to be getting all the help he/she can get
   n. Yes/people have been helpful

16. Are there any goals you have for your child or would like your child to accomplish and be able to do?
   a. Live in an assisted living situation
   b. Graduate from high school
   c. To be safe and happy/not be taken advantage of/to be self aware
   d. Have a good quality of life
   e. Prepare simple meals/use microwave
   f. Improve hygiene skills
   g. Use the telephone
   h. Pay bills/manage money/be able to afford things
i. Be able to stay home alone for a few hours
j. Learn name and address/important information
k. ***Learn to do chores/laundry/cleaning/dishes
l. ***Be able to read better/improve computer skills
m. ***Be more independent/be as independent as he/she possibly can
n. Cross the street/get around better on his/her own/learn to take TARPS
o. Be responsible for him/her self
p. ***Make social and emotional relationships
q. ***Maintain a job/get a job/fulfilling vocation
r. ***Live on his/her own as much as possible
s. ***To be the best that he/she can be/be a productive member of society
t. ***Learn how to drive
u. Not so much anymore

17. Would you be interested in your child attending a program after high school that would teach your child life skills to increase his/her independence?
   a. If they knew what they were doing and it was appropriate
   b. I would love it
   c. ***Absolutely yes/definitely
   d. We need one place that can teach daily living skills
   e. Something that would help with vocation and job training
   f. Yes, I have not been able to find one
   g. ***Yes, anything that will further help him/her
   h. Yes, he/she has taken other ones at school, but has not done well
   i. It depends if you can do something that would be different from what is out there
   j. ***He/she has already taken those classes in school, so he/she may not want to take them again
   k. I do not think he/she will want to do it/if he/she was interested in doing it
   l. He/she seems to be doing well figuring things out on his/her own

18. Is there anything your child could do that would help increase his/her independence?
   a. Get a better hand on controlling his/her self-stimulation and behaviors
   b. ***Increase social skills/communicate better
   c. Understand social norms better
   d. ***Getting out there and doing things/go outside of comfort zone/motivation and confidence to do things on his/her own
   e. Understanding strangers and what is ok and not ok to do
   f. How to react in situations like how to tell someone about pain
   g. Be able to take criticism and let others help and give advice
   h. ***Learn more responsibilities/take responsibility for self/be more productive and independent
   i. ***Slow down
   j. Really want to take the time to learn things/not to be so stubborn
   k. Work on employment skills
   l. Using transportation system
m. Learn skills to have his/her own place and space
n. He/she is doing pretty well

19. Additional Comments
   a. All of these individuals are so unique and need to be treated as such
   b. He/she has difficulty playing with other children in the neighborhood, because they don’t want to play with him/her and tend to look at him/her funny
   c. Once he/she gets into something, he/she likes to do most things
   d. Cannot be alone by him/her self
   e. ***School is not doing a good job of teaching skills needed for independence/wish they would do more/wish they would push towards more life skills
   f. He/she does not communicate well, so hard to tell many things about what he/she wants
   g. He/she has lots of behavioral issues that interfere with him/her being able to do much or be in public
   h. It would be nice to have groups that could teach him/her more in the community
   i. May complain about doing most things, but knows to just do them when told
   j. Needs pushed and motivated to do and try things
   k. Only does bare minimum effort or less
   l. Using mentors at the university would be nice
   m. Would be nice for programs to assist more with the visually impaired and be more accommodating
   n. The transition time has been the most difficult; it would be nice to see more collaboration of all the agencies; there are a lot of great things out there, but a lot of turnover and not much follow through
   o. Have difficulty letting him/her go and allowing him/her to try being more independent
Appendix E

Semi-Structured Interview
Service Providers

I. Introduction
   a. Explain who I am
   b. Explain the goals and a description of the program to be developed

II. Structured questions
   a. What is your position at your facility?
   b. Do you feel your services could include anything else?
      i. What do you wish you could additionally provide to the students you serve?
   c. If a program was to provide life skills, what do you feel should be included?
      i. How do you feel it should be taught?
         ii. Hours and number of days to run the program?
   d. Do you feel there is a need for a year round program to provide life skills, vocational skills, and independent living skills combined into one program?
   e. Do you feel there will be too much overlap to other programs and services?
      i. If so, how can we either compliment yours or make this one more unique?
   f. What do you feel is the best way to educate individuals with developmental disabilities who have just graduated from high school?
   g. What are your opinions on recruitment, and how to encourage students and parents to want to participate?
h. What are your opinions on eligibility requirements? If you feel we should limit some students from participating, what should those limitations be, and how should we do it?

i. What are your opinions on having university students help teach the program? Pros versus cons?

j. What are your opinions and suggestions on funding, and how to keep it running?

III. Conclusion

a. Thank you for your time
Appendix F

Semi-Structured Interview Results

1. Individuals that were represented?
   a. Transition Specialist for ages 16-22 at the Lucas County Board of Developmental Disabilities for one month; Job Developer for six years prior
   b. Residential Director for a program for individuals with developmental disabilities
   c. Youth Independent Living Coordinator at The Ability Center of Greater Toledo
   d. Job Training Coordinator with Option IV program in Toledo Public Schools
   e. Vocational Rehabilitation Coordinator at Pathways 2 Success

2. Do you feel your services could include anything else? What do you wish you could additionally provide to the students you serve?
   a. Giving them more motivation; individuals who are motivated are more successful
   b. It is up to the people (parents and students) to take advantage of whatever options they choose
   c. Not really; they get paid to do homemaking, personal care, and community outings with the residents they serve, and they do all of that; it would be nice to have in-services for higher functioning clients to learn about dealing with relationship issues like sex and friendships
   d. For the classes and sessions to be more hands on; especially the housing and homemaker information – cannot do a lot of the cleaning and laundry
   e. Need more funding for things like field trips and to make the lessons more hands on
   f. They have such a big caseload that they are not able to serve any of them as fully as they would like; they used to have extended time to stay in touch with the students in the summer, but not longer have that; that extra time was helpful, because progress made over the school year tends to be lost over the summer when they cannot work with them
   g. Wish there was more availability and funding for mental health services
   h. Many of the barriers to employment are a lack of resources – financial, being able to ride the bus, have decent clothes, and lack of emotional support; it is the little things that we take for granted that they need help with – being ready to go to work on time with food in their stomach and nice clothes
   i. Doing more holistic work and being able to help them more realistically

3. If a program was to provide life skills, what do you feel should be included?
   a. Give them expectations, particularly of what is expected of employers
   b. Teach them soft skills – policies and procedures that are not necessarily written; the unwritten rules of working at a job and social rules (ex. personal space, not to eat someone else’s lunch)
   c. Many individuals are not getting the transitional skills they need now in high school because of the push to do well in academics; districts are not matching up either – individuals from Toledo public schools are better at the work skills and
weak on homemaker skills and academics, while students from Perrysburg are better at homemaker skills and academics and weak on work skills
d. Sometimes you get an individual who can work at a job, but has no idea how to live on his/her own or act socially around others
e. Teaching them how to pick providers; sometimes their families are not the best people to be their payees; there is no objective way for the clients to choose, so it is almost always done around them
f. It tends to be just easier for parents to lay out their clothes, comb their hair, and make their appointments that the students do not know how to do those things well for themselves
g. It is also about helping the parents let go and trust someone else; since they have to care for their child for such a long time, they need help too
h. Outline your own work day and what you need to do and know, and that is what they need help with – waking self up/setting an alarm clock, hygiene/being appropriate and clean, laundry, meal preparation/eating something in the morning and packing something for later, transportation/getting there on time, and interpersonal relationships (appropriate relationships with coworkers and peers)
i. Functional skills necessary in any job vary by the job, but soft skills (like focus, not wandering, and not talking too much) are important
j. Adaptive behavior skills
k. Social skills
l. Resume writing
m. Homemaking
n. Personal care/hygiene
o. Activities of daily living
p. Work training skills/employability
q. Money management/managing their finances
r. Keyboarding and simple computer skills

4. How do you feel a life skills program should be taught?
   a. Providing many examples
   b. Teaching them skills over time
c. Giving them a chance to practice the skills again and giving them opportunities for generalization
d. Give them the choice to sign up for what they really need so you do not have the bored factor, and they do not have to take what they are already good at
e. The more hands on it can be, the more success you can have
f. Providing a 1-2 week get away from all schedules where they can spend the night, fix their food, and practice the skills they were taught; kind of like a camp experience
g. There are plenty of programs that teach life skills, but they have nothing to do with how do you fit that into your schedule and apply it; for example, when teaching them to cross at an intersection, it may not be at the time that they need to cross it; only learning to do it at 3pm is different from when they need to do it at 6:30am when the lighting and traffic is different
h. Providing on the job work experiences and being hands on; classroom/lecturing tends to not work

5. What do you feel the hours and number of days should be to run the program?
   a. Maybe follow the new day hab rules now under Medicaid providers; if you ran it like that, maybe Medicaid could help with the funding, but they would have to be in session five hours a day
   b. Consider TARTA buses and their time schedules since that may be how most individuals are transported
   c. Leaving time open for working is important
   d. It is more the hours in the day that tend to matter versus the number of days per week; an hour and a half works really well, while two hours tends to be too long
   e. To be really effective, it needs to be a 24 hour program for a period of time
   f. After three to four hours, you tend to lose the attention; three days a week

6. Do you feel there is a need for a year round program to provide life skills, vocational skills, and independent living skills combined into one program?
   a. Yes
   b. Yes, the more training they can get the better
   c. Yes, our workshops go year round, and once the kids come in, they seem to keep coming and really enjoy it
   d. Sure; it would certainly be valuable, but you need to find a way to make it more transferrable
   e. Fear may be that you start with 20 individuals and end with six; the follow through with many of these individuals is bad, because of the lack of resources and lack of support; they have trouble having students stay with the same phone number and keeping in touch with them, because of lower socioeconomic statuses

7. Do you feel there will be too much overlap to other programs and services that are already provided? How can we either compliment your program and services and/or make this one more unique?
   a. Not necessarily, because if they have not had exposure to the others, then there would not be any overlap for those students
   b. Each agency tries to provide its best effort; even if 20 different agencies were providing programs, it is giving a positive effort to this population, which they need; each program is also going to vary slightly
   c. A student may try it with one agency and not do well and/or not like it, but try it with another agency and love it and/or do great
   d. No, because of the example of Toledo public schools and Perrysburg schools; kids are missing one part or the other
   e. Not really; most of the kids that come to their programs tend to come over and over again; the more they do it, the better they can get at it – repetition really helps
   f. For individuals who tend to know all the answers in a class, they usually still have trouble applying it in real life like hygiene and taking care of a place
   g. All of the life skills out there seem to be in isolation
h. There would be competition from other vendors, but it all comes down to dollars and cents; in the end it is still an underserved population
i. Their program would help get them ready for ours
j. This one would be unique since it would be on the college campus; the things that are on the campus like project search are so limited to the higher functioning kids; none of the kids served by her program would qualify for project search
k. “If you can build a better mousetrap, people will buy yours;” it sounds like you are doing that; you are looking at what other programs and services are being offered and trying to compliment and add more

8. What do you feel is the best way to educate individuals with developmental disabilities who have just graduated from high school?
   a. Provide modeling
   b. To use devices that they are going to use (most will live in apartments – need to use money, laundromats, George Foreman grills, microwaves; things in an apartment like setting); get an idea of where they will head when they leave their parents
   c. Repetition
   d. Making it as real as possible; like if you are talking about grocery shopping, go to the grocery store; if talking about cleaning, have a place to actually do it and make them clean it up; make it realistic and have them do it
   e. Hands on practice with diminishing support as they master the skills
   f. Making it experiential; giving them hands on work to feel the environment and not just hear about it

9. What are your opinions on recruitment, and how to encourage students and parents to want to participate?
   a. Get the information out through fliers, radio, television, other agencies, and websites
   b. Present it as another option for their child like an alternative to the senior year or being in the classroom another year; a chance to work on other post secondary options instead and getting ready for college or jobs, etc.
   c. Catch them right before they leave school; teachers, both the regular education and the multi-handicapped teachers, can help encourage them
   d. Use service and support specialists or transition specialists that focus on teenagers at the Lucas County Board of Developmental Disabilities; get them on board to talk to the parents and students
   e. Have individuals at Option IV help recruit
   f. Go to the high schools and have special education teachers help; recruit them their last few months of high school and have something to show them what it would entail to encourage them to want to sign up
   g. Students are the ones who really don’t want to sign up or come, but the parents want them to; tell them to try one or two classes, which they may give some resistance, but then they tend to enjoy it after the first few
h. Use the exit interview or summary of performance that is done at the end of the senior year and mark the deficits in those documents to what you can offer; they are pretty generalized, not formal assessments
i. Look at their high school goals and summary of reports and identify what goals they still have, what they can do and how they do it best, and where they need help; then say that you can help them in those areas
j. Incorporate a driving assessment – finding out if they are capable of learning to drive; BVR can pay for driver’s education if they can do it, but they don’t always pay for the assessment to find out if they are capable; more of the kids could learn to drive, but the parents do not access to assessments and training; every kid should be assessed for driving, because it could open up a world of opportunities for this population
k. There are lots of youth in the area that can use this program; go to BVR, Pathways, and the board and tell them this is what we got and ask them who needs it; let the SAS’s and counselors help identify who is appropriate and would best benefit, so when you are ready to start recruiting, they would put the word out and help find the best students to fit

10. What are your opinions on eligibility requirements? If you feel we should limit some students from participating, what should those limitations be, and how should we do it?
   a. It seems like it should be up to the funding source
   b. It goes back to motivation level too; if they want to succeed, they will do better
   c. Behavior should be a factor; if a student cannot function safely in at least a 1 to 15 ratio, then he/she cannot attend
   d. Put in a statement that your future plan in the next five years is to do one of our three potential outcomes of living in a community or supported living setting, pursuing continuing education, and/or finding employment
   e. Identify what you think your population should be with what the goals of the program are going to be; with the three potential outcomes, about 60% of their students would qualify, but if using an IQ between 60 and 70, none of their students would qualify for the program
   f. Using an IQ factor may ensure success of the program; an IQ of 70 and below qualifies an individual for special education, but someone with an IQ of 70 may only struggle in a regular education classroom, but once he/she is out of school, you would not be able to tell anything was wrong with the child
   g. Look at functional skill ability, not really IQ level; using occupational therapy type of assessments
   h. Identify a specific age range
   i. Maybe when starting off the first year or two, have higher functioning groups, then start working in some of the individuals who are lower functioning
   j. Anything is something for these kids; measure in small increments; make it for those who are just board eligible or eligible for the board and vocational rehabilitation, then group them together by IQ
11. What are your opinions on having university students help teach the program? Pros versus cons?
   a. All about it; the best way to learn something and to understand the service delivery is to do it (for the university students)
   b. The individuals with developmental disabilities will probably learn better, because people who are not boxed in by their professionalism, like university students, tend to think more outside of the box and have fresh new ideas
   c. It is a good idea and would probably work out well for both groups of people
   d. It would be a great idea; the high school students tend to really listen to younger people and enjoy working with them; college students can also do some really good work as long as they are dedicated
   e. It would be a positive aspect; many of the students they serve take directions from their peers more easily than from an authority figure; students in the program would probably blossom more with peers closer to their own age, working side by side with them, versus here is another person that looks like my mother
   f. It is a very good idea, because people like the university students who have not dealt with individuals with developmental disabilities tend to have a natural fear of them; largely all they have done so far is academics, so putting it into practice with a unique population would be a great experience

12. What are your opinions and suggestions on funding, and how to keep it running?
   a. Partner with someone who has good business; if you get the students placed at jobs afterwards, tell the business that it would be a good investment into their facility; they would have a shot at getting a good employee coming out of the program
   b. Try partnering with big businesses or even for just general funding like Home Depot, Lowes, Meijer, and larger local employers like big factories and Smuckers
   c. Look into Medicaid
   d. It could be a pairing with the Lucas County Board of Developmental Disabilities and BVR; when students who are eligible for the board graduate from high school, they are eligible for waivers (funding for services); the waiver money could be funneled into education; you would just have to look into the laws and probably be a Medicaid provider, but the program would still be a block of time they would be with other providers so the board would not have to find someone else to work with them during this time; there are hundreds of providers out there in the community, so the students would have to want to come to your program, sign up, and use the money for it
   e. Charge students to come; if you have to pay to go to any college, then parents may pay for their children to attend a program on a college campus and receive identification tags
   f. I have no idea about that; we have individuals who work on the grants, both searching for and writing the proposals
   g. This is a problem with every social service; almost have to have a grant writer associate who is always looking for money for the program
Appendix G

Marketing Flier for ACT Now! Program
Advocating for Community Transition

Attention Parents
What is your child doing after high school?
Does your child want to go to college?

Does your child want to be independent?
Does your child want to learn more skills?

For More Information

Contact Allyson Williams
Occupational Therapist
Lucas County Board of Developmental Disabilities
1155 Larc Lane
Toledo, OH 43614

(419) – 555 – 2999
awilliams@lucasdd.org
## Appendix H

### The ACT Now! Program Schedule

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Topics</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 (August)</td>
<td>First week of the semester – Orientation, introduction, getting to know one another</td>
<td>Fill out paperwork and complete initial assessments</td>
</tr>
<tr>
<td>Week 2</td>
<td>Self care and personal appearance</td>
<td>Covering areas of hygiene, clothing, grooming, interview and job appearance, and health management</td>
</tr>
<tr>
<td>Week 3</td>
<td>Health management</td>
<td>Understanding important doctor appointments, how to order and use medications, and eating healthy (Participants identify their 3 goals)</td>
</tr>
<tr>
<td>Week 4</td>
<td>Computer use</td>
<td>Learning how to use a word document, finding bus times and routes, using the Google site, and accessing bank sites</td>
</tr>
<tr>
<td>Week 5</td>
<td>Transportation</td>
<td>Using the computer to understand bus routes, learning how to make the bus in time, and pedestrian laws</td>
</tr>
<tr>
<td>Week 6</td>
<td>Safety</td>
<td>Understanding general areas of safety concern in various areas like personal, household, vocational, and community</td>
</tr>
<tr>
<td>Week 7</td>
<td>Time management</td>
<td>Understanding bus routes, how long it takes to get places, when bills and items are due, and length of time to prepare and cook a meal</td>
</tr>
<tr>
<td>Week 8</td>
<td>Community awareness</td>
<td>Using the computer to look up familiar places throughout the community and becoming familiar with services available</td>
</tr>
<tr>
<td>Week 9</td>
<td>Leisure</td>
<td>Identifying interests, ways to become involved in the community, and ways to meet and socialize with others</td>
</tr>
<tr>
<td>Week 10</td>
<td>Socialization</td>
<td>Understanding communication skills, how to meet others, using a telephone, and the importance of body language</td>
</tr>
<tr>
<td>Week 11</td>
<td>Sexuality and relationships</td>
<td>Understanding sexual issues, how to protect oneself, and learning how to maintain personal, friendship, and employee relationships</td>
</tr>
<tr>
<td>Week 12</td>
<td>Self advocacy</td>
<td>Understanding the importance of and how to stand up for one’s needs and rights and where to go for assistance</td>
</tr>
<tr>
<td>Week 13</td>
<td>Responsibility</td>
<td>Understanding that there are consequences for actions and how to be responsible when living independently</td>
</tr>
<tr>
<td>Week 14</td>
<td>Off (or whichever week occurs at Thanksgiving)</td>
<td></td>
</tr>
<tr>
<td>Week 15</td>
<td>Completion of unfinished topics and assignments</td>
<td></td>
</tr>
<tr>
<td>Week 16 (December)</td>
<td>Discussion, overview and wrap-up</td>
<td></td>
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<tr>
<th>Weeks</th>
<th>Topics</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Week 1 (January)</td>
<td>First week of the semester – Home safety</td>
<td>Understanding home safety, how to deal with concerns in the kitchen, and learning basic first aid. (Participants begin registration process with Pathways 2 Success)</td>
</tr>
<tr>
<td>Week 2</td>
<td>Home maintenance</td>
<td>Learning how to clean and maintain a home, do laundry, eliminate trash, and fix simple repairs like a light bulb</td>
</tr>
<tr>
<td>Week 3</td>
<td>Kitchen use</td>
<td>Understanding how to use items in a kitchen, learning safety and sanitation, and how to choose healthy meals</td>
</tr>
<tr>
<td>Week 4</td>
<td>Meal preparation</td>
<td>Understanding how to read and follow recipes, handle food, perform basic skills, and clean up</td>
</tr>
<tr>
<td>Week 5</td>
<td>Following a recipe</td>
<td>Understanding how to set up items, follow steps, prepare items, and follow a recipe</td>
</tr>
<tr>
<td>Week 6</td>
<td>Bills</td>
<td>Learning how to manage bills, use money, write checks, and keep track of the amount of money they have</td>
</tr>
<tr>
<td>Week 7</td>
<td>Shopping</td>
<td>Learning how to navigate in a store, identify important information on items, ask for help, and figure out costs of items</td>
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<tr>
<td>Week 8</td>
<td>Owning a home</td>
<td>Learning how to search for a place to live, determine the costs of living, and understand a lease</td>
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<tr>
<td>Week 9</td>
<td>Off (or whichever week occurs at spring break)</td>
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<tr>
<td>Weeks</td>
<td>Topics</td>
<td>Examples</td>
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<tr>
<td>Week 10</td>
<td>Academics</td>
<td>Reviewing academic skills that were previously taught including reading, writing, and mathematics</td>
</tr>
<tr>
<td>Week 11</td>
<td>Budgeting</td>
<td>Learning how to create a budget of necessary items, identify necessary items, and create a bank account</td>
</tr>
<tr>
<td>Week 12</td>
<td>Scheduling</td>
<td>Learning how to use a day planner, identify necessary items to include, and consider times for departure and arrival</td>
</tr>
<tr>
<td>Week 13</td>
<td>Timeline/goals</td>
<td>Develop a timeline of items to accomplish and goals to work towards, and identify any skills to cover or review</td>
</tr>
<tr>
<td>Week 14</td>
<td>Open for debate</td>
<td></td>
</tr>
<tr>
<td>Week 15</td>
<td>Completion of unfinished topics and assignments</td>
<td></td>
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<tr>
<td>Week 16</td>
<td>Discussion, overview, and wrap-up</td>
<td></td>
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<table>
<thead>
<tr>
<th>Weeks</th>
<th>Topics</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 (May)</td>
<td>First week of the semester – Building a resume</td>
<td>Learning to create a resume by putting important items in it and what to do with it after it’s created</td>
</tr>
<tr>
<td>Week 2</td>
<td>Job hunting/applications</td>
<td>Learning how to look for a job, what to look for in an ad, and how to fill out an application</td>
</tr>
<tr>
<td>Week 3</td>
<td>Interviews</td>
<td>Learning how to behave at an interview, how to answer questions, what questions to ask, and how to dress</td>
</tr>
<tr>
<td>Week 4</td>
<td>Being an employee/completion of unfinished topics and assignments</td>
<td>Learning skills required of a variety of jobs, as well as appropriate behaviors expected of employees</td>
</tr>
<tr>
<td>Week 5 – 9</td>
<td>On the job training (Working with counselor and job coach through Pathways 2 Success at Summer Youth Work Experience)</td>
<td>Applying a variety of skills that have been taught in the program at a job site including behavior, appearance, time management, and transportation</td>
</tr>
<tr>
<td>Week 10 (July)</td>
<td>Graduation and Wrap-up</td>
<td>Complete final assessments, review job experience with counselor, and graduation (Parents will also fill out the Caregiver Strain Index)</td>
</tr>
</tbody>
</table>
Appendix I

Occupational Therapist Job Description

The ACT Now! Program at The University of Toledo in Toledo, Ohio, is hiring for a full-time occupational therapist to implement and run a community-based program for individuals with developmental disabilities graduating from high school. The position requires that the occupational therapist be nationally registered, have at least a master’s degree from an accredited college or university, and at least three years experience in the field, preferably with individuals with developmental disabilities and/or in a community-based setting. The occupational therapist will be working independently, as well as overseeing the work of an occupational therapy assistant and occupational therapy fieldwork students, making it important that the therapist has experience and the ability to be in charge. The program will run a year in length and start again each year with a new group of students. The therapist will become an employee at The University of Toledo reporting to the Director of Clinical Affairs in the Judith Herb College of Education, Health Science, and Human Service, as well as collaborate with the Children’s Options Department at the Lucas County Board of Developmental Disabilities.

The occupational therapist will be required to implement and run the entire program, including the tasks of developing marketing materials, recruiting participants, writing lesson plans, supervising and delivering a designed occupational therapy program to students, planning and accomplishing individual goals, working creatively in an autonomous position and studying, evaluating, and recording student progress. The therapist will also be required to guide and monitor the performance of other staff, follow an estimated budget, evaluate the effectiveness of the program and student performance, and organize various outings and learning experiences throughout the community.
Appendix J

Sample Advertisement for Occupational Therapist Position

**Do you want to increase the independence, well being, and opportunities for individuals with developmental disabilities?**

The University of Toledo is currently seeking applications for a full-time **OCCUPATIONAL THERAPIST** to implement and run the community-based ACT Now! Program (Advocating for Community Transition) for individuals with developmental disabilities who are graduating from high school in the Toledo Public School system. The program will be held on The University of Toledo main campus in Toledo, Ohio.

Interested candidates must:
- Be nationally registered
- Have at least a master’s degree
- Have at least 3 years experience

The position involves:
- Running a year long program
- Autonomy and creativity
- Creating lesson plans, supervising staff, delivering services, and accomplishing goals

Interested applicants should send a resume to: Allyson Williams, Occupational Therapist Lucas County Board of Developmental Disabilities 1155 Larc Lane Toledo, OH 43614 (419) – 555 – 2999
Appendix K

Parent/Student Formative Evaluation

Completed half-way and at the end of each semester

Student Name: ___________________________       Parent Name: ___________________________
Date: ____________________       Date: ____________________

Questions asked to the STUDENTS by the therapist in person:
1. Are you enjoying your time here?
   a. If yes, what do you enjoy doing or like the most?
   b. If no, why not or what can we do to help?

2. What have you learned in your time here?

3. What would you like to learn or learn more about?

4. Do you feel more confident in yourself?
   a. If yes, why is that?
   b. If no, why is that?

5. What would you like to do after this program?

6. Do you have any interest in getting a job now or in the future?
   a. If yes, why is that and where at?
   b. If no, why not?

7. Do you have an interest to live on your own now or in the future?
   a. If yes, why is that and where at?
   b. If no, why not?

8. Do you like being able to come to a college campus?
   a. Why or why not?
Questions asked to the PARENTS by the therapist over the phone:
1. Do you notice a change in your son/daughter since he/she has been in the program?
   a. How so?
2. Has your son/daughter been able to do more in the home or outside of the home?
   a. If so, what types of tasks?
3. Is your son/daughter expressing interest to do more in the home or outside of the home?
   a. If so, what types of tasks?
4. Do you feel your son/daughter is enjoying the program?
   a. Why or why not?
5. Do you see any weaknesses that your son/daughter could improve upon?
6. Do you have any suggestions to increase the effectiveness of the program?
7. Are there any tasks/skills you would like to see your son/daughter learn in the program?
8. Would you recommend this program to other parents?
   a. Why or why not?
## ACT Now! Program Timeline

<table>
<thead>
<tr>
<th>Tasks to be Completed</th>
<th>1-Jul</th>
<th>2-Aug</th>
<th>3-Sep</th>
<th>4-Oct</th>
<th>5-Nov</th>
<th>6-Dec</th>
<th>7-Jan</th>
<th>8-Feb</th>
<th>9-Mar</th>
<th>10-Apr</th>
<th>11-May</th>
<th>12-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire therapists</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Develop lesson plans, set up facility, and prepare for the semester</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Develop marketing materials and recruit participants</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Introduction, orientation, paperwork, conduct initial assessments</td>
<td>X</td>
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<td>First semester of program - Basic skills for independence</td>
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<td>X</td>
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<td>Second semester of program - Basic skills for independent living</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Third semester of program - Basic skills for employment</td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Perform formative and summative evaluations</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
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</table>

X = Months spent on task
Appendix M

Letter of Support from Cheryl Tresnan, Children’s Options Coordinator

April 12, 2011

Dear Allyson Williams,

Over the last several months, I have been encouraged as your idea of supporting young adults with developmental disabilities has evolved into Advocating for Community Transition or ACT Now! This program that will focus on the students’ development of independent living skills.

The aspect of post secondary education is coming to the forefront for so many families; it is still an avenue that has not been explored in depth in this region. This project has afforded you the opportunity to work with staff from Toledo Public Schools Option IV, Pathways 2 Success, The Ability Center of Greater Toledo, Owens Community College, Lucas County Board of Developmental Disabilities, and the Departments of Disabilities Services for Universities of Toledo and Bowling Green.

As you lead this program to the implementation level, it is my hope that not only families with recent graduates will receive a much needed service, but that areas of academia on the University of Toledo Campus will take notice, and offer support.

I am happy to give you my wholehearted endorsement to the next steps of this program.

Sincerely,

[signature]

Cheryl A. Tresnan, Children’s Options Coordinator
Appendix N

Additional Sources for Letters of Support

**Children’s Options Coordinator**  
Lucas County Board of Developmental Disabilities  
Cheryl Tresnan  
1155 Larc Lane  
Toledo, OH 43614  
(419) – 380 – 5106  
tresnan@lucasdd.org

**Independent Living Coordinator**  
The Ability Center of Greater Toledo  
Jack Rasar  
5605 Monroe Street  
Sylvania, OH 43560  
(419) – 885 – 5733  
jrasar@abilitycenter.org

**Job Training Coordinator**  
Student Career Services/Option IV Program  
Toledo Public Schools  
Paula Follis  
2626 West Sylvania Avenue  
Toledo, OH 43613  
(419) – 671 – 8768  
paula.follis@tps.org

**Director**  
Ohio Department of Developmental Disabilities  
John Martin  
30 E. Broad St. 12th floor  
Columbus, OH 43215  
(614) – 644 – 0265  
john.martin@dodd.ohio.gov
President
American Occupational Therapy Association
Dr. Florence Clark
Associate Dean, Chair, and Professor
Department of Occupational Therapy
University of Southern California
133 Center for Health Professions
CHP 133, M/C 9003
Los Angeles, CA 90089
(323) – 442 – 2875
fclark@usc.edu

President
The University of Toledo
Dr. Lloyd Jacobs
Main Campus
University Hall Room 3500
2801 Bancroft
Toledo, OH 43606
(419) – 530 – 2211
utpresident@utoledo.edu

President
Board of Education
Bob Vasquez
Toledo Public Schools
Thurgood Marshall Building
420 E. Manhattan Blvd.
Toledo, OH 43608
(419) – 671 – 8200
Annotated Bibliography


Abstract

There is no abstract for this resource.

Summary and Significance

This booklet describes the Executive Function Performance Task and its use to provide a performance-based standardized assessment of cognitive function. The test looks at functioning as a whole in an environmental context as an individual performs an entire task. In particular, it looks at executive functions, which are a part of task execution, and identifies what individuals can do. The test serves three purposes in particular. These are determining which executive functions are impaired; determining an individual’s capacity for independent functioning; and determining the amount of assistance that is necessary for completing a task. The test uses a cueing system to associate the degree of cognitive impairment, as well as the amount of assistance required. Four basic tasks are assessed, which are simple cooking, telephone use, medication management, and bill payment. In each task, the components of task initiation, task execution (requiring the use of organization, sequencing, and judgment and safety), and task completion are assessed. This test would be an important one to include at the end of the program. It would be useful in determining one’s ability to perform four basic tasks that are essential for independent living and provide an understanding of one’s ability to carry out executive functions. It would help to understand the kind and amount of assistance that is needed when performing these particular tasks, and in which particular executive functioning areas the assistance is needed.

**Abstract**

This qualitative study investigated parents’ perceptions of the various roles they played in their adult children’s lives during the post–high school years. Individual face-to-face interviews were conducted with 9 families of young adults with developmental disabilities. Findings indicated that families perceived the complexity of their roles as balancing between advocating for their adult children’s needs while promoting independence and self-determination. The roles parents assumed as their children entered into adult life were those of collaborators, decision makers, program evaluators, role models, trainers, mentors and instructors, and systems change agents. Parents often felt they were the safety net for their children and the back-up plan for service agencies. Parents’ quotes illustrated the complexity of the roles they played as their young adult children with developmental disabilities entered adulthood.

**Summary and Significance**

This is a qualitative study that used the approach of phenomenology by interviewing parents who have young adults with developmental disabilities. The information gathered was concerning the parents’ perceptions of the roles they played in their children’s lives after high school to better understand the transition from public educational services to adult living for young adults with disabilities. Students had to have graduated two to five years prior to the study, and 9 of the 26 eligible families participated. Parents noted feeling unprepared to deal with the increased level of responsibility and the realities that came with a newly graduated young adult. They also felt an increase of intensity in regard to time, effort, and involvement. Some of their major roles included advocating for their children’s needs and promoting independence and self-determination. They carried out many other various roles, all of which show the challenge of what it is like to care for a young adult with developmental disabilities entering adulthood. The designed program will focus on trying to reduce parents’ feelings of
being unprepared with the transition of their children, helping to increase the students’ independence so that parents aren’t expected to do so much, and teaching the students to advocate for themselves and become aware of the services available to them.


Abstract

This article is a work of collaborative ethnography about teaching and learning disability studies within the context of an occupational therapy graduate program. In spring 2004, 14 occupational therapy students were introduced to disability studies by their cultural anthropologist (nonoccupational therapist) course instructor. During the one-credit course, they were expected to complete readings, watch films, attend guest lectures, and make a site visit. The occupational therapy students were required to write a journal to record personal reactions and new insights gained from these experiences. This article focuses on a thematic analysis of the students’ journaled responses to the film “Dance Me to My Song,” and a site visit to a local Independent Living Center. Students were expected to analyze these experiences from both disability studies and occupational therapy perspectives. The article addresses philosophical and practical differences between occupational therapy and disability studies and identifies opportunities for collaboration between occupational therapists and independent living specialists.

Summary and Significance

This article describes an approach used to address disabilities and disability rights to a group of occupational therapy students since it is an area and population that occupational therapy approaches with understanding and adaptation. The study looked to answer the question of how do students respond to and benefit from the inclusion of disability studies in their occupational therapy training program. The course was described along with the assignments that were required of the students to complete during the 5-week course. The journal responses of the two learning experiences were provided. Responses from the movie show that only some of the students understood the challenges faced by individuals with disabilities and their strive to
be treated with respect. They also did not see all of the potential areas in the film in which occupational therapy could assist with some of the various challenges faced by the individual in order to improve her quality of life. Responses from the site visit were both positive and negative. Some students were impressed by the services provided and saw ways that occupational therapy could collaborate with the Independent Living Center, while others saw a potential danger in what the counselors do versus what occupational therapists strive to do. This article was not as helpful as expected due to the responses provided by the students. The intended program will have students from various majors assisting and teaching the individuals attending the program. The intention of this is to provide community members and future professionals the importance of empowering individuals with disabilities to be more independent and to help everyone see their ability to be independent. The program will not directly teach about disability history and rights as in this study, but it will provide college students with the opportunity to collaborate with individuals with disabilities, develop therapeutic relationships, and recognize people with disabilities as citizens and friends.


**Abstract**

This study examined the correspondence of an employment evaluation system, the *Job Observation and Behavior Scale (JOBS)* and the *JOBS: Opportunity for Self-Determination (JOBS: OSD)*, to establish whether teachers' ratings of students' work performance and support needs match students' self-determined perceptions of these same employment variables. It extends previous research on the correspondence between evaluation ratings by adult employees and their work supervisors. Results showed that *JOBS* ratings by teachers differed significantly from students' self-determined ratings for all of the *JOBS* subscales (Work-Required Daily Living Activities, Work-Required Behavior, and Work-Required Job Duties), with students
consistently rating their work performance higher than the teachers. Also, students rated less need for support to produce their performance, relative to their teachers’ ratings.

**Summary and Significance**

This article describes the pieces necessary in order to provide relevant and successful employment opportunities and transition plans for individuals with developmental disabilities. In particular, appropriate assessments should be used including a comparison of student and adult employees’ work productivity; evaluating the type and level of support needed to establish performance in employment; the supervisor’s perception of the person’s performance and support needs; and the individual’s self-determined perspective of his/her own performance and support needs. The *JOBS*, filled out by teachers, and the *JOBS: OSD*, filled out by the students; both include 30 items grouped into three categories, which consist of work-required daily living activities, work-required behavior, and work-required job duties. Each of the three categories was broken down into quality of performance and type of support. The results showed that students rated themselves higher on every scale when compared to their teacher’s ratings with ratings at least one to two standard deviations below the students’, as well as identifying the need for less supports. This article describes how individuals with development disabilities tend to have a misunderstanding of their own abilities and amount of support they need to perform job tasks. It is important that while attending the program, they learn to better evaluate their own abilities and needs. This level of disagreement could also be related to the teachers having higher expectations, but it is important that the students build the skills necessary for self-determination. By having a better understanding of themselves, they will be able to identify and make more appropriate goals and decisions as they pursue their independence.

Abstract

There is no abstract for this resource.

Summary and Significance

This article explains how much to involve individuals with autism during the transition process after high school in order to insure that the child’s interests are fully covered. It is important for the child to be actively involved in the transition process, which may help the child to be more cooperative in its development and implementation. The members involved in the transition process need to be creative in coming up with ways to allow choice making and helping the individual to understand the discussions. The article provided tips and suggestions to increase student involvement including assigning a mentor to work with the student; providing guided choices versus open-ended questions; using visual supports like social stories, comic strip conversations, and written schedules; and to use clear, concrete terms instead of idioms or unclear statements. It may help to make the idea of the transition process gradual so that the process is less overwhelming and confusing for the child. Also, teaching the child to discuss feelings and concerns and express emotions about transitioning can help the child deal with the change appropriately. One of the most important tips to take from this article is that each process needs to be highly individualized in developing strategies to help the child understand the options available. Regardless of the child’s functioning level, every child needs to be fully involved. Individuals in the program are going to have varying levels of abilities, but finding ways to involve them in making decisions will only help to increase their independence following the program. Some of the strategies that were stated provided a better understanding
of how to help individuals with autism transition, understand conversations, and express their interests and emotions.


**Abstract**

Occupational therapy practitioners are among the professionals who provide services to children and adults with autism spectrum disorder (ASD), embracing both leadership and supportive roles in service delivery. The study’s primary aims were as follows: (1) to identify, evaluate, and synthesize the research literature on interventions for ASD of relevance to occupational therapy and (2) to interpret and apply the research literature to occupational therapy. A total of 49 articles met the authors’ criteria and were included in the review. Six categories of research topics were identified, the first 3 of which are most closely related to occupational therapy: (1) sensory integration and sensory-based interventions; (2) relationship based, interactive interventions; (3) developmental skill-based programs; (4) social cognitive skill training; (5) parent-directed or parent-mediated approaches; and (6) intensive behavioral intervention. Under each category, themes supported by research evidence and applicable to occupational therapy were defined. The findings have implications for intervention methods, communication regarding efficacious practices to professionals and consumers, and future occupational therapy research.

**Summary and Significance**

This article describes many of the occupational and performance problems that children with autism have, which is why there is such a need to have a range of intervention approaches. Articles were included in the evidence-based literature review if they provided evidence for an intervention used with individuals with autism spectrum disorder (ASD) that addressed a performance area within the domain of occupational therapy. The common intervention approaches were categorized into six topics, broken down into emerging themes, and then discussed in further detail. This article mainly covered a great deal of intervention approaches that were used for young children with ASD. This was true for the first three topics of sensory
integration and sensory-based intervention, relationship based, interactive interventions, and developmental skill-based programs, as well as for the fifth and sixth topics of parent-directed and parent mediated approaches and intensive behavioral intervention. The fourth topic, social cognitive skill training, provided some valuable information on improving social-emotional skills and social interactions. The information from the article that was more helpful was the discussion of common themes important to occupational therapy. Three of the five themes were helpful. The first theme is to use individualized assessments to identify the appropriate developmental level of the child, as well as the best ways to facilitate performance. The second theme discusses ways for promoting pivotal behaviors and abilities that are foundational to learning and communicating. The third theme discusses how peer modeling can increase social participation of children with ASD when they are paired with typically developing children. The themes provided an understanding of how to assess and treat each and every individual. Even though there are hardly any studies out there to promote young adults’ success in work and independent living, it does not mean that there are not effective ways to approach these areas. They are also just as important. The article may not have been able to provide intervention strategies for young adults, but some of the ideas discussed can be applied to individuals of all ages and be incorporated when teaching individuals with ASD and/or developmental disabilities.


Abstract

Safety skills are an important but often neglected area of training for persons with developmental disabilities (DD). The present study reviewed the literature on teaching safety skills to persons
with DD. Safety skills involve a variety of behaviors such as knowing how to cross the street or what to do in case of a house fire. A number of studies have been conducted on teaching these skills to individuals with DD. The studies reviewed have varying degrees of success and demonstrate varying degrees of generalization, but the general finding has been that prompting, reinforcement, and role-playing are effective teaching procedures across a variety of participants, skills, and settings.

**Summary and Significance**

This article explains the potential for increased risk of harm to individuals with developmental disabilities who lack critical safety skills, but also how the training of these skills is often neglected. These skills may be rare or only used on occasion, but they may prove to be life-saving if they are needed. Another important consideration is to understand the most effective method for teaching these skills. Three literature searches were conducted to produce 509 studies, of which 27 were included in the review and placed into three broad categories: emergency situations, accident prevention, and pedestrian skills. In emergency situations, behavioral training was effective in teaching individuals how to make emergency telephone calls and how to seek help when lost; in vivo behavior training and role playing were effective when teaching individuals fire safety skills; peer-administered behavioral training helped to teach first aid skills; and virtual reality computer programs were effective in teaching fire and tornado safety skills. For accident prevention, behavioral training was effective in teaching recognition of dangers in the home and safety precautions to remedy these dangers, as well as for teaching individuals how to handle broken glass. As for pedestrian skills, behavioral classroom training was effective using a model intersection and in vivo behavioral training was shown to be more effective when compared to classroom training. It was helpful to read about the types of methods used to train the individuals including role-playing, prompting and prompt-fading, chaining, and reinforcement. It is evident that real life situations and experiences help individuals with developmental disabilities to learn best, but since this is not always possible, it
is important to be creative when developing the training procedures used to teach critical safety skills. This article provided many examples of these.

Doll, J. (2010). *Program development and grant writing in occupational therapy: Making the connection*. Sudbury, MA: Jones and Bartlett.

Abstract

This book provides a unique perspective by combining the skills of program development with grant writing to support best practice in occupational therapy. This hands-on book explains how to develop successful health-related programs along with tips and strategies for writing the grants to support these projects. Descriptions of the components of a grant are reviewed with detailed explanations of the research and writing processes. Important features of this book include learning objectives, key terminology, process worksheets, case studies, and grant samples.

Summary and Significance

This book provided a good description of both program development and grant writing, and the steps that are involved with developing a program. When developing a program, it is first important to understand the community and population that the program will be developed for. There were a few chapters that explained community capacity, how to bring the community and its resources together, and ways to get stakeholders and other partnerships involved with the program. It went into further detail on how to find appropriate grants to match the program, and the process involved with filling out a grant proposal to maximize one’s potential for receiving the grant. Another chapter goes into different methods to use for evaluating a program, and how to create an appropriate evaluation tool. After a program has received grant money, it is important to evaluate the program to ensure it is achieving the right results and to know if any changes need made in the way that it is run. Finally, the last chapter reviews ways to achieve sustainability in the program and to keep the program running successfully. Even though many of the chapters discussed program development in terms of how to write a successful grant
proposal, they were still beneficial. When developing most programs, including the intended program, it will be important to get funding to start and sustain the program. Without funding to run the program, it will not be able to succeed. The explanations and tips for taking the program, finding the right grants to fund it, and putting the information into a grant proposal will be helpful in turning the idea into a reality.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This book provided a thorough understanding of the steps that are involved in developing a community-based program. There are many steps and pieces that are involved in the process, and the chapters helped to break them down individually. It described the reasoning behind the different types of methods for assessing the needs for services; ways to find evidence to support the program; and ways to write appropriate goals and objectives for reflecting the needs of the community of individual participants. The book also described how to determine staffing needs of the program, necessary equipment and supplies, and anticipating the cost needed to support the program. Finally, it helped to understand the kind of funding that would be appropriate to fund the program; how to market and promote the program to potential consumers; and ways to evaluate the outcomes of the participants, the program, and the goals of the program. The book would be a valuable tool in learning about program development and the aspects involved in the process. It could serve as a guide along the way to ensure that all of the necessary steps are
taken and be a resource for developing an occupation-centered program that will meet the needs of the targeted population.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article discusses the purpose of using an occupationally based assessment and evaluating a client’s abilities to carry out meaningful occupations based on what he/she wants to do rather than looking for the underlying performance problems. By doing this, it helps to ensure that the therapist also looks at additional aspects of performance like volition, attitudinal, organizational, and environmental barriers. This type of approach is a “top-down” evaluation focusing first on the client’s meaning; then on the functions of the occupation that cause problems; third on the form that the occupations take; and last on the performance components that may have an effect on the performance. This article helped to see the importance of focusing on the meaning behind a student’s performances. The function aspect is also important, because it looks at the purpose and contribution the occupation plays in the individual’s life. By doing these two aspects first, it will help to see how a student performs the occupation, feels confident in his/her own abilities, and feels about his/her own values, interests and occupational roles. The article also gave examples of assessments that would be appropriate to use if taking a “top-down” approach including the AMPS, Volitional Questionnaire, the COPM, and the Functional Independence Measure. Additional features mentioned in the article involved
considering cultural issues, having a client carry out a real or simulated occupation, and using familiar occupations. By evaluating the students appropriately, it will help the therapist determine the students’ priorities and performance challenges, as well as help the students understand how they can work towards achieving valued occupational performance outcomes. This will also ensure that the intended program remains occupationally based and client-centered.


**Abstract**

A young, autistic woman sees the world like no other, taking snapshots of the world in her mind, and recalling them without thought. She substitutes human contact for a life of caring for animals, developing humane methods of taking care of livestock destined for the slaughterhouse. Her peculiar communication skills and intelligence shed new light on pre-conceived norms of autism. Misunderstood her entire life, by her peers, her parents, and her teachers, she manages to teach them all new lessons in life. She excels at all levels of school, and eventually becomes a college valedictorian, and even manages to earn her doctorate. Her 'squeeze' machine, hugs her giving her comfort and the love that she is incapable of receiving from human contact. Despite challenges from everyone she meets, she overcomes their fear and loathing of her, and wins them over, throughout her difficult life. She goes on to change an industry - fighting the man's world of the cattle industry as she creates new and humane ways for dealing with cattle, treating them with respect and even saving the cattle industry money.

**Summary and Significance**

This movie helped to provide an understanding of some of the struggles that individuals with autism must deal with on a daily basis, but also overcome in order to accomplish goals they may have for themselves. Many people do not understand why individuals with autism act the way they do, but this movie gave many real life examples to provide insight into what their life is like. It is hard for someone to get his/her point across when others have difficulty understanding or relating to the person. The movie showed things in the environment that made it difficult for her to perform as others do and demonstrated her struggles to communicate and identify with
others. Not only did she have her own challenges, but her family had to learn how to understand her as well. They also had to determine the best way to educate her, teach her to be self-sufficient, and help her to be as independent as possible. Another great aspect of the movie is how it showed her commitment to achieving each of her successes, including the fears she had to overcome, and the connections she had to make to the things she already knew. This movie was helpful in understanding that even though an individual may have autism and/or another disability; he/she is still searching for a way to have meaning in his/her life just like anyone else. It may not be as easy for these individuals as it is for others, but they just need someone willing to help push them to go further and show them they are capable. The intended program will help them work towards their goals, show them their potential, and teach them the skills they need to be self-sufficient in whatever they choose to do.


Abstract

There is no abstract for this resource.

Summary and Significance

This chapter explains that people tend to want to care for themselves to the best of their ability and describes the many aspects that can be involved with this. This involves being independent, with or without assistance and modifications, in basic activities of daily living (BADL’s) and in instrumental activities of daily living (IADL’s). Appropriate assessments need to be carried out to determine the patient’s level of ability, as well as what goals and level of
independence the patient would like to achieve. The patient takes the role of a learner and must be ready and willing to learn. The chapter listed teaching strategies that can result in effective learning and aspects that are needed for adaptation. A large part of the chapter focused on strategies for enabling independence in BADL’s and IADL’s, but it was for individuals with physical disabilities. Therefore, most of them did not apply for individuals with developmental disabilities. The information important to consider was related to the descriptions of ADL’s and IADL’s, the value of independence, how to evaluate the goals of individuals, and how to teach individuals to succeed in achieving that independence.


Abstract

A summer program was designed to provide a social learning and work experience for students with developmental disabilities. For 3 weeks, high school students with developmental disabilities participated in a variety of jobs on a college campus and worked alongside college students. This collaborative experience enabled students with and without disabilities to work together and develop both working and social relationships. The experience resulted in benefits for the high school students with developmental disabilities, the college community, and the community at large. We share personal perspectives about this experience through the voices of the participants and offer some thoughts to stakeholders in community-based projects for individuals with disabilities.

Summary and Significance

A project was designed to teach 17 transitioning high school students social and vocational skills on a college campus. The high school students worked an hour per day for six days at various university sites alongside an undergraduate student and under the supervision of a university employee. It allowed the individuals with developmental disabilities to develop
functional skills in the areas of socialization, education and vocation, and even provided them with the opportunity to interact with other people their own age. It allowed the college students the chance to become more aware of individuals with developmental disabilities and to be more supportive of who they are as individuals. It even gave workers and teachers throughout the campus experience to individuals with developmental disabilities and a chance to see the abilities they do have. The developed program will take place on a college campus to encourage interaction and awareness, teach the participants skills necessary for employment, and provide an opportunity for the students to experience work at various sites.


**Abstract**

The purpose of this study was to investigate school-based occupational therapists’ knowledge of transition planning, their degree of participation in assessment and intervention of students requiring transition services, and to identify potential barriers limiting therapists’ participation in transition services. Using survey methods, a questionnaire was mailed to a random sample of therapists listed as members of the School System Special Interest Section of the American Occupational Therapy Association. Eighty therapists from all geographical regions within the continental United States and who identified themselves as working with students 13–21 years of age in an educational setting participated in the study. The response rate was 20%. The majority of participants reported that they understood the terminology associated with the Individuals with Disabilities Education Act (IDEA) of 1990 and the 1997 IDEA amendments definitions of transition planning at the secondary level, but were less likely to apply that knowledge to the transition planning process. The majority of therapists reported minimal participation in secondary education transition planning assessment and intervention for students with disabilities. Most respondents believed that they were not contributing to the transition planning process in a manner that maximized their skills, and identified several barriers that they believed hindered greater participation. This pilot study suggests that occupational therapists may not be participating in transition services to their fullest potential. While the low response rate in this study precludes generalization, this information is important to guide further study as well as to shape efforts to increase occupational therapy’s role in this important service area within school-based practice.
Summary and Significance

This article provides an understanding of the types of transition services that are covered under Part B of the Individuals with Disabilities Education Act (IDEA) for students transitioning from public education to “adult” life. The article explains how occupational therapists have the professional skills to cover and teach those transition services, but that many therapists are not working with students in that particular age group. This could be due to a variety of reasons, but one in particular may be that occupational therapy services tend to decrease as students move through the transition process. Results of the study showed that 47% of the respondents agreed to understanding the overall intent of transition services stated under IDEA, and only 30% believed to be maximizing their professional skills in any of the transition areas. Less than half of the therapists stated that they used assessments to develop goals and objectives in the four transition areas, but areas that were covered most frequently were occupation and performance skills, client factors, contexts, and activity demands. Some of the barriers identified by therapists that prevent them from participating in transition services included believing that transition services were handled by another professional, a lack of understanding by others the role that occupational therapy can play in transition, a lack of funds, a lack of information regarding proper assessment tools, therapists’ lack of awareness of the specifics of transition planning, and students being discharged from services before the age of 14. This article provided an understanding that many students are not getting the appropriate services they need to appropriately transition out of high school. Even though the intended program takes place after graduation, it is helpful to see what the students are being taught in high school and to learn about the barriers that are preventing them from receiving these transitional skills. Another important outcome of this study is the lack of understanding of the role of occupational therapy
in transition, even though occupational therapists are trained to address these areas. It is important to identify these roles, make others aware of an occupational therapist’s abilities, and to address all areas of transition that are important to the students.


**Abstract**

This article presents a model evaluation plan conducted by occupational therapists that may be used to contribute information to the transition planning process in secondary school students with disabilities. Occupational therapists are not fully participating in transition services within secondary schools. One of the major obstacles to full participation identified in a previous research study by the authors of this article was that few occupational therapists were aware of appropriate evaluation options available for secondary transition planning. The authors in this article review the evaluation needs for secondary transition services in general, describe occupational therapy’s role in contributing to the Individualized Education Plan (IEP), and describe an evaluation method that gathers key information pertinent to the occupational therapy role. A case study is presented that illustrates how these assessment tools were applied to develop IEP goals in one student’s transition plan.

**Summary and Significance**

This article explains the variety of services that should be included under transition services when facilitating the movement from school to post-school activities for students. Services should be student-focused and lead to measurable goals that are derived from age-appropriate transition evaluations in the four areas of transition, which are education, employment, community participation, and independent living skills. Transition services are an important area to evaluate, but there is a lack of adequate evaluation strategies. Three assessment instruments were used in the study to address three valuable questions when identifying transition-planning needs. The three questions are how much knowledge and experience does the student have in each transition area; what behavioral characteristics would
the student likely exhibit in the workplace and community; and what is the student’s current level of functioning in completing basic ODL’s and IODL’s? The article also provided a case study example of the evaluation plan by developing a transition plan for a high school student using the three stated assessments. The sample case study in the article helped to see how valuable the specific assessments can be when evaluating a student for transitioning and developing appropriate goals based on the results. Whether these specific instruments or others are used prior to entering the program, it is important to evaluate students in all aspects in order to increase the likelihood of a successful transition to adult life. An evaluation using the right tools will also help to identify a student’s baseline, work towards goals that will benefit the student, and incorporate information provided by all team members.


Abstract

There is no abstract for this resource.

Summary and Significance

This is an article discussing the importance of helping students with developmental disabilities plan and prepare for the transition from school to adult life. In order to create an effective transition plan, it is vital to know the types of transition services that have shown to be effective. The article looks into a variety of current research of transition practices to identify these particular areas. Several areas have been identified including self care/independent living skills, career awareness, parental involvement, social and communication skills, self-determination, work experience, and community experiences to name a few. It states that
transition planning involves a collaborative approach by the students, family, and professionals, as well as an individualized approach to meet the needs of each student involved. It is also important to continuously be aware of each student’s strengths, needs, and interests as they relate to work, education, living, and social environments. These can be measured through the use of assessments, which were listed in the article, observation and surveys. One particular assessment that could be useful to use for students entering the program is the Ansell-Casey Life Skills Assessment (Nollan et al., 1997) for independent living skills. Even though these suggestions are for students preparing to leave high school, they should be used in the development and throughout the duration of the program as well. The intended program will be further preparing these individuals to transition into the community and should involve an increased opportunity to learn skills in the various areas. The assessment could also be a valuable tool, as it will help to identify the level of ability the students possess prior to entering and leaving.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article explains the importance of teaching individuals with developmental disabilities the skills of self-advocacy and self-determination. These particular skills include aspects of selecting personal goals, planning steps toward those goals, assessing one’s progress, making choices, and self-monitoring and evaluating one’s behaviors. It states that the basis
behind these skills is communication. By increasing one’s ability to perform each of these skills, it has been shown that individuals with developmental disabilities have better post school outcomes and reported quality of life. The article discusses an early intervention project called the Kentucky Youth Advocacy Project (KYAP) used to instruct students ages 7 to 18 in order to increase their potential to participate in all aspects of school and the community. The project uses a three phase model called the self-determined learning model of instruction (SDLMI). The first phase involves selecting a personal goal; the second phase is developing an action plan to achieve that goal and identifying potential barriers; and the third phase is self-evaluating progress and adjusting the plan or goal as needed. It is important to consider these aspects of self-advocacy and self-determination into the development of the program. It is not only important to teach the students skills to communicate more effectively and advocate for themselves, but also how to work through a planning process. Incorporating a model like the SDLMI model into the program will help the students be more involved in their own learning process and help to teach them skills that will assist them to live independently upon graduation.


**Abstract**

The purpose of this research was to evaluate behavioral skills training procedures for teaching individuals with severe and profound mental retardation to exit their residence upon hearing a smoke detector. Assessments took place in the participants’ group homes while the participants were unaware that an assessment was taking place. Training consisted of behavioral skills training and in situ training. Following training, it was anticipated that the participants would be able to initiate exiting behaviors within 10 s of the activation of a smoke detector and exit the building within 30 s of initiating exiting behaviors. The results showed that one participant out of seven met these criteria following training. However, data gathered on the level of prompting
needed for participants to exit the building showed that four of the seven participants exited the building with a less intrusive level of prompting from staff.

**Summary and Significance**

This article discusses how teaching knowledge about safety skills to individuals with developmental disabilities does not necessarily correspond to an ability to perform the skills. It is important to include training programs that will teach and evaluate the skills in a naturalistic setting. This study evaluated training procedures that took place in non-occupied areas of the participant’s homes observing how quickly they engaged in exiting behaviors until safely out after hearing a smoke detector. Participants were given a baseline followed by three behavioral skills training sessions, and then an assessment. During the training sessions, prompts were faded so that the least intrusive prompt was used to get the participants to exit. Even though only one of the seven participants benefitted from the training by learning to exit quickly, the other individuals required less prompting from staff to exit the building following training. The results of the study provide an understanding that hands-on training and practice in naturalistic settings are more beneficial than just teaching. It was also helpful to have a detailed description of the training procedure used to see how it can be modified to better fit each of the participants in the program.


**Abstract**

There is no abstract for this resource.
Summary and Significance

This manual describes the Kohlman Evaluation of Living Skills (KELS), which is an occupational therapy evaluation that can be used to determine a person’s ability to perform basic living skills. The evaluation is divided into five areas that test seventeen different living skills. These areas are Self-Care, Safety and Health, Money Management, Transportation and Telephone, and Work and Leisure. It also looks at one’s ability to read and write, as well as comprehend and follow directions and involves good observation skills by the therapist while administering the assessment. The KELS helps to integrate people into their own environments by identifying areas that can be performed and areas that need assistance to perform. Results from the evaluation can help a therapist make the necessary recommendations for an individual to function independently in his/her living situation. When people are satisfied with their performance, it increases their motivation to perform and interact within their environment; thus resulting in successful experiences in an environment, and people living as independently as possible in an environment that is safe and appropriate for them. The rest of the manual describes how to perform the KELS, which can be easily administered and scored. This evaluation will be helpful to incorporate into the program prior to starting and at the end. It will provide a baseline of where the students are at before they start, and how far they have progressed by the end of the program. It will also help to determine areas in which the students will still need assistance with and guide them to seek out the environments that will be appropriate for them to live safely and independently after completion of the program.

Abstract

There is no abstract for this resource.

Summary and Significance

This manual describes the Canadian Occupational Performance Measure (COPM) and how it is an example of client-centered practice in occupational therapy. The COPM is used by occupational therapists as an individualized measure that is designed to detect change in a client’s self-perception of occupational performance over time. Its uses include identifying problem areas in occupational performance, providing a rating of the client’s priorities in occupational performance, having the client evaluate performance and satisfaction relative to those problem areas, and measuring the changes in the client’s perception of his/her performance over the course of intervention. It describes the Canadian Model of Occupational Performance and how it is based on the client’s experiences instead of observations. The COPM incorporates many important features which make it client-centered including measuring client-identified problems; encompassing performance areas of self care, productivity, and leisure; engaging the client from the beginning; and allowing clients to take part in identifying and dealing with lifespan issues. The rest of the manual describes how to appropriately use the COPM. The manual helped show how to incorporate the COPM into the program by having the students identify occupations that they want and need to do in their daily lives. This will help them work towards goals of their choice and for the instructor to identify how satisfied the students are with their performance initially and throughout the course of the program. By taking this approach, it
will help to ensure that the program remains client-centered and focused on outcomes identified by the students.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article discusses the benefits and outcomes of working collaboratively with different professionals. The purpose of the collaboration was for a service learning opportunity, but it proved to show outcomes that benefited everyone involved. There were improved client outcomes, as well as increased professional development. An occupational therapy and speech-language pathology student worked together with a stroke survivor to improve his quality of life. By working together, they were able to adjust treatment approaches and demands of the client based on the client’s condition, age and goals; practice clinical reasoning and communication skills; and learn valuable lessons. They learned the value of incorporating goals from other disciplines in order to increase the benefit of treatment sessions for the patient, as well as increase the chance for generalization and motivation. By remaining in contact with other professionals, clinicians can discuss barriers they have come across, concerns that need addressed, and ideas that are motivating to the client. Their collaboration also helped to ease some of the repetitive actions taken by each profession so that treatment sessions and handouts were less overwhelming for the patient. The program will be at The University of Toledo and incorporate various student professionals to help run the program by teaching the lesson plans to
the individuals with developmental disabilities. The article shows some of the benefits that can be gained from student collaboration and how working with other professions will help to broaden the knowledge learned by the university students, as well as the individuals with developmental disabilities.


Abstract

The change from the life of a high school student to a more independent adult life after graduation is one of the most important transitions for a student with a disability. It heralds a shift in responsibility from school and parents to the student himself or herself, and it marks a change in support services from those provided by the school to those provided by the community-based agencies to help with independent living, work, and post-secondary education. Planning for this transition must take account of each student’s unique needs, abilities, interests, family, and social situation (Janeczko, Kasander, Randall, Summers, & Wunderlich, 1995). When students with disabilities graduate from high school, they and their families may require a bridge between the services provided by the school system and community-based services to help the graduate succeed after he or she finishes high school. Transition planning provides such a bridge by defining a structured path to adulthood that helps the graduating student with a disability live more independently, find and keep a satisfying job, continue with education and training, and obtain needed support (Pierangelo & Crane, 1997).

Summary and Significance

This is a book chapter, which discusses the necessary aspects that are needed to help plan and implement the transition from secondary school to independent adulthood for individuals with developmental disabilities. Skills like teaching students to become advocates for themselves, how to gather important information, and ways to gain experience are important for students to develop confidence and be able to fully participate in their own individual lives.
These transition plans need to be supported by the student, school, family and community and address multiple areas of independent living to be successful. The chapter includes different topics to consider in the transition to adult living, activities that facilitate the transition, vocational and career preparation tips, and the importance of coordinating the transition services. An important aspect of the transition plan is that it is person centered and changes as the student develops and grows. Many of the aspects stated in the book have been considered and applied into the development of the program. Students will be provided with various skills and opportunities individualized to their needs so that the transition is as smooth and successful as possible.


**Abstract**

There are many factors to consider when working with individuals with mental illness and developmental disabilities and their families. Working in collaboration with individuals and their families using a patient- and family-centered care approach is vital. This approach informs the professional’s values and practice patterns thereby allowing them to help the individual and family deal with common challenges and stresses such as establishing relationships with care providers, ensuring coordination of care, family concerns, knowledge of important systems of care, and the need for advocacy.

**Summary and Significance**

This article emphasizes the importance of collaborating with the patient and family when working with an individual with a mental illness or developmental disability. It discussed some of the major issues that arise when caring for these individuals and the challenges a family must confront in order to provide the most effective care. Some of these challenges include
negotiating medical care, mental health and developmental services, advocating for their child’s needs, and considering employment options and long-term care. Some of the concerns to be aware of regarding the stress families may face include family composition and burnout, sibling stress, financial stress, and establishing a community of care. As a provider, it is important to establish mutual respect and open communication, as well as listen to and understand the family’s journey. Although the article discussed health care practitioners and families, it provided an understanding of how any professional working with these individuals should collaborate and work with the family. This collaboration and understanding helps to provide person-centered care and promote the health and well being of the individuals.


**Abstract**

*Community Practice in Occupational Therapy: A Guide to Serving the Community* integrates the history of health care and principles of management, marketing, and economics to provide guidelines for community practice. It examines existing occupational therapy practices that serve specific age groups and encourages professionals to identify innovative ways to aid underserved areas in their community. It offers practical advice to help readers develop a community practice that leverages their professional skills and experience. With useful suggestions and guidance, this text details the entire process from program planning and financing to marketing and evaluation. The final three chapters are authored by practicing occupational therapists and outline their own community practice endeavors, providing real-life cases for analysis and discussion.

**Summary and Significance**

This book provided an explanation of what is involved when practicing in the community with various groups of individuals including services for older children with physical disabilities, developmental challenges of adolescents, lifestyle challenges in children and adolescents, and practicing with adults. The book then went on to describe how to plan and develop one’s own
community practice. These topics included finding money to get the program started, how to market to those in the community, and how to evaluate the financial aspects and outcomes of the program. The explanations about the groups of individuals helped to better understand the individuals that the program will strive to serve, especially since the students will be transitioning from school to adult life and learning to be independent within the community as much as possible. Even though some of the other chapters described steps involved with starting a community practice, they tended to be more towards someone wanting to start and run his/her own business. The intended program will be designed more for the community to benefit from. There were some valuable tips that helped determine how the program will be funded, how to market the value of the program to the community, and ways to evaluate outcomes and costs.

National Center on Secondary Education and Transition. (2009). *IEP & transition planning*. Retrieved from the University of Minnesota website:  
http://www.ncset.org/topics/ieptransition/default.asp?topic=28

Abstract

There is no abstract for this resource.

Summary and Significance

The IEP and Transition Planning section of this site provides a detailed description and understanding of the aspects involved of creating a successful transition plan for individuals with developmental disabilities. Even though the transition process begins at age 14, the intended program hopes to increase the opportunities for individuals to lead independent lives after high school. This can be possible by including the information and aspects of a transition plan into the post secondary education program as well. Some of the aspects to consider and be aware of
are understanding their own disability, making choices, creating opportunities for success, understanding support services available, assessing their interests and needs, building self-determination skills, and developing socialization and relationship skills. Besides just knowing various education topics to include into the program, the site listed strategies for increasing the involvement and interests of the students. Increasing their involvement helps to provide a holistic approach to the education process. Some suggestion listed for increasing student and parent involvement in IEP’s (Individualized Education Program) are to show respect, letting them speak and be heard, and to use clear and accurate information that is easy to understand. The site also provides information related to IDEA (the Individuals with Disabilities Education Act) and the requirements for transition planning to know how the students have already been involved. A great deal of the information stated are pieces that would be incorporated into the intended program. It is important to involve the students as much as possible and to help them make their own decisions. The education material to include in the program will not only make that possible, but the suggestions provided for increasing their involvement will provide them with opportunities to made decisions as well. It was also helpful to learn more about IEP meetings at the high school level and how the transition process works in high school.

National Center on Secondary Education and Transition. (2009). Instructional strategies. Retrieved from the University of Minnesota website:

http://www.ncset.org/topics/instructional/default.asp?topic=14

Abstract

There is no abstract for this resource.
Summary and Significance

The Instructional Strategies section of this site explored various strategies to use when teaching content and skills to students. Instructional strategies are used to help students learn basic skills, understand and remember concepts, learn independently, and generalize the knowledge to other settings. When choosing a strategy, it is helpful to determine the need and topic being addressed, as well as to consider the learning styles of each individual student. The site listed examples of particular strategies that have been shown to be effective in teaching students in general. It also gave three factors identified from a meta-analysis of intervention that helped improve instructional outcomes. These three factors were control of task difficulty; use of small, interactive group instruction (six students or less); and using direct response questioning to help students put their thoughts into words by “thinking aloud.” It is important to learn a variety of strategies when developing lesson plans since every student learns differently and one way will most likely not work for everyone. Some strategies in particular may not work as well as others for students with learning or developmental disabilities, but that does not mean it cannot be tried. Although the strategy may be explained in detail, a great deal of skill and thought still needs to be put into its implementation. This site provided an understanding of the amount of work that goes into teaching students. When teaching a lesson, different strategies may be attempted until it is determined that one or a few work, but that does not mean that those same strategies will work for the next lesson. The intended program should work to identify the individual differences of the students so that the structure and lessons can be focused on student needs.

**Abstract**

There is no abstract for this resource.

**Summary and Significance**

The Self-Determination for Postsecondary Students section of this site discusses the various skills that make up self-determination and how these skills contribute to one’s ability to make and achieve goals. Self-determination is also important for speaking up for one’s self and being able to advocate for one’s needs. Success in these areas will help a student perform better in the work place, living independently, and achieving any further education. The site lists seven components that make up self-determination, which include self-awareness, self-advocacy, self-efficacy, decision-making, independent performance, self-evaluation, and adjustment. Following high school graduation, students are no longer provided the same services given to them from the Individuals with Disabilities Education Act of 1997; therefore, they need to learn about disclosure, identifying their needs, and how to work towards goals so they can advocate for themselves in future endeavors. This website provided an explanation of how to work towards achieving self-determination, as well as why it is such an important skill to have. These are aspects the students will work on in the intended program so they can take a role in making decisions and evaluating themselves in hopes to increase their independence upon completion of the program. It helped to learn ways to incorporate the skills into educational purposes and make learning opportunities out of them.

**Abstract**

This article presents the origins and philosophical foundations of Person-Centered Planning and provides examples of specific tools used with this interdisciplinary approach, which has strong implications for occupational therapy. New initiatives in some states are being implemented to support young adults with disabilities as they carry out their own Person-Centered transition plans. Person-Centered Planning is consistent with occupational therapy’s focus on client-centered practice, emphasis on occupation, and engagement in meaningful activities within natural environments, and we can play a vital role in preparing students with disabilities for the transition from school to adult life (Orentlicher, 2007). Because resulting action plans may include goals that are within the realm of occupational therapy, it is important for occupational therapy practitioners to be familiar with this approach toward transition planning.

**Summary and Significance**

This article discusses how individual transition plans (ITP’s) should be developed as part of an individualized education program (IEP), but that in many states, the ITP is developed late, has a narrow focus, is unrelated to the student’s wishes, or lacks creativity and accountability. The article describes person-centered planning, which is an approach that learns about the student’s interests, preferences and desired lifestyle; describes needs to move towards the desired lifestyle; and outlines an action plan to achieve goals. By incorporating person-centered planning, these deficiencies in ITP’s could be overcome, because it supports students to make decisions about their own lives and focuses on social interdependence and community inclusion. The article goes on to list some specific Person-Centered Planning tools that can be used to develop plans and describes examples of two of the tools in greater detail. This article helped to provide an understanding of the role the occupational therapist should take in working with the students in the program. The therapist should focus on students’ intrinsic needs, support choice, value worth and uniqueness, and integrate students into the environment in order to help the students live their own lives and to fully participate in the planning process. These are all skills
that occupational therapists are taught to incorporate with patients of all ages, as well as being able to break down goals into manageable objectives, adapt tasks and environments, and identify community connections to make the transition into the community possible.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article discusses the role that occupational therapists have in creating a better outcome for individuals with developmental disabilities receiving a public education under IDEA (Individuals with Disabilities Education Improvement Act), as well as during the transition after high school when pursuing higher education. If these individuals decide to pursue higher education, their abilities and needs are viewed and treated differently. They will also have a variety of lifestyle changes and new skills and rules they will need to learn in order to succeed in a new environment. The student needs to learn to be more autonomous, understand his/her own rights, and know how to ask for appropriate services. Helping students pursue higher education involves looking at function, the environment, and the impact of disability. Since the intended program is set to take place on a university campus and scheduled to be completed after the students graduate from high school, it was important to gain an understanding of how early education differs from postsecondary education. It was also beneficial to read how an occupational therapist can use this knowledge to appropriately approach the environment and situation in order to create services that are more beneficial to the individual.

**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article discusses the transition of a New York State Office of Developmental Disabilities when health care experienced a change moving adults with developmental disabilities from institutional care into the community in New York during the 1970’s and how change has continued to occur. Along with the move into the community, services began that supported people with disabilities in homes and jobs of their choice to help enrich the lives of these individuals and lessen the burden of their families. Group homes have provided increased opportunities for community involvement, skill development, lifelong friendships, and safe and secure housing. Community-based day habilitation, sheltered work, prevocational and community-based employment have also emerged in which personal supports can be provided. The article discusses the elimination of the nomenclature of mental retardation in hopes to show communities the potential that these individuals have and to eliminate the stigma when they are entering the community. One major concern when providing quality services is funding in a weakened economy. They are constantly looking at how to provide person-centered services in more cost-efficient ways. The primary goal is to continuously assist individuals in the community, at home, work and school while maintaining the person-first philosophy and maximizing each individual’s self-sufficiency. This article reinforces ideas that are important to consider when developing services for individuals with developmental disabilities. If the
program is to support independent living, then increasing opportunities for community involvement and skill development while involving families and a person-centered approach is important for maximizing the potential of each individual.


**Abstract**

The supports paradigm has shifted focus from assessing competence and deficits among people with disabilities to identifying supports needed to live meaningful and productive lives in inclusive settings. Consequently, a rigorous and robust system is required that is capable of accurately determining the type and intensity of support needed and of allocating resources accordingly. The aim of the present study was to develop such a system to identify and classify support needs of people with disabilities based on the conceptual framework of the International Classification of Functioning, Disability and Health (ICF) [WHO, The International Classification of Functioning, Disability and Health (ICF), Author, Geneva, 2001], and the supports concept [Mental Retardation: Definition, Classification and Systems of Support, 9th ed (1992), 10th ed (2002), American Association on Mental Retardation, Washington, DC].

**Summary and Significance**

This article discusses the need to determine the types and intensity of supports needed in order to assist individuals with developmental disabilities to live meaningful and productive lives in the community. The study assessed 1012 individuals with disabilities using the *I-CAN* instrument, which involved ten domain scales in the areas of Health and Well Being and Activities and Participation. They concluded that the instrument effectively assessed support needs while also using a person centered approach to help individuals pursue their personal goals and chosen life activities. When completing this assessment, it was important to include all relevant stakeholders involved, including the person with the disability, his/her family, advocates, and caregivers. The assessment also used open-ended questions so that the
individuals could address more personal desires. The goal of the intended program is also to assist individuals to live meaningful and productive lives; therefore, the developed *I-CAN* instrument could be important to use when evaluating the young adults prior to starting and leaving the program so that they can be set up with the appropriate services when pursuing their goals. The aspect about including a variety of individuals when using the assessment is also how the program will be run throughout the year.


**Abstract**

Factors that might influence motivation for work have been neglected in previous investigations in the process of people with intellectual disabilities finding employment. This article describes the development of The Work Readiness Scale which was largely adapted from The Readiness to Change Questionnaire. A structured interview was conducted with 69 participants who had developmental and intellectual disabilities while at the supported employment agency or vocational training centre in a large city in England. A subgroup of 43 individuals completed the questionnaire again about two weeks later. A member of staff who knew the person well was asked to independently rate the motivational level of the individual. The questionnaire seems to have reasonable psychometric properties and may have utility in assessing individuals for work and designing appropriate training to find work.

**Summary and Significance**

This article discusses factors associated with whether or not individuals with disabilities will maintain employment including severity of disability, communication skills, health status, motivation, and vocational training. The study used The Work Readiness Scale to examine motivation in relation to employment for people with intellectual disabilities. They based these results on the five stages for a desired change, which refers to the extent to which an individual is motivated to change. The Work Readiness Scale was modestly correlated with staff motivational ratings, and there was a correlation between the age of participants and their scores on the Work
Readiness Scale suggesting that the older the individuals, the less motivated they were to seek employment. Although the questionnaire is limited in its scope, it could be used as an assessment for individuals with developmental disabilities to determine their suitability for work and whether or not they may benefit from further training prior to starting work. Since the program is intended to assist young adults with job readiness skills, it is important to determine how motivated they are in seeking jobs during and after leaving the program. It may help to alter the way they are being taught in order to help increase their motivation and increase success in independent living skills.


**Abstract**

A critical appraisal of five review articles on the transition to adulthood for youth with disabilities was conducted to identify evidence about (1) the factors that help or hinder the transition process, and (2) “what’s working” in transition services. The appraisal identified a number of important “success” factors and elements of service delivery that are worthy of consideration by service providers and researchers. These include the need for skill development of youth with disabilities, environmental supports, and an individualized approach to service delivery. All of the reviews identified the need for more evidence to support the implementation and evaluation of best practice models/approaches that address the complex issue of the transition from pediatric to adult services for youth with disabilities.

**Summary and Significance**

The researchers used inclusion and exclusion criteria to search published literature and came up with five articles that met the criteria. They also used the Critical Appraisal Skills Program approach for appraisal of the articles. They concluded that a variety of factors support transition including development of skills like self-determination, self-advocacy, choice making,
and problem solving; environmental supports like information, peer mentors, and family; and supports within service systems like communication and an individualized approach. In order for services to be delivered successfully to help with the transition, they need to be part of a developmental continuum or life course and recognize each individual’s strengths and needs. Various outcomes to consider in this type of transition include self-management, employment, life satisfaction, participation, and quality of life. The evidence described here shows that a variety of skills need to be learned and experiences need to be provided in order for these individuals to transition into adulthood successfully. It is important to base ideas and lessons included in the program off of commonly researched and determined evidence of what should be taught to make the transition into adulthood easier and more successful. The program is made up of many of the factors discussed and will not only teach these skills over the course of a year, but also consider each student’s strengths and needs.


**Abstract**

Caregivers are important to the educational experiences of individuals with intellectual and developmental disabilities. Sexuality is an area of concern for many caregivers and parents. This study explores the relationship of caregiver perception of sexuality of individuals with intellectual and developmental disabilities, the caregiver perception of agency support for sex education, and their perception of their ability to participate in a sex education program designed specifically for individuals with intellectual and developmental disabilities.

**Summary and Significance**

This article explains that even though sexuality is important to the development of social skills, interactions with others, relationship with others, and feelings about one’s own body,
Caregivers tend to believe that sex is bad and they limit opportunities for growth. Furthermore, this lack of opportunity to develop social relationships is not only denying these individuals the chance to achieve their full potential, but also increasing the risk of harm placed on this population. By teaching these individuals to make good decisions and educating them about healthy relationships, they will learn how to appropriately behave and respond to situations in their social environments. The study sampled caregivers providing direct services to individuals with intellectual disabilities using a descriptive survey to determine the correlation between perception of sexuality and the perception of the ability to participate in sex education classes aimed at the ID/DD population. The data showed that there was a significant relationship between attitude of sexual behavior (in particular, the behaviors of safe sex and same sex partners) of the ID population and perceived ability of caregivers to participate in a sex education program. Caregivers also perceived that these individuals are able to participate in sex education classes, but the perceived appropriateness of sexual behaviors of individuals with ID is uncertain. This article provides an understanding that sex education is a topic of mixed reactions, but that it is also an important area to address when educating individuals with developmental disabilities in order to help them develop healthy relationships. It helps to understand particular issues related to this topic, as well as how the individuals can benefit from the subject.


**Abstract**

Negative attitudes towards people with developmental disabilities, including intellectual disabilities (ID), have the potential to contribute to the poor healthcare received by this group.
The aim of this study was to evaluate changes in the attitudes of fourth year undergraduate medical students towards interacting with people with developmental disabilities after taking part in a communication skills training session. Method: Students (N = 128) completed an attitude scale at the beginning and end of a 3-hour communication skills session, and provided evaluative comments. The session comprised a lecture on developmental disabilities and communication, followed by direct contact with tutors with disabilities, and finally, a communication exercise. All tutors had ID, and some also had physical and/or sensory disabilities. Results: A significant change in attitudes was evident, with the students feeling more comfortable interacting with people with disabilities after the session than before. Students reported that they had gained a greater understanding and insight into the communication issues faced by this group, as well as valuing them more as individuals. Conclusions: Even a brief information session, combined with the opportunity to interact with people with disabilities, can have an impact on medical students’ attitudes. Further research is needed to determine how such experiences may influence their future practice.

Summary and Significance

This article identifies one potential reason for why individuals with developmental disabilities receive poorer healthcare as compared to other populations, as well as ways to overcome this barrier to help these individuals be treated as equals. This particular barrier is negative attitudes towards these individuals. Fourth year medical students were given The Interaction with Disabled Persons (IDP) Scale before and after a 3-hour communications skills training session that consisted of a 40-minute lecture about communication barriers with individuals with developmental disabilities and ways to minimize these barriers; working with tutors with intellectual disabilities on taking a history and communicating about a common medical condition; participating in a disability awareness exercise; and discussing their experiences and emotions with the group. Significant results from the IDP scores indicated that students were more comfortable interacting with individuals with developmental disabilities after the session rather than before. Evaluative comments made by the students stated that the session was important to their course and would be relevant in the future and that they gained a greater understanding and insight into communication issues faced by people with disabilities, as well as their own role as a future healthcare provider. This article helped to show the impact that only a
three-hour session could have on a group of medical students interacting with individuals with developmental disabilities. The intended program will have students from the university teaching the individuals throughout the course of the program. This will provide opportunities for the students to interact with one another on a regular basis; therefore overcoming barriers and attitudes people have about individuals with developmental disabilities even more.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This chapter explains how to select appropriate occupations for patients in order to enable independent performances within these occupations. This involves grading and adapting the occupation and environment. The intention is to match the patient’s abilities with activities that the patient needs and/or wants to do. Grading allows the patient to be successful and for the patient to focus on the process rather than the goal since successful steps to reach the goal are important first. The chapter also discusses the concept of activity analysis, which involves determining the components of an activity and the level of capability demanded. It is important to analyze every aspect of the individual that will have an impact on completing every step of the activity. During the process, the therapist needs to observe how the occupation or task is being carried out so that the appropriate suggestions and changes can be made. Even though this
chapter is discussing approaches to use for people with physical disabilities, a similar approach can be used for educating and training the individuals in the program. It will still be important to appropriately evaluate the individuals, determine what they are capable of doing, and enable them to accomplish identified goals. In order to do this, the tasks to work on will need to be analyzed and graded to help them work towards achieving those goals successfully.


**Abstract**

In a review of 129 adults with developmental disabilities at a day training and habilitation program, 64 of these individuals received continuity of care and services for at least 10 straight years. In a review of these 64 clients, 42% (27) have had no regular family support. 58% (37) of the 64 clients have had some regular family support. Of those 37 clients, 29 of them have had at least one parent providing regular family support. 20 of these 29 parents were selected as interviewees by an administrative board of professionals based on a level of parental success defined by the following criteria: (a) this person is considered to be a caring parent who has maintained an active involvement with the comprehensive services of their adult child; (b) this parent has routinely invested with documented attendance in all three types of interdisciplinary team meetings: conflict resolution, emergency situations, and regular meetings; and (c) professionals such as social workers, psychiatrists, medical physicians, group home coordinators, and day programs view this parent as very reasonable in their approach to their adult child. Results suggest that healthy parents: (a) trust professionals; (b) rebuild trust after trust has been lost; (c) accept the reality of needing help; (d) successfully transition their children; (e) provide passionate advocacy efforts; (f) live a balanced life; (g) have experienced healing from shame; (h) maintain supportive contact; (i) facilitate the support of professionals; (j) allow professionals to be the provider; (k) give and receive support from other parents; and (l) listen, encourage, and learn from providers. Results were compared to interview data from mental health clinicians (van Ingen, Moore, & Fuemmeler *Journal of Physical and Developmental Disabilities* 20:449–465, 2008) and recommendations for future research are discussed.

**Summary and Significance**

This article reviews the difficulties related to parenting a child with a developmental disability and the lifelong process involved, but more importantly positive parenting
characteristics that can help lead to positive development of the child. Some of these characteristics include parental warmth and acceptance, parental nurturance, consistency, and an authoritative prototype. The 20 parents that qualified to be interviewed for the study met at least 8 of the 11 positive characteristics and included concrete examples as evidence. The interviews used 15 open-ended questions to draw out personal experiences of the parents about difficulties, challenges, and adversities. Findings were organized under the domains of cognitive, emotional, and relational with categories describing the parenting experiences that lead to healthy parenting within each. There were three main areas of interaction that were consistently commented on including maintaining supportive and appropriate contact, transitioning adult children into group homes and day programs, and facilitating the support of professionals. Four areas stated by parents that matched views of mental health clinicians were expressing appreciation, living balanced lives, accepting the reality of needing help/having a realistic view of goals, and supporting professionals/believing in a good working alliance. This article provides a look into qualities that the parents of the students should know about in order to help their child successfully transition into the community and independent living. Not all parents will possess these qualities or even some of these qualities, but in order to make the program family and client centered, healthy parental involvement is also important. The article offered examples of positive parenting, which can help identify ways to involve the parents and teach them skills to help their child transition successfully.

**Abstract**

Fees paid by Medicaid are a primary resource for nonprofit organizations serving individuals with developmental disabilities and severe mental illness. While Medicaid reimbursement has facilitated the transition from institutional to community care, cost is not well understood. This article examines how government and nonprofit organizations negotiate the cost of service delivery. Analysis based on this case study shows cost is a central concern for both government and nonprofit service providers.

**Summary and Significance**

This study looked into the relationship between governments and nonprofit organizations. Local governments depend on nonprofit organizations to provide services to individuals with mental health problems and developmental disabilities, but the organizations also depend on the government for support. This was a case study that addressed the following question: How do actors engaged in human service delivery manage cost when fee for service reimbursement from Medicaid is the basis for payment? Staff at local agencies was interviewed and spending and expenditure data for developmental disability and mental health services were reviewed. At the nine nonprofit agencies examined, 43 to 80 percent of their total revenue came from Medicaid fee for service reimbursement. They also found that there has been a large increase in the state spending for community-based services, and that the majority of community care for these individuals was paid using Medicaid. One reason for this increase in spending was due to the HCBS (Home and Community-Based Service) developmental waiver that started in 1991. In order for organizations to bill for services and be reimbursed by Medicaid, the human services department must negotiate service delivery agreements with the organizations to specify the
services to be delivered. This article discussed how nonprofit organizations receive reimbursement, and since the intended program will not be part of a nonprofit organization, this reimbursement explanation will not apply in the same manner. The information in this article does not apply to the program if the program cannot be supported by Medicaid.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This article discusses the challenges associated with transitioning from high school to adult life for individuals with developmental disabilities, but also how to ease those challenges with appropriate transition services. They discovered that individuals with developmental disabilities who complete high school have difficulties in the areas of community and social participation, gainful employment, independent living skills, and emotional self-sufficiency. It explains the skills an occupational therapist has to support the transition process including identifying a student’s strengths, interests, and abilities, as well as adapting activities and environments, designing accommodations, using various assessments, and collaborating with everyone involved. Occupational therapy faculty and students at Colorado State University designed a community work experience program that involved the occupational therapy students staffing local high school students with developmental disabilities in valuable work experiences. The occupational therapy students were able to gain field experience in program development,
implementation, and evaluation, while the high school students were able to participate in purposeful work activities, practice work-related behaviors, and learn community mobility and social interaction skills. This article provides an example of how the intended program will benefit the university students as well as the individuals with developmental disabilities. The graduating students will have more of an opportunity to prepare for the transition into adult life, while the university students will be able to practice various skills they have been taught in their program and increase the variety of populations they will work with.


**Abstract**

There is no abstract for this resource.

**Summary and Significance**

This paper discusses the shift of individuals with disabilities into the community, and the need for housing and employment as the individuals transition from school-based services to adult services. The paper lists the main reasons that occupational therapists work with individuals with developmental disabilities according to the AOTA Standards of Practice for the Developmentally Disabled. These reasons are for self-care activities, home/school/work activities, play/leisure activities, neuromuscular development, sensory integrative development, psychological development, social development, and cognitive development. It is obvious the role that an occupational therapist can play in leading a life skills program. All the program needs listed above can help these individuals work towards achieving independent living and hopefully obtain gainful employment. Occupational therapists can work on skills in all aspects
of one’s life and take an individualized and more holistic approach to the specific services one needs, as well as the goals he/she would like to achieve. The role that an occupational therapist can play in teaching life skills to individuals with developmental disabilities is apparent; therefore, it makes sense that an occupational therapist should be chosen to run an independent living program, design the daily lessons taught, and oversee the instruction provided to the students.


Abstract

There is no abstract for this resource.

Summary and Significance

This article describes some of the barriers faced by individuals with developmental disabilities when pursuing independence, and how the profession of occupational therapy plays a major role in helping to prepare for the transition into adulthood to occur. Some of the concerns these individuals face are job readiness, motor skills function, cognitive function, social skills, activities of daily living, and adaptive equipment. The role the occupational therapist plays in the transition process is teaching self-determination, client-centered outcomes, adaption, and problem solving. The case study in the article described how the occupational therapist helped the individual transition into living independently focusing on basic needs, safety, organizational skills, social skills, budgeting, and community mobility, as well as helping the individual’s family adjust to the changing roles they were facing. Although individuals with developmental disabilities may be graduating from high school, it does not mean the learning and progressing
has to stop. Occupational therapists can help these individuals discover meaningful occupations and live a successful life. The intended program will focus on the needs, wants and preferences of each individual while teaching the skills necessary for independent living. Since every person is different in terms of interests and abilities, it will be important for the program to be client centered, as well as cover a variety of topics in order to provide experiences appropriate for everyone.