

Evaluation of the Stout Vocational Rehabilitation

Institute's Post-Secondary

Transition Program

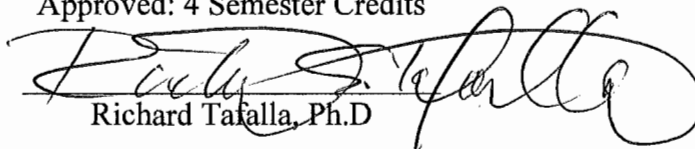
by

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A handwritten signature in black ink, appearing to read "Richard Tafalla", is written over a horizontal line. The signature is fluid and cursive.

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ABSTRACT

The Transition Partnership School (TPS) conducted a program evaluation to determine the effectiveness of their transition program. The TPS is a program designed by the Menomonie High School, Stout Vocational Rehabilitation Institute, and parents to help students with disabilities transition from high school into post-secondary education or the workforce. Students with disabilities need to understand their rights, as protected by various laws, to obtain their educational or employment goals. Goals may include basic life skills, health promotion, job skills, and other skills to help the student make the transition.

The Goal Attainment Scaling (GAS) technique was used to create specific questions about intermediate and long-term goals for each of the participants. This technique allowed the researcher to ask the participants to determine their level of goal attainment.

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Chapter I: Introduction

The Transition Partnership School (TPS) was developed by concerned parents of students with disabilities in the summer of 2003. The TPS was initiated at the Menomonie High School and works in conjunction with the Stout Vocational Rehabilitation Institute (SVRI) at the University of Wisconsin-Stout. The combination of the school district supporting students beyond the traditional four years of high school and the programming provided by SVRI on Stout's campus became the initial building blocks for the TPS.

The Menomonie School District (MSD) provides Individual Education Plan (IEP) case management, instruction in independent living and other educational activities. The MSD maintains current IEPs by having formal meetings twice during the current school year. Goal reviewing sessions weekly with the student during the current school year to keep the student focused on priorities. The SVRI provides residential services, assessment, assistive technology, and work experience placement. The work experience opportunities are developed on and off campus in order to provide the students with various types of work. Job placement services are also provided to the students to place them in competitive employment situations providing both income and valuable jobsite lesson. Summer and after graduation job placement assistance is also provided by TPS.

Independent living is one of the main objectives for the TPS. The instructors use The Life Centered Curriculum to provide individualized instruction for the students. This curriculum provides students the opportunity to practice daily activities such as determining what to eat for lunch. The goal is to have the students living away from their parents in a semi-structured environment. In the dorms the students are able to make their

own decisions and be held responsible for those decisions and they have an increased level of confidence after the first weeks in the program. The students are assigned to a dorm room with one other roommate and staff is available to assist when problems arise. Staff and other students are available to organize activities and promote involvement of all students. Living on a campus provides the students opportunities to become involved with athletic events, the fitness center, free bowling, movie nights, and guest speakers.

The TPS provides the students with the opportunity to move past the stereotypes of disabilities and move into a post-secondary education or into a competitive employment situation. The students move into the dorms on Stout's campus and learn to live independently which increases their levels of confidence. The students also have opportunities to see movies, listen to guest speakers, and workout if they want. The TPS also provides services in benefits counseling, driver's education, assistive technology, counseling, health monitoring, and progress sessions.

Statement of the Problem

Students with disabilities have a particularly challenging time transitioning from high school to higher education or work. These students are authorized by the Individuals with Disabilities Education Act (IDEA) to continue in school using their extra school years.

Purpose of the Study

The National Institute of Disability and Rehabilitation Research (NIDRR) Logic Model program evaluation methodology facilitates planning and decision making in terms of resources needed for particular purposes, priorities within project effort, and primary and secondary groups/systems targeted for change activities and expected

results. This study incorporates the following basic elements: (1) type of service, (2) resources or inputs, (3) activities, and (4) results (target behavior) and evaluation criteria. Application of this logic model allows the researcher to determine whether change in target behaviors of the students in the project can be attributed to appropriate interventions/services provided by the SVRI. The use of the logic model also provides the project with the capacity to convey important information to a variety of audiences in an understandable way.

Chapter II: Literature Review

The transition between high school, work, or college is a difficult time for every student. Many students are able to determine their future goals, but for some students this decision is more difficult. There are approximately 53 million Americans who have a disability (Beveridge & Fabian, 2007) and for those people the decision of leaving home for school or work can be particularly challenging. Disability is defined as

“Any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment” (National Information Center for Children and Youth with Disabilities (NICHCY), 1996).

The Individuals with Disabilities Education Act (IDEA) lists 13 categories of disabilities. The categories include autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness (National Dissemination Center for Children with Disabilities, 2002).

Transition services are a “coordinated set of activities for students designed within an outcome-oriented process” (Department on Disability Services, n.d.). These activities include training for disabled students on how to cope with everyday life after high school. The major activities include post-secondary education, independent living, and vocational training. The purpose of transition services is the establishment of a continuum of service that begins during school years. The result is an outcome based plan

that focuses on the student's interests, needs, and abilities that allows the students to participate in post-secondary education and employment (DDS, n.d.).

Vocational rehabilitation transitioning links the disabled student, while still in school, with a vocational rehabilitation program that will help the student determine their future goals and how to reach those goals. The benefits of transition services can include a decrease in time between leaving school and gaining employment, preparation for students to take part in post-secondary training programs, and a focused plan for long-term employment goals (DDS, n.d.).

The Stout Vocational Rehabilitation Institute (SVRI) at the University of Wisconsin-Stout teamed up with the Menomonie High School in Menomonie, Wisconsin four years ago to create the Transition Partnership School (TPS). This transition program helps students with (but not limited to) Learning Disabilities, Asperger's Disorder, Hemiplegia, Cerebral Palsy, and Cognitive Limitations transition from high school into independent living arrangements, post-secondary education, and employment. The purpose of this study is to assess the TPS's success.

Students with disabilities are just as determined to achieve their desired career as students without disabilities and many have chosen to attend college. Universities have seen an increase of enrollment of students that have disabilities (Luzzo, Hitchings, & Howland, 1995). In 1978, the national enrollment of students with disabilities was 2.6% and in eight years the national enrollment increased to more than 8% (Luzzo et al., 1995). Universities have made accommodations for students with disabilities, but the student must initiate the accommodations. Students must self-identify and become their own

advocate to use the accommodations of the university. The same self-identification procedure is used when a person with a disability enters a workplace (Luzzo et al., 1995).

Vocational rehabilitation is able to help people with disabilities move forward in their lives. Established in 1917, the federal vocational rehabilitation (VR) program now serves approximately 1.21 million people per year although, it has been estimated that approximately 3.3 million people could benefit from VR services. The Rehabilitation Act Amendments of 1992 requires that each individual seeking VR services including special education must create an Individualized Education Plan (IEP) and for adults seeking services for work must create an Individualized Plan for Employment (IPE) (Beveridge & Fabian, 2007).

Disabilities

Learning Disabilities

Learning disabilities (LD) can only be considered a disability when they notably hinder a person's performance in school and adaptive functions. LDs are not cognitive or physical disabilities, but may occur with another disability. According to the National Institute of Child Health and Human Development (NICHD) (2007), a LD is where a person processes information differently due to a difference in their brain structure. They are frequently inherited and present at the time of birth. LD can affect the way that a person learns to write, listen, talk, read, and calculate. The most common LDs are dyslexia, dyscalculia, dysgraphia, information-processing disorders, and language-related LD. These disabilities cannot be seen by physical signs or be diagnosed exclusively on neurological results. Parents who feel that their child may have LD are referred to a

specialist who will conduct an evaluation to determine if a LD is present and discuss treatment options (NICHD, 2007).

Students with LDs are entering colleges and universities at a growing rate (Heiman, 2006; Shaw, Scott, & McGuire, 2001; Vogel & Adelman, 1992). During the 1996-1997 and 1997-1998 school years approximately 195,870 of 428,280 students with disabilities attending a college or university reported having a LD. The majority of colleges and universities provide accommodations for students with disabilities. Accommodations for students with disabilities can include alternative exams or extended time, readers, note takers, tutors, scribes, registration assistance or priority registration, adaptive equipment, textbooks on tape, and sign language interpreters (Lewis & Farris, 1999). Disability Services is a major contributor in accommodating students towards working together with faculty members to become more self-determined, independent learners (Shaw et al., 2001).

Learning style affects how a student with a LD will process, internalize, and remember information. There are five key factors that can influence a learning style: environmental, emotional, group vs. individual, physiological, and global factors. These factors can be balanced by learning different strategies that help the students work through their difficulties. For example, self-regulation is a strategy that is used to balance the five factors. Self-regulation allows the students to learn time management, set goals, monitor their own performance, self-evaluation methods, new methods for future use, and how to characterize success and failure. Heiman (2006) conducted a study focusing on LDs and learning styles. The results indicated that students with LDs report using more self-regulated learning styles and step-wise processing than students without LDs.

However, the results also indicated that students with LDs lack regulation and this could be a result of their learning process. There was no difference in deep processing, concrete processing, and external regulation between students with and without LDs (Heiman, 2006).

Academic performance of students with LDs does not differ much from those without disabilities. On average a student with a LD will take one year longer to graduate due to taking a lighter workload (Jorgensen, Fichten, Havel, Lamb, James, & Barile, 2005; Vogel & Adelman, 1992). Vogel and Adelman (1992) reported that students with LDs do have lower grade point averages (GPA) than students with no disabilities. This could be due to graduation, drop-outs, failures, or transfers. Despite poor GPAs students with disabilities have approximately the same graduation rate as students with no disabilities (37% and 39% respectively) and the failure rate of students with disabilities (17%) is almost equal to students with no disabilities (18%) (Vogel & Adelman, 1992). Jorgensen et al. (2005) found that students with LDs did not perform as well as the “other disabilities” group and suggest that this could be due to the fact that those with LDs have trouble mastering material. However, students that receive the accommodations for LDs can achieve positive GPAs and graduate at the same level as students without disabilities if given the proper time (Jorgensen et al., 2005).

Asperger's Disorder

Asperger's Disorder (AD) or Asperger's Syndrome (AS) is one of five disorders listed under the Pervasive Developmental Disorder (PDD) area. AD is often considered a high functioning form of Autism (Smith, 2007) although it differs from Autism in several ways. AD does not have significant delays of cognitive and language skills in early

childhood or lack of motivation when trying to approach others (Diagnostic Statistical Manual IV of Mental Disorders: Text Revision (*DSM-IV-TR*), 2000, p. 82-83). There are six main criteria for diagnosing AD which include: hindrance of social interaction, stereotyped and monotonous behaviors, considerable hindrance in social, occupational, or other areas of functioning, no considerable delay in language, no considerable delay in cognitive development, and criteria not met for any other PDD or Schizophrenia (*DSM-IV-TR*, 2000, p. 84).

AD was not discovered until 1944 by Dr. Hans Asperger and published his first article about this disorder during WWII. Dr. Asperger's work was not widely received and it was not until Dr. Lorna Wing started discussing AD in 1981 that it became more widely recognized. AD was not admitted to the Diagnostic Statistical Manual IV of Mental Disorders (*DSM*) until the fourth edition (*DSM-IV*) in 1994. AD is a fairly new disorder and empirical research on the subject is limited (Smith, 2007).

The rate at which students with AD are entering colleges or universities is rising. According to Smith (2007) at one university the enrollment rate for students with AD went from zero to four within four years. Accommodations for students with AD are fairly limited and are mostly designed for other disabilities. In a study conducted by Smith in 2007 it was found that most universities do not have accommodations specifically for students with AD and cannot appropriately accommodate the needs of these students. With the enrollment rate raising it is important to meet the individual needs of students with AD by creating unique accommodations to better help these students succeed. Faculty is also important in helping students with AD achieve by having one-on-one time with the student (Smith, 2007). This is a lifelong disorder and

does not limit an individual from achieving employment or self-sufficiency (*DSM-IV-TR*, 2000, 82).

Paralysis

Paralysis is defined as the total loss of strength to an appendage or group of muscles. Paralysis can affect one muscle to a whole muscle region. The main regions of paralysis are categorized as follows: monoplegia (only one appendage), diplegia (same appendage on each side), hemiplegia (one side of the body), paraplegia (both lower appendages and trunk), and quadriplegia (all four appendages and the trunk). There are many different causes of paralysis ranging from birth to medical conditions to accidents. A couple of the causes include: stroke, cerebral palsy, tumors, trauma, multiple sclerosis, and poisons (Longe, 2006b, p. 2787-2788). One type of paralysis and one cause of paralysis presented during the first four years of the TPS program are Hemiplegia and Cerebral Palsy (CP).

Cerebral Palsy is caused by irregular development or damage to the motor control centers in the brain. The cerebral cortex controls skeletal muscles that are used for voluntary movement and damage to this portion of the brain can cause palsy (paralysis). Unlike some diagnoses where paralysis could be caused by progressive damage to the cerebral cortex, CP is nonprogressive and does not include any disease that occurs in the muscles themselves or the peripheral nervous system. The causes of CP have been grouped into prenatal, perinatal, and postnatal. Prenatal causes happen before birth, during the development brain, and still much remains unknown about them. There are infections that have been determined to cause CP during the prenatal stage. Rubella, cytomegalovirus, and toxoplasmosis are risk factors if the mother contracts the virus

during pregnancy. Although, by the time the woman reaches child bearing age she should have had the vaccinations to these viruses (Longe, 2006a, p. 778-779).

Perinatal causes happen during the birth of the child. During birth the child may have the umbilical cord around their neck or the umbilical cord may be delivered before the child both of which result in suffocation. There are also complications connected to the placenta and infections that can be passed from the mother to the child during birth (Longe, 2006a, p. 780).

Postnatal causes happen after the birth of the child. Neurologic injury accounts for 15% of CP after birth. Physical injuries such as abuse, accidents, or asphyxia in the early stages of life may cause CP (Longe, 2006a, p. 780-781).

Treatment for CP depends on the severity and location of the symptoms. In milder cases of CP the person may only have to visit physical and occupational therapists whereas a person with a severe case may have to make multiple visits to medical specialists throughout their life. The most common forms of treatment are therapy, medication, surgery, and education. There is no cure for CP, but planning and treatment can help manage the symptoms (Longe, 2006a, p. 782).

Laws

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 (Public Law 93-112) is deemed as one of the most critical laws facing those who have disabilities. This law fights against the discrimination of people with disabilities. A person receiving assistance under the Rehabilitation Act of 1973 must meet the requirements of a disability. The five sections of this law define discrimination of disabilities to include employment, education, building design, and

transportation (NICHCY, 1996; Walter Reed Army Medical Center (WRAMC), n.d.).

The five sections are as follows:

- Section 501: Employment of Individuals with Disabilities
- Section 502: Architectural and Transportation Barriers Compliance
- Section 503: Employment under Federal Contracts
- Section 504: Non-Discrimination in Programs or Activities Receiving Federal Financial Assistance
- Section 505: Non-Discrimination in Programs or Activities Conducted by Federal Agencies (added in 1978 by Public Law 95-602)

(NICHCY, 1996)

Section 504 is one of the most critical sections to this law. It specifically states that:

No otherwise qualified handicapped individual in the United States shall, solely by reason of his (or her) handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (WRAMC, n.d.).

This section assures the equality of people with disabilities in any school or agency receiving federal funds. If an agency continually participates in acts of discriminating people with disabilities, they risk the loss federal funding (NICHCY, 1996; WRAMC, n.d.).

There have been multiple amendments to the Rehabilitation Act of 1973 to ensure that there will be no discrimination against people with disabilities. Public Law 98-221, in 1983, allowed for projects that would demonstrate how youth with disabilities transitioned from school to work. Public Law 99-506, in 1986, provided for programs in

which employment of people with disabilities were supported (NICHCY, 1996; WRAMC, n.d.).

Education for All Handicapped Children Act of 1975

The Education for All Handicapped Children Act (EHA) of 1975 (Public Law 94-142) gave states and localities the option of receiving federal funds to assist in educating youth with disabilities. The four conditions that apply to states receiving this federal funding are:

- a free and appropriate education based on the specific needs of the child
- an individualized education program (IEP) that includes parents in the decision making process
- existence of a due process procedure to allow parents to challenge and appeal any decision related to identification, evaluation and placement of their children
- education in the least restrictive environment (WRAMC, n.d.).

Amendments to the EHA were done in 1983, 1986, 1990, 1992, and 1997. The EHA amendment in 1990 included a change of name, expansion of discretionary programs, and new programs to be added. The law's name has now become the Individuals with Disabilities Education Act (IDEA). Under IDEA new programs were formed such as a transition programs, improved services for youth with emotional disabilities, and a group of researchers to inform people about attention deficit disorder (ADD) (NICHCY, 1996; WRAMC, n.d.; National Center for Education Statistics (NCES), n.d.).

The amendment to IDEA in 1997 makes it possible for state and localities to obtain federal funding by meeting goals placed by the law. There are six goals for states and localities to meet in order to receive their funding. They are to guarantee that all youth receive a free and appropriate education based on their needs, guarantee the rights of parents and youth are protected, to aid in providing education to all youth with disabilities through states, localities, education services, and Federal agencies, to aid states in the early intervention services for infants and toddlers with disabilities, to guarantee that instructors and parents have the necessary information and tools for educational improvement of youth with disabilities, and to evaluate and guarantee the efficiency of the efforts involved with educating youth with disabilities (NCES, n.d.).

Vocational Education Act of 1984

The Vocational Education Act of 1984, also known as the Perkins Act, allows federal funds to maintain vocational education programs. One of the Perkins Act's main goals is to advance the entrance of those who are disabled, educationally challenged, or disadvantaged. This act requires that vocational education is provided for students with disabilities (NICHCY, 1996; WRAMC, n.d.). Under this law students with special needs must be provided with the equal opportunity of recruitment, enrollment, and placement in vocational education. These students must also receive an equal opportunity to use the guidance and counseling services, apprenticeship programs, cooperative education, and occupationally specific courses (NICHCY, 1996).

Amendments to the Perkins Act include a title change and a more broad definition of a special population. The new title for the Perkins Act is the Carl D. Perkins Vocational and Applied Technology Education Act. Under the amendment the term

special population was broadened to include people with disabilities, economically and educationally disadvantaged individuals, people with limited English proficiency, people who partake in programs to abolish gender bias, and inmates in correctional facilities (NICHCY, 1996).

Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 provides individuals with disabilities civil rights protection. The ADA was based upon the principles of the Rehabilitation Act of 1973 and guarantees that there is equality for those with disabilities in employment, public buildings, transportation, government services, and telecommunications. The ADA is the most noteworthy law that ensures that all individuals with disabilities are receiving full civil rights (NICHCY, 1996; WRAMC, n.d.).

Vocational Rehabilitation

Post-Secondary Education

The high school graduation rate of students with disabilities has been fairly stable from year to year. During the 2000-2001 school year approximately 70% of high school students with disabilities received a high school diploma or equivalent. Unfortunately, national data stating how many students with disabilities entering post-secondary education and the workforce is outdated. Some states take the initiative and collect post-high school data on students with disabilities. For example, Wisconsin regularly collects data on the students after graduation. In Wisconsin, the data showed that approximately 47% of students reported that they attend a post-secondary institution after graduation (United States General Accounting Office (GAO), 2003).

A college or university will have the information needed to help disabled students determine the best course of action for them. Unlike a school district a post-secondary institution is not required to provide a free appropriate public education. For example, a school district must provide an aid if the child requires the service. A post-secondary institution must provide non-discriminate accommodations including academic adjustments and housing to students with disabilities (U.S. Department of Education, Office for Civil Rights (OCR), 2007). Although, to receive the accommodations the student must first self-identify their disability in order to initiate accommodation services at the college or university according to Section 504 of the Rehabilitation Act of 1973 (Luzzo et al., 1995). Once a student has self-identified and produced documentation, such as an IEP, of their disability their accommodations are then based upon their disability (U.S. Department of Education, OCR, 2007).

Wisconsin Statewide Transition Initiative (WSTI)

The Wisconsin Statewide Transition Initiative (WSTI) is part of the Wisconsin State Performance Plan (SPP) represented by the Department of Public Instruction (DPI). The DPI is monitored by the U.S. Department of Education, Office of Special Education Programs (OSEP). The SPP is designed to improve outcomes for children with disabilities in Wisconsin. There are 20 indicators that help Wisconsin stay in line with the New Wisconsin Promise. Only indicators #13 and #14 are solely focused on the post-secondary and employment transition process (Wisconsin Department of Public Instruction (WDPI), 2007).

The WSTI is designed to provide technical aid and support to the advancement of Indicator #13. This is a systems change project and offers an inclusive approach to

providing transition services to Wisconsin. The WSTI works in conjunction with the 12 Cooperative Education Service Agencies (CESA) to provide support services, information, and staff development to parents, educators, and community agency professionals (WDPI, 2007)

Indicator #13 is the “Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the post-secondary goals” (WDPI, 2007). The data for this indicator is collected using the Procedural Compliance Self-Assessment. According to the baseline data collected only 33 of 446 (7.4%) of student IEPs met the requirement of Indicator #13 (WDPI, 2007).

Indicator 14 is the “Percent of youth who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of post-secondary school, or both, within one year of leaving high school” (WDPI, 2007). There is no baseline data collected for Indicator #14 as of the 2007 annual report (WDPI, 2007).

Career Plans

After graduation from high school a student may choose to enter the workforce instead of attending a post-secondary institution. According to the General Accounting Office (GAO) (2003) Wisconsin students deciding to enter the workforce after graduation is 80%. The majority of the students have gone through school following their IEP and once out of school the IEP does not apply to them unless they are attending a post-secondary institution, therefore the student loses their accommodations unless they self-identify their disability to their employer. The ADA states that disabled employees must self-identify to receive accommodations at work (Luzzo et al., 1995).

The transition to the workforce can be stressful. The GAO (2003) found that there is not enough effort to link the students with work experiences and youth service providers. According to David Baggett (1993) there are also stereotypical perceptions that hinder achievement and lack of participation in extracurricular activities. Individuals with disabilities should have a career-decision making (CDM) process, even though their CDM process can be less mature than those without disabilities. This process helps the individual determine their strengths compared to the career demands. Failure to determine strengths and weaknesses in comparison to career demands can lead to irritation and dissatisfaction (Luzzo et al., 1995). Developing an Individual Career Plan (ICP) or Individualized Plan for Employment (IPE) can help alleviate the irritation and dissatisfaction (Baggett, 1993; Luzzo et al., 1995).

At a post-secondary institution an ICP is created to have the students involved with their career development process. Throughout this process the student is involved in developing their personal career goal(s) and preparation for the goal(s). This career guidance program promotes self-assessment and career counseling for students with disabilities. Students with disabilities are occasionally deficient in knowledge about work environments. The career counselor is able to help these students understand work environments, their personal strengths and weaknesses, and that their goal(s) may change over the course of their academic career (Baggett, 1993).

Semi-Independent or Independent Living

Students and individuals with disabilities who choose a semi-independent or independent living arrangement are able to become their own advocates and be held responsible for their decisions. They are empowered to choose where they will grocery

shop, who they can have over, and other services they need (Richards, 1995). Semi-independent living arrangements include a couple of roommates and part-time support from a paid professional. There are positive and negative outcomes for individuals who choose to have semi-independent living or independent living arrangements. The positive outcomes are increased quality of life, choice, self-determination, autonomy, satisfaction, self-esteem, independence, lifestyle normalization, physical and social integration, participation in activities, and personal well-being. The negative outcomes are loneliness, decreased self-care, personal safety, and financial management. The participants included in this study had mild, not severe, disabilities (Stancliffe & Keane, 2000).

Conclusion

Individuals with disabilities are entering post-secondary education and the work environment in increasing rates. The laws surrounding individuals with disabilities provide opportunities for continuing education and entering the workforce with no adverse consequences as long as the individual self-identifies their disability. Post-secondary institutions have developed accommodations, including living arrangements, for students with disabilities as long as the student self-identifies that they have a disability and need appropriate accommodations. Depending on the type of disability (LD, Asperger's Disorder, or Paralysis) and the IEP the institution will be able to determine the accommodation accordingly. The work environment is almost the same as an educational institution regarding self-identification of disability and providing accommodations.

Chapter III: Methodology

The Transition Partnership School (TPS) was designed to help students with disabilities transition from high school into post-secondary education or the workforce. The TPS is intended to teach students basic life skills, health promotion, job skills, and other skills to help them make the transition. In order to determine if the TPS was effective for the students a program evaluation of the TPS was conducted.

Subject Selection and Description

The subjects are currently enrolled or have graduated from the TPS program and have completed four years of high school. They are using their extra school years as authorized under the Individuals with Disabilities Education Act (IDEA) to transition into post-secondary education or the workforce. During their school years the subjects have been recognized as having a disability and are served through an IEP.

A total of twenty consent forms were sent out to the students with a response rate of 25%. Participants included in this study consisted of five individuals, two females and three males, and ranging from 18 to 25 years of age. Three of the participants are still in high school (enrolled in the TPS program) and two have graduated from the TPS program.

Instrumentation

A summative evaluation in the form of a goal attainment model was used to assess outcomes and the quality of the project service efforts. The Goal Attainment Scaling (GAS) was used to create specific questions about intermediate and long-term goals for each of the subjects. There were five possible levels for each goal and were defined accordingly (“much less than expected” equaling -2, -1, 0, +1, +2 equaling

“much more than expected”). A five point scaling continuum of outcome goals eliminated the common problems associated with the use of dichotomous measures. The different weights helped delineate the relative importance of each program goal. Program goals include (1) long-term goals of independent living, attending a college, and employment and (2) intermediate goals of life skills training, work experience, job skills training, unpaid volunteer activities, health promotion, career counseling, and leisure time management.

The goals used in this study included employment, obtaining a drivers permit, independent living, mathematical skills, personal care, education, social skills, emotional stress, and one about a specific disability. The specifics of each goal were determined by instructors in that specific field. For example, the goal of independent living was defined by the instructor of that course. The instructor defined what would be the most unfavorable outcome (-2), less than expected success (-1), expected level of success (0), more than expected success (+1), and best anticipated success (+2). After the instructor defined the outcomes, the researchers described the terms operationally and tailored them to each of the students.

Data Collection Procedures

The data was collected using GAS by interviewing the subjects. The GAS determined the subject's educational, independent living, and vocational goals. The quantitative data was gathered using the five point outcomes scale from the GAS measure. The quantitative data was gathered in order to determine the effectiveness of the TPS via a telephone interview with the participants using open-ended questions in order not to limit the responses of the subjects. The participants were asked to identify where

they perceived their level of goal accomplishment fell on the GAS scale through a series of unique questions determined specifically for that participant. The levels for each goal were determined by the researcher and the TPS manager to best describe the multiple levels of goal accomplishment for each participant during the interview.

Data Analysis

The data was analyzed using quantitative measures. The scores from the GAS were used to create T-scores in order to determine the relationship between the services and goal attainment as well as the overall goals of the project. A composite GAS score was standardized to yield a T-score ($M=50$, $SD=10$). A participant that only meets the expected goal attainment (0) has a T-score of 50. A participant that exceeds goal attainment (+1 or +2) has a T-score of 60 or 70 respectively. A participant that did not meet goal attainment (-1 or -2) has a T-score of 40 or 30 respectively.

Limitations

One of the limitations to this study was the small sample size. The small sample size did not allow the researcher to generalize the information beyond this sample. The small sample size could also show bias (positive or negative) and not report the actual impact of the program. The second limitation to this study was the mortality rate. Of the five participants one withdrew from participation and one was not available for the interview.

Chapter IV: Results

The purpose of the study was to determine if the TPS is an effective program for students with disabilities. The evaluation was conducted through an interview with students that are currently participating in the program and students that have graduated from the program. A total of four students participated in the study, two male (currently enrolled) and two females (graduated). Of these, a composite T score was established for each student.

Goal Attainment Scaling Analysis

The participants in this study were asked how they felt that they have been working toward a specific goal (each goal tailored to the individual). The participants were asked to identify where they perceived their level of goal accomplishment fell on the GAS scale through a series of unique questions determined specifically for that participant. The GAS categorized the level of success with a five point scale: most unfavorable outcome (-2), less than expected success (-1), expected level of success (0), more than expected success (+1), and best anticipated success (+2). Participant's responses to the goals are as follows:

- Drivers Permit – (+1)
- Employment – (0, -2, +2)
- Social Skills – (+2)
- Emotional Stress – (+2)
- Independent Living – (+1, +1)
- Mathematical Skills – (-2)
- Education – (-2)

- Specific Disability – (+2)

Each of the participant's responses was added to determine the score on the GAS. For example, a participant that had scores of +2, 0, and -2 would have a GAS score of 0. The scores from the GAS were then used to determine the composite T-score ($M=50$, $SD=10$). Low T-scores indicated that the participant did not meet their goals while a high T-score indicated that the participant met their goals. A score of 0 would equal a T-score of 50. Three of the participants had T-scores above (70, 80, & 90) the mean of 50 and one participant had a T-score below (30) the mean of 50. Two of the participants made comments based upon the answers they gave. The main concern of one participant was that some of the lessons were "sporadic" and that they "never got a chance to work on it". The other participant stated that the "driving class went under" so they had to restart the class. This participant also stated that they "decided to try higher education in video game design while trying to continue working".

Themes emerging from this data suggest that the Transition Partnership School is having a positive effect on the students. Three out of four of the participants had scores above the mean showing that they are attaining the goals that were set for them.

Chapter V: Discussion

The Transition Partnership School conducted a program evaluation to determine the effectiveness of the program. An interview was set up with each participant to determine their level of goal attainment based upon their IEP.

Limitations

There were two main limitations to this study. First, was the small sample size. The small sample size did not allow the researcher to generalize the information beyond this sample. The small sample size could also show bias (positive or negative) and not report the actual impact of the program. Second, was the mortality rate. Of the five participants one withdrew from participation and one was not available for the interview.

Conclusions

Students with disabilities are beginning to enter post-secondary education and the workforce in larger numbers. These students have to know their rights as an individual and as a disabled person. Laws have been enacted over the years to help people with disabilities obtain college degrees and jobs. The students in the TPS program are gaining knowledge of the laws and how to manage their daily lives. It is important to the parents and students that the TPS program is functional and effective in helping the students obtain day-to-day living techniques, employment, and acceptance into post-secondary education.

The results from the evaluation of the TPS program were inconclusive due to the low response rate. Participants appear to be having a positive impact from the program and attaining the goals that were set for them. Three out of four of the GAS scores were above the mean of 50.

Recommendations

The TPS should follow up with the students as they are leaving the program to determine if their goals were met. This would grant TPS the knowledge of where they could make improvements based on the goal attainment of the students.

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Appendix A: Sample Goal Attainment Scale

Level at intake: ★ Date _____

Goal Attainment Scale

Level at followup: ✓ Date _____

<i>Check whether or not scale has been mutually negotiated between client and therapist</i>	<i>Goal Headings and Goal Weights</i>		
	<i>Yes__No__</i>	<i>Yes__No__</i>	<i>Yes__No__</i>
Goal Attainment Levels	Goal 1 Social Skills	Goal 2 Employment	Goal 3 Education
most unfavorable treatment outcome thought likely (-2)	No attempt to try new activities	No applications obtained	No attempt to enroll in program
less than expected success with treatment (-1)	Interest for trying new activities	Application obtained	Interest and plan for enrolling in program
expected level of treatment success (0)	Planning new activities	Applications submitted	Enrolled in program
more than expected success with treatment (+1)	Attempting to attend planned activities	Interviews set	Attending classes, no vocational goal
best anticipated success with treatment (+2)	Attending planned activities twice per month	Employment obtained	Attending classes toward vocational goal
Comments:			

Appendix B: Sample Interview

Hello, my name is Kari Herbison and I am calling about the Transition Partnership School Evaluation.

May I please speak with _____.

**If this is not a good time when is a more appropriate time to call?

***I would like to remind you that participation is voluntary.

I would like to ask you about the goals that were determined in your IEP. This should only take a couple minutes of your time.

How would you say that you have been working toward your social skills goal?

Have you been trying new activities? (secondary questions)

How would you say that you have been working toward your employment goal?

Have you obtained any applications?

How would you say that you have been working toward your education goal?

Have you enrolled in any classes?

****Thank you for your time and participation. If you have any questions you may reach me at the e-mail address provided on your consent form.