DOCUMENT RESUME

ED 438 659 EC 307 681

AUTHOR Everson, Jane M.
TITLE Assessing the Transition Needs of Young Adults with Dual Sensory and Multiple Impairments. Assessment Guidelines, Volume 3.
INSTITUTION Great Lakes Area Regional Center for Deaf-Blind Education, Columbus, OH.
SPONS AGENCY Department of Education, Washington, DC.
PUB DATE 1996-00-00
NOTE 49p.; For other volumes in this series, see EC 307 679-680.
CONTRACT HO25C50045; HO25E50001
AVAILABLE FROM GLARCDB, 665 E. Dublin-Granville Rd., Columbus, OH 43229. Tel: 614-785-1163; Fax: 614-785-0513; e-mail: mary.stanley@ssco.esu.k12.oh.us
PUB TYPE Guides - Non-Classroom (055) -- Tests/Questionnaires (160)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; *Community Based Instruction (Disabilities); Community Education; *Deaf Blind; Delivery Systems; Evaluation Methods; Family Involvement; *Individualized Education Programs; Long Range Planning; Measurement Techniques; Multiple Disabilities; Secondary Education; Services; *Severe Disabilities; Staff Role; *Student Evaluation; Student Needs; Teamwork; *Transitional Programs; Young Adults
IDENTIFIERS *Individualized Transition Plans

ABSTRACT

The purpose of this manual is to guide Individualized Education Program (IEP)/transition planning teams in assessing the transition needs of individuals with dual sensory or multiple impairments, who are between the ages of 14 and the mid-20s. It presents a person- and family-centered approach that develops a personal profile of the individual in transition, and then chooses and/or develops the most appropriate setting and service match for assessed skills and support needs. The approach focuses on four major assessment activities: (1) interpreting transitional assessment data; (2) conducting family interviews and informal observations of the individual; (3) conducting community-based, situational assessments; and (4) assessing the availability and appropriateness of community adult settings and support systems. The manual then describes how to translate assessment results into programming decisions through the following steps: convene Individualized Transition Planning teams; develop IEPs containing a statement of needed transitional services and goals; implement IEP/transition goals and activities; and monitor, evaluate, and revise goals and activities. The roles and responsibilities of transition planning team members are outlined. Appendices include the definition of transitional services, a transition services plan, and examples of Personal Futures Planning forms. (Contains 30 references.) (CR)

Assessing the Transition Needs of Young Adults with Dual Sensory and Multiple Impairments

Assessment Guidelines Volume 3

Jane M. Everson, Ph.D.

Great Lakes Area Regional Center
for Deafblind Education
4807 Evanswood Dr., Suite 300
Columbus, OH 43229

The author withes to thank Ms. Joan Houghton, Dr. Martha Michael, Mr. Jerry Petroff, Dr. Roseanne Silberman, and Ms. Janet Stevely for their reviews of an earlier version of this manual. Special thanks are also extended to the parents and professionals in Ohio who field-tested this manual and provided suggestions for revisions.

To purchase additional copies contact:

GLARCDB
665 E Dublin-Granville Rd.
Columbus, OH 43229
Ph. (614) 785-1163
Fax (614) 785-0513
mary.stanley@ssco.esu.k12.oh.us

Assessing the Transition Needs of Young Adults with Dual Sensory and Multiple Impairments

Assessment Guidelines Volume 3

Jane M. Everson, Ph.D.

This document was supported in part by projects funded by the U.S. Department of Education. Project award numbers: HO25C50045, and HO25E50001. Content does not necessarily reflect the position of the U.S. Department of Education.
Work on this manual began in 1992. Contents of the document were field tested and reviewed before publication.

Table of Contents

Preface

The purpose of this manual is to guide IEP/transition planning teams composed of educators, adult service providers, parents, and family members in assessing the transition needs of individuals with dual sensory and multiple impairments between the ages of 14 and their mid-20s. While recognizing the heterogeneity of the population labeled dual sensory impaired, the examples and resources in this manual are designed to enhance transitional services for young adults with dual vision and hearing impairments and additional disability labels, including mental retardation, cerebral palsy, and other developmental and medical disabilities. However, the assessment progress described in this manual may be applied to youth with any disability level. Thus, this manual should be considered a resource for educators and adult service providers serving the array of individuals with labels of dual sensory and/or other disabilities

Introduction

Every year, a small but uncertain number of youths with dual sensory and multiple impairments leave special education programs. Some of these young adults receive functional, age-appropriate curricula and benefit from community-based instruction during their high school programs. Some receive individualized communication programming, orientation and mobility (O & M) training, and benefit from sensory adaptations as part of their high school programs. But many other young adults are inadequately prepared for the new demands and opportunities of adult programs and settings.

Transitional services play a critical role in determining how successfully these new demands are met. Transitional services link educational programs and adult programs. They prepare young adults for the opportunities and risks of adult life. They ensure that adult service agencies have the information they need to provide young adults with the services, settings, and support systems necessary to be successful employees and community members. And lastly, they ensure that families possess the knowledge and skills they need to advocate for and secure adult services. (For IDEA'S legal definition of transitional services, see Appendix A.)

Sharing the Responsibility

Transitional services are not the sole responsibility of any one agency or service provider; all key education and adult service agencies -- as well as family members -- must collaborate in the assessment, planning, and delivery of transitional services. By their very broad definition and relative newness, transitional services are difficult to develop and sustain in an individualized fashion. They require direct service personnel with expertise in sensory impairments, creativity, and resourcefulness. They require administrative commitment to visionary, flexible systemic approaches to service delivery and outcomes. And they require the development of family and professional partnerships. Transdisciplinary and interdisciplinary teams are especially crucial elements of transition services for youths with dual sensory and multiple impairments for a variety of reasons. First, these youths frequently require intensive services from a diverse group of professionals as well as natural support arenas. Second, few professionals individually have the knowledge and skills necessary to support the transition of these youths.

In planning for transition services, team members must keep in mind one overriding goal: to choose or develop the most appropriate setting and service match for an individual's skills and support needs. Assessment of two major areas is critical: first, assessment of the young adult's current skills, interests, and anticipated support wants and needs; and secondly, assessment of the availability and appropriateness of community adult settings and support systems.

A New Way to View Assessment

Although traditional assessment methods and reports (i.e., medical, psychological, and educational) may yield information about an individual's current skills, they provide minimal predictive information on skills that can be acquired when individuals are provided with support strategies. In fact, traditional assessment methods frequently *exclude* individuals with dual sensory and multiple impairments from community adult settings and opportunities with statements such as "unemployable," "untestable," and "unready." In addition, they provide no information on the availability and appropriateness of local community settings and support systems.

To provide this information, service providers, parents, and family members must move beyond traditional assessment methods. They must move to a more person- and family-centered approach. Such an approach incorporates information gathered by a team of experts: educators; adult service providers; audiological, vision, communication, and O&M personnel; families, and friends. It acknowledges traditional assessment activities and information, but questions and expands these resources to respond to all the questions raised by transition planning teams.

Assessment Guidelines

The person- and family-centered approach works to develop a personal profile of the individual in transition--one that also incorporates the dreams and aspirations held by both the youth and his or her family--and then chooses and/or develops the most appropriate setting and service match for assessed skills and support needs. A personal profile consists of two components: (a) a functional profile, and (b) a visionary profile. A functional profile consists of updated and newly interpreted traditional assessment data, supplemented by interviews, informal observations, and situational assessment data. A visionary profile consists of specific desired future accomplishments, dreams, and support wants and needs of the individual, along with the professional and family actions needed to achieve the vision. In the process, the approach focuses on four major assessment activities:

1 Interpreting traditional assessment data,

2. Conducting family interviews and informal observations of the individual,

3. Conducting community-based, situational assessments, and

4. Assessing the availability and appropriateness of community adult settings and support systems.

Activity 1: Interpret Traditional Assessment Data

In the past, most procedures designed to assess the abilities of individuals with dual sensory impairments have focused on the use of tools which were seldom standardized on youths with dual sensory and multiple disabilities. Although such tools typically focused on an individual's deficits and have been used to *exclude* an individual from community

adult opportunities, the data from these tools *can* provide team members with a starting point from which to develop a functional profile of the young adult. Thus, when youth reach age 16 (or age 14 as appropriate), team members should begin reviewing all current medical, audiological, vision, O&M, communication, education, and psychological assessments on an annual basis. Also, past information may be reviewed to determine any degeneration.

The goal of reviewing traditional assessment data during this time is twofold: first, to ensure that transition team members possess *current* assessment data from a variety of transdisciplinary sources, and second, to develop a functional profile of what young adults can do, with and without support, in community adult settings.

Updating assessments

In order for team members to develop a *functional* profile, traditional assessments should reflect the individual's *current* abilities and needs. Thus, assessments should have been recently conducted--at least within the last 12 to 24 months. If an assessment was conducted prior to this time, team members should refer the student to the appropriate professional for a more current assessment or for verification that assessment results are still valid. Finally, whenever possible, assessments should be administered to comply with adult service providers eligibility and referral requirements to prevent delays in securing services.

Interpreting assessments

While reviewing data from traditional assessments, team members need to work as detectives to develop a functional profile of the individual, looking for clues as to what works -- and what doesn't work--for that individual. To interpret assessment data, team members should ask themselves the following *general* kinds of questions:

- What has happened in this person's life to this date?
- What sort of things have worked well in the past?
- What sort of things have not worked well?
- Where is the person right now?
- What's working *well* right now? What's *not* working well right now?
- Are there any trends or inconsistencies about the individual's abilities or needs that exist from one assessment to another?

There are no *specific* questions that must be asked during this phase of assessment. Questions should be very person-centered and individualized and should emerge from missing information or apparent inconsistencies in the young adult's file. Team members should remember that their ultimate goal is to develop a functional profile of the individual. Thus, questions should seek to obtain information on the young adult's ability to function in everyday community activities, the need to adapt materials and environments, the availability and usefulness of assistive technology, and the stabilization of medical conditions, auditory and visual impairments. For example, questions related to one individual's ability to participate in community activities might include:

- With this degree of hearing loss, will John be able to hear a fire alarm in a group home? Will working in a noisy factory be disruptive?
- With this type and degree of visual loss, will John need a sighted guide in unfamiliar settings? Will he need to use a cane after sunset?
- Will this medication affect John's sleeping patterns or his residual vision and hearing?
- Is John's history of aggressive behaviors a function of his limited communication skills?
- Could John and his job coach benefit from the assistance of an O&M specialist?
- Does John use trailing, sighted guide, a cane, and/or protective techniques appropriately?
- Will tactile cues enhance John's ability to sort laundry?
- Can John use his communication book to order a meal at a restaurant?

Activity 2: Conduct Interviews and Informal Observations

Because transition planning seeks to incorporate the hopes and aspirations of both the individual and his family, interviews with family members and the individual himself must be conducted. Such interviews provide additional information about the young adult's skills – information that is unattainable from traditional assessment methods. In addition, such interviews provide the team with an understanding of the young adult's and family's interests and preferences. And finally, such interviews answer, at least in part, many of the questions arising from the review and interpretation of traditional assessment data.

Whenever possible, interviews with the individual, parents, and family members should be conducted in concert with home visits. Interviews with key service providers should be conducted in concert with observations of the individual in school- and community-based settings. As needed, interpreters should be used. Team members should *always* be comfortable and skilled in whatever non-symbolic or symbolic communication system is used by the individual.

Once again, there are no specific questions that must be asked. There are, however, some general questions that team members should consider during these interviews and observations.

These include:

- Where might Mary live as an adult? How much help does she need with personal care, homemaking, and leisure activities?
- What might her house be like? What type of lighting, textures, sound, and smells are important to consider?
- With whom might she live? How does she communicate with friends, family, and service providers?
- How might she spend her day?

- What kind of job or volunteer activities might Mary be interested in?
- How might she spend her leisure time and with whom?
- What are Mary's most important dreams?
- What are her biggest fears?

Many questions arising from the traditional assessment data will be answered during these interviews and observations, but many new questions may also arise. The goal of this assessment activity is twofold: first, to ensure that transition team members possess current information about the individual's and family's interests, fears, and concerns; and second, to expand the functional profile of what the young adult is interested in becoming.

Working with families

To conduct an effective interview, team members should, if at all possible, already possess a good relationship with the family. If such a relationship exists, the family will be more likely to open up and share their hopes and dreams for their child -- the primary purpose of the interview. To prompt this sharing, the general tone of the interview should be informal and conversational. Thus, the use of forms with specific questions is discouraged, and the use of "maps" (color-coded pictorial depictions) is encouraged. (For examples of various maps, see Appendix B.)

Approximately 1 to 2 hours should be allowed for the interview. Since interviews should always be set up at the family's convenience, this usually means that they occur evenings or weekends. If at all possible, a parent-trainer should be present during this interview. (A parent-trainer is a specially trained parent who serves as an advocate and trainer with family members.) The presence of another parent can do much to help the family share their dreams and simply feel comfortable with the situation. Before the interview, this person can do much to help the professional understand family dynamics and how questions should be worded.

Families of youths with multiple disabilities may find it difficult to dream about the future. One effective way to promote family dreaming during these interviews is to simply ask family members very person-centered questions about what they would like to see their son or daughter doing 5 years in the future. For example, where would they like to see Peter working? Living? Who would Peter be spending time with? And what sort of supports would they and Peter need and want from service providers to make these dreams come true?

Activity 3: Conduct Community-Based, Situational Assessments

Community-based, situational assessments are an underutilized yet invaluable part of transitional services assessments. They provide transition team members with opportunities to observe, assess, and collect data on individuals in a variety of community-based settings. They are time-limited assessment activities, generally lasting at least two days, but no longer than five days. Their purpose is to gather assessment information -- *not*

to provide instruction. This assessment activity is particularly important for individuals with dual sensory and multiple impairments because they typically have limited community experiences and peer role models. Because situational assessments can be time-consuming to implement, they are most efficient when used by team members to assess a small number of individuals (e.g., a high school class) who can be rotated through the target assessment sites.

Selecting sites

First, team members must identify and contact a variety of potential community-based sites. Sites should represent a cross section of the vocational, leisure/recreation, residential, and general community opportunities available within the youth's community. In addition, the selection should include at least two or three sites that reflect the family's dreams and student's interests. Optimally, youths should be assessed in five to six sites. Sites such as shopping malls, hospitals, and community centers often enable team members to assess a number of individuals in a variety of settings and activities.

Analyzing sites

Once sites are identified, team members must analyze the activities and skills associated with each site. Specifically, they must conduct an **environmental analysis** of the site, determine what activities are performed at that site, and what skills a person must possess to be efficient at that activity.

In conducting an environmental analysis, all team members must work collaboratively. For example, O&M specialists can provide other team members with valuable assistance by identifying starting points, routes, and barriers. In addition, low vision specialists, rehabilitation teachers, and audiologists can provide help by drawing attention to lighting, sound, location, and tactual materials needs. Specific questions that should be posed by team members and specialists during an environmental analysis include:

- How large of an area must the individual orient within? Small portions of a room? An entire room? Several rooms? An entire building? An entire community?
- What are the mobility expectations? Sighted guide? Cane? Trailing? Wheelchair or walker? Guide dog? Electronic travel aids?
- What natural tactual cues are available? Railings, wallpaper, stationary objects, carpets, etc.?
- What about distance vision requirements? Must the individual be able to see large objects? Small objects? Cued signs?
- What are depth perception and visual field requirements? Are there curbs, uneven walkways, stairs, walls, lots of people, or other barriers?
- What are the near vision requirements? Must the individual be able to see clocks, print, locker combinations, computer screens, fast food menus, transportation schedules, price tags, etc.?
- What is the lighting like? Bright light with a glare? Dimly lit areas? Need for continual adjustment? Need for night vision? Is color discrimination required? Is color contrast discrimination required?

- What are the hearing requirements? Can hearing aids and assistive devices be used? Is TDD available?
- What are the communication expectations? None or minimal? Basic signs or gestures? Communication cards, books, or electronic devices? Fluent sign?

In addition to identifying safety and environmental factors that may affect an individual's performance, environmental analyses provide team members with an initial picture of the major activities required at a site. As these activities are identified, team members are ready to develop a **task analysis** of each major activity. (See Table 1, for a sample task analysis.) Task analyses break important activities into component steps (i.e., skills), from beginning to end. As assessment tools, task analyses enable team members to evaluate a variety of O&M, communication, and residual hearing and vision skills within functional, community-based activities.

To develop a task analysis, team members begin by observing a person without a disability perform a specific activity. Team members record each step taken, and then try to complete the activity themselves by duplicating the steps. Revisions are made to the steps as needed, and a second draft of the task analysis is completed. This second draft is then given to a *new* person without a disability, and that person is asked to perform the task by following the steps outlined. This person is observed, the steps are modified as needed, and the task analysis completed. As a last step, the task analysis is individualized to reflect the skills and support needs of the individual with a dual sensory impairment (e.g., use of cane techniques, use of communication books).

Table 1

Task Analysis of Orientation and Mobility Route

from Vocational Assessment Site to Bus Stop

1. Pick up cane and stand up.
2. Use cane and hand to find wall (i.e., use protective techniques).
3. Use cane and hand to find door (i.e., use constant contact cane technique).
4. Open door to office.
5. Use cane to walk through door.
6. Use cane and hand to trail around right corner.
7. Use cane to pass three obstacles: garbage can, chair, and a second chair.
8. Use cane to locate right corner.
9. Use cane and hand to find door to first set of stairs.
10. Open door and clear doorway with cane.
11. Lift up cane.
12. Use railing to walk down first set of stairs (with cane extended).
13. Find tactual cue and use cane to find bottom step.
14. Use cane and hand to trail wall.
15. Use cane and hand to find second set of stairs.
16. Lift up cane.
17. Use railing to walk down second set of stairs (with cane extended).
18. Find tactual cue and use cane to find bottom step.
19. At bottom of stairs, turn left.
20. Use cane and forearm to walk straight across lobby.
21. Use cane and hand to find wall.
22. Use cane and hand to walk to the right.
23. Use cane and hand to find door.
24. Pull open door and clear doorway with cane.
25. Use cane to go through door.
26. Turn to the left and use cane to find bench.
27. Sit down and wait for co-worker.
28. Use sighted guide to walk three blocks on sidewalk with co-worker.
29. At bus stop, wait for bus with co-worker.

Conducting situational assessments

Finally, team members should expose -- not train -- individuals to the variety of activities, potential aids, devices, materials, plus other supports and adaptations available at each site. Depending upon the number of activities available at a site, individuals should be scheduled to spend two to five days at each site. (Generally, one to four hours per day per site is appropriate.) While some sites may be conducive to individual assessments, others may be more conducive to group assessments for two to three youths from one classroom.

The task analyses previously developed now enable team members to assess a young adult's ability to progress through an entire task with and without prompting. First, the youth is positioned to engage in the task and is assessed without any prompts or cues from the professional. This process is commonly referred to as **Task Analytic Assessment**. During this analysis, team members answer the question: How much of the task can the individual complete? Next, the professional prompts the youth through the task analysis with cues, prompts, aids, and devices. All prompting, communication, O&M, visual, and auditory information about the individual is noted on the task analysis, based on the expectations delineated in the task analysis. For example, in the task analysis illustrated in Table 2, team members note the performance of a skill with a "+" and the nonperformance of a skill with a "-." They also note the type of prompts and cues needed; for example, (M) for "model" and (P) for "physical." If necessary, team members may attach a separate piece of paper to the analysis noting behaviors exhibited by the individual while completing the activity.

Table 2

Task Analytic Assessment of Scrambling Egg Activity at a Community Home Assessment Site

Steps:		Dates:				
		1	2	3	4	5
1.	Go to the cabinet.	-	P	-	P	-
2.	Take out a bowl.	-	P	-	P	-
3.	Put the bowl on the counter.	-	P	+	+	+
4.	Go to the refrigerator.	-	M	-	+	-
5.	Open the door.	-	+	+	+	+
6.	Find the egg carton & open it.	-	M	-	+	-
7.	Take out one egg.	-	P	-	+	-
8.	Close the carton.	-	P	+	+	-
9.	Close the refrigerator door.	-	+	+	+	+
10.	Set the egg on the counter with the bowl.	-	P	-	P	-
11.	Go to the drawer.	-	M	-	P	-
12.	Open the drawer.	-	P	-	+	+
13.	Pick up a fork.	-	P	-	P	+
14.	Close the drawer.	-	P	-	P	+
15.	Set the fork on the counter.	-	P	+	+	+
16.	Pick up the egg with one hand.	-	P	-	P	-
17.	Tap egg gently on edge of bowl until the egg breaks.	-	P	-	P	-
18.	Put your hands on each end of the egg.	-	P	-	P	-
19.	Pull the sides apart.	-	P	-	+	-
20.	Throw the shells into the trash.	-	P	-	P	-
21.	Pick up the fork.	-	M	-	P	-
22.	Put the sharp end of the fork in the bowl with the egg.	-	P	+	+	+
23.	(Move the fork in a circle at the bottom of the bowl fast to) mix the egg.	-	P	-	P	-
24.	Put the fork on the counter.	-	P	-	P	-
25.	Open the microwave door and put in the bowl.	-	P	+	P	+
26.	Close the door.	-	P	-	P	-
27.	Set the time for one minute (find pink "puff paint" mark).	-	P	-	P	-
28.	Push "start" button (find pink "puff paint" mark).	-	P	-	P	-
29.	Wait for the microwave to stop.	-	P	-	P	-
30.	Open the door and take out the bowl.	-	P	-	M	-
31.	Set the bowl on the counter.	-	P	-	M	-
32.	Close the microwave door.	-	P	-	+	+

These data should be gathered using an A-B-C analysis, outlining behavioral antecedents (A) , displayed behaviors (B), and behavioral consequences (C). Such information can provide valuable information on communicative behaviors and skill needs. (See Table 3 for an example of an A-B-C analysis.)

Table 3

Example of an A-B-C Analysis

Target Behavior: Hitting staff, crying, and screaming

Date	Time Begins	Ends	Antecedents	Behavior	Consequences
7/1	9:00	9:05	Jane is placed in a wheelchair	Crying, pulling at seatbelt, rocking back and forth violently in chair	Caregiver waits 5 minutes and takes Jane out of her chair... allowed to lay on mat undisturbed
7/1	10:30	10:40	Caregiver quickly approaches Jane and lifts her into her wheelchair from a floor mat... does not get her attention prior to lifting	Crying, thrashing arms at caregiver... succeeds in hitting caregiver in the head	Caregiver leaves Jane in chair approximately 10 minutes... moves her to mat next to a bright window
7/1	Noon	12:30	Jane is placed in wheelchair... caregiver touches her and signals who she is prior to lifting Jane	Jane is quiet until she realizes that she is in wheelchair... begins to scream and pull at her chair straps	Stays in chair for the lunch period... Jane rocks and cries for the entire period of time
7/1	2:30	2:35	Jane is placed into a standing table for leisure recreation period	Hits the staff person in the head, cries	Stays in chair for approximately 5 minutes until aide can no longer tolerate noise... allowed to lay on mat for remainder of period

Task Analytic Assessments are important because they enable a team to determine critical skills within activities to target for instruction. In addition, they pinpoint activity modifications, assistive technology, and other supports that may be needed. Later, during the development of the student's IEP and transition plan, these skills and support needs are translated into transitional goals and activities.

There are no specific data, observations, or number of sites that must be observed during this assessment activity. The goal of this stage is twofold: first, to ensure that transition planning team members possess current information about the individual's skills, interests, and support needs; and second, to expand the functional profile of what the young adult can do, and is interested in doing with and without support, in a variety of community adult settings.

Activity 4: Identify and Assess Local Service Programs

At the same time team members assess the interests, skills, and support needs of a young adult, they must also determine the following:

1. What adult service programs and support systems are available within the community?
2. Are those programs appropriate for youths with dual sensory and multiple impairments?
3. Are programs available to assist the young adult and his family in attaining their goals?
4. If appropriate programs are not available, are advocacy programs available to assist in creating person-centered options?

In many communities, directories exist that describe all locally available programs and support systems. If such a directory or listing does not exist, team members may want to develop one prior to initial transition meetings, at least on an informal basis. At a minimum, team members must be *aware* of *all* the locally available programs and support systems, both specialized for people with sensory and other disabilities, as well as generic community support services. Awareness includes having the name, address, and telephone number of programs, eligibility and referral requirements, and a description of available services. This listing should be updated on an annual basis.

Beyond knowing what programs and support systems exist within a community, team members must also know the specific services provided and program capacity for serving young adults with dual sensory and multiple impairments. Toward this end, they must gather follow-up information on what typically happens to young adults with dual sensory impairments once they leave high school and attempt to use these programs and services. For example,

- How many find employment? What types of jobs do they find?
- How many are placed in residential programs?
- How many are placed on waiting lists for residential programs? How long must they wait to be placed?
- How many use local recreation programs?
- How many use local transportation services?
- What agencies and programs are most useful to them?

Along with such numerical and general information, team members must also determine the quality of the services provided by these programs; specifically, the specialization of the services for people with dual sensory impairments. This knowledge can be obtained through a variety of strategies: participation of agency directors and/or service providers on state- and local-level transition planning teams; site visits by family members, young adults, and professionals; interviews with service providers, and administration of more formal agency assessment mechanisms. To gather this information, team members must pose a variety of questions, including:

- What is the mission and overall philosophy of the program?
- What are the eligibility and referral requirements of the program?
- How many individuals with dual sensory and multiple impairments does the agency currently serve or has served in the past?
- What type of training and technical assistance will staff need and have access to in order to serve these individuals?
- What type of sensory modifications are currently available to serve these individuals and how receptive is the agency to making additional modifications? For example, is there adequate lighting, use of colors, use of contrasts, use of lighted/vibrating/tactile promptings and cueing systems? Is TDD available? Are assistive listening devices available?
- Are communication and O&M supports available? Do clients use a variety of individualized symbolic and non-symbolic communication systems? Do staff sign? Do other clients sign?
- Is the setting or program physically accessible?
- Are there a variety of transportation options?

Translating Assessment Results Into Programming Decisions

Successful transition planning for youths with dual sensory and multiple impairments is a visionary, collaborative, individualized, and longitudinal process. It is based upon assessment activities and information that are both interagency and transdisciplinary in nature. Developing transitional service goals within students' IEPs can be viewed as a four-step process:

Step 1: Convene individualized transition planning teams.

Step 2: Develop IEPs containing a statement of needed transitional services and goals.

Step 3: Implement IEP/transition goals and activities.

Step 4: Monitor, evaluate, and revise goals and activities.

Step 1: Convene Individualized Transition Planning Teams

By the time a student reaches age 16 (and sometimes by age 14), IEP team members, together with adult service professionals, must begin to address transitional service objectives and needs. This group of professionals, educators, family members, and service providers expanded beyond the traditional IEP team is generally known as the "Individualized Transition Planning" team.

In most communities, adult service professionals play a purely consultative role during the initial years of transition planning meetings. In fact, depending upon state and local agency policies, adult service professionals may not be able to attend transition planning meetings until the student reaches a specified age. This does not mean, however, that these individuals can not be counted upon to provide information, suggestions, and feedback during brief meetings, telephone calls, or inservice training sessions.

Education and adult service team members assume varied roles and responsibilities during the transition process. As students approach the final years of their educational program, adult service personnel and family members assume increased responsibilities and education personnel assume fewer responsibilities. Roles and responsibilities of transition team members are outlined in Table 4.

Table 4

Roles and Responsibilities of Transition Planning Team Members

EDUCATIONAL PERSONNEL

- Develop functional, community-referenced curricula and identify family and student-centered activities for instruction.
- Conduct classroom and community-based training across all domains.
- Initiate the transitional services planning process and incorporate transitional services goals within IEPs.
- Collect and assist with interpretation of assessment data in collaboration with adult service team members.
- Ensure smooth transition from education to adult services by information-sharing and mutual objective-setting with other team members

ADULT SERVICES PERSONNEL

- Participate through attendance, information-sharing, and mutual objective-setting in transition planning meetings.
- Assist in referrals, eligibility assessments, and resource identification as individuals exit school programs.
- Provide or subcontract for employment, community living, recreation, and other community adult services and supports.
- Provide follow-up information on individuals being served to education personnel.

PARENTS AND FAMILY MEMBERS

- Participate through attendance, information-sharing, and mutual objective-setting in transition planning meeting.
- Guide the team in maintaining a person- and family-centered approach.
- Advocate for family and individual preferences, and support needs.
- Provide informal home and community instruction on transition activities.

Step 2: Develop IEPs Containing A Statement of Needed Transitional Services and Goals

The goal of the transition planning team is to develop and implement the *means or process* by which the dreams, hopes, and needs of the young adult in transition can be actualized. To do this, team members sort the assessment information already gathered into a functional profile and a visionary profile of the individual. Together, these two components comprise a personal profile.

From functional to visionary

A functional profile is not one magic form or a combination of forms; it is a representation of all the different categories of assessment data discussed in this manual and presented in such a manner that a composite picture of the student's skills, support needs, and interests begins to emerge. A number of standardized assessment devices may be used to portray functional assessment data.[1] However, most assessment devices have not been normed on youth with dual sensory impairments and may not be sensitive to the population's unique communication and sensory needs. As a result, many states and agencies are developing their own assessment devices.

Based on the functional profile developed, transition team members then work to develop a "visionary" profile of the individual. Such a profile details the accomplishments, dreams, and support needs of the young adult. It also outlines the specific outcomes desired for the individual; the actions that will be taken by school, family, and adult service personnel to achieve these outcomes, and when the actions will be accomplished. Once again, there is no one magic form or combination of forms. Among the tools used to outline this profile are the individualized transition plan and Personal Futures Plan (PFP). Such documents are typically separate from the IEP, but are interdependent with the IEP and fulfill the requirements of IDEA. An example of a transitional services plan is found in Appendix C. A variety of transition planning forms and documents are available for developing the visionary profile. The type of form or document used for transition planning is not important as long as all team members, including the family and young adults, understand and feel invested in using the planning form.

Personal Futures Planning: a method for systemic change

Personal Futures Planning (PFP) is one assessment and planning process that can assist transition team members in developing--and achieving--a visionary profile of the young

[1] One such form is the Helen Keller National Center Functional Profile, available upon request from Ms. Susan Ruzinski, Assistance Director of Student Services, the Helen Keller National Center, 111 Middle Neck Rd., Sands Point, NY, 11050-1299.

adult in transition.[2] One element of PFP is the use of "maps." Maps are color-coded, pictorial depictions of a person's life story. Maps identify important people and places in a youth's life, likes and dislikes, choice-making experiences, and communication systems. Together, these maps guide teams in developing a future vision of the individual. Once a vision is created, teams commit themselves to working as "circles of support" and developing a plan of action to bring about systemic and lifestyle changes necessary to achieve the vision. PFP is a time-intensive approach to assessment and planning; it addresses one person at a time and requires a personal commitment to systemic change from all involved team members. Examples of sample PFP maps created for a transition-aged youth with dual sensory impairments are included in Appendix B.

Using elements of PFP to facilitate visionary planning

Because PFP is so time intensive, the vast majority of professionals and family members will be unwilling or unable to commit the resources necessary to conduct PFP activities. In addition, many young adults and their family members may not be interested in the level of systemic and lifestyle changes that could result from PFP activities. Nevertheless, a visionary transition planning process should still be used. For most transition planning teams, elements of PFP can be incorporated within transitional services planning to enhance parent and family involvement, student involvement, and student outcomes. The development of a future vision map (such as the one in Appendix B) is an excellent tool to bridge the gap between a functional profile and a visionary profile by assisting the team with gathering, organizing, and managing assessment information. The development and use of maps yield a visionary profile without committing the team to the time intensive, systemic change activities associated with comprehensive PFP. However, without a "circle of support" and other PFP activities, a future vision map may never be fully implemented. It may simply serve as the yardstick against which all transition objectives are measured.

Visionary transition planning can be accomplished by asking transition teams to think about a few, brief questions. These are:

- What are some of the important experiences or highlights of the individual's life?
- Where does the individual live, work, learn, and recreate now?
- How, when, why, and with whom does the individual communicate?
- Where does the individual envision living, working, learning, and recreating in the future? Where does the family envision the individual in the future?

[2] For more information about Personal Futures Planning, please refer to the work of Dr. Beth Mount listed in the "Suggested Readings" section of this manual.

- What are the barriers currently preventing these outcomes?
- What and who are some of the resources that potentially may assist in achieving these outcomes?

Transition planning teams may wish to post these questions on a large sheet of paper for all team members to refer to during planning activities. Whenever possible, the youth with dual sensory and multiple impairments should attend and play an active part in the transition planning meetings. When the young adult's attendance is not possible, teams may find it helpful to either display a photograph of the individual next to the questions or have the individual attend a portion of the meeting, such as a break or introductory activity.

Families are essential in developing a personal profile of the young adult. But the idea of dreaming and envisioning a desired future may be difficult for many families who in the past may have focused more on accepting limitations than on sharing dreams. Professional team members will need to be sensitive to families' potential hesitancy and encourage them to participate.

Dreaming and envisioning may be equally difficult for professionals who are used to planning around budget, personnel, service, and eligibility limitations. Brainstorming techniques are especially helpful in overcoming this barrier. When brainstorming, teams should devote a set amount of time, perhaps 15 minutes, to draw from the assessment information and develop a personal profile of the young adult. Teams should also recognize the probable need for continual refinement of the personal profile as the student approaches the close of the educational program and new services and programs become available.

Regardless of the transition planning process and forms selected, team members should consider *all* major adult life areas when developing this visionary profile. These areas (Table 5) should guide teams in setting specific objectives to achieve the desired profile for a student.

Table 5
Major Adult Life Areas To Include In Transition Planning

Post Secondary Education Opportunities	Employment Opportunities
Living Opportunities	Homemaking Activities and Supports
Financial/Income Supports	Community Supports
Recreation/Leisure Opportunities	Transportation Supports
Friendship/Relationship Supports	Medical Supports

Specifying objectives and activities

Once both the functional profile and the visionary profile have been developed, specific goals and activities emerge. These must first be written in the transition plan, and then be expanded upon in the IEP. For example, one family may define a visionary profile for a young woman with dual sensory and multiple impairments as a two-bedroom home with a screened-in porch and fragrant garden, located in a neighborhood no more than 15 miles from her parents, no more than one block from a bus stop, and within walking distance or on a bus route for a community swimming pool. As the transition team considers this dream, they will no doubt be able to identify numerous barriers--staffing, funding, zoning ordinances, safety, liability, skill deficits, etc.

But if the team commits to visionary transition planning, they will also be able to identify goals and activities that will guide the team toward developing the vision for this young woman. For example, if funding is a problem, *who* will explore the use of low-income housing tax credits and Medicaid waivers, and by *when* will they do it? If safety is a concern, *who* will (a) conduct an environmental analysis, (b) develop task analyses of a selected home in order to assess the young woman's skills, (c) provide skill instruction to the young woman and staff, and (d) develop environmental modifications, and by *when* will they do it? Each of these objectives should be clearly outlined on the IEP/transition plan and include the individual responsible for carrying out specific steps, and the date the steps should be accomplished.

IEPs/transition plans need to include two types of goals: *process* or administrative goals, and *outcome* or student goals. For example, process goals assign responsibilities to transition planning team members: "The rehabilitation counselor will visit Darrell twice at the Super Store and review task analytic data, supervisor evaluation data, and job production data with the special education teacher to assist with the eligibility process." Outcome goals assign responsibilities to students for learning new skills, improving existing skills, or using adaptations, modifications and other supports: "Darrell will participate with three classmates in a community-based vocational training experience at Super Store three mornings a week for two months where he will learn to stock shelves, sweep and wet mop floors, use a vending machine, and ride the city bus."

Transition goals are closely associated with IEP goals. Thus, a clear and strong relationship exists between the IEP and the transition plan. For example, if the goals above are specified as part of a student's transition plan, then IEP goals naturally follow: "Darrell will sweep the floor at the Super Store with 90% accuracy according to a task analysis for five consecutive days," and "Darrell will ride the city bus between the school building and the shopping center with 100% accuracy according to a task analysis for five consecutive days."

Generally, teams find it most useful to hold a transition planning meeting immediately before a regularly scheduled IEP meeting. Ideally, a transition planning meeting should be completed in 60 minutes or less. However, to maximize the quality of time spent developing transition plans, most teams find it helpful to

design forms, assessment and planning processes, and inservice training for professionals and families prior to the meeting. Once the transition plan is completed, adult service providers may leave, whereas education personnel will remain for the IEP meeting. Each year, the transition plan can be updated immediately prior to the regularly scheduled meeting for updating the IEP.

Step 3: Implement IEP/Transition Goals and Activities

Using a transdisciplinary approach

A transdisciplinary and integrated team approach, as used in IEP implementation, is also necessary for transition plan implementation. Education team members, for example, need to utilize speech and language services to achieve the communication objectives, as well as O&M services within vocational, recreation, personal/home management, and general community functioning activities. In Darrell's IEP/transition plan his teacher may need to work closely with a speech/language therapist to teach Darrell to express himself using a variety of sign language concepts and phrases (e.g., need more, where's cart?, break time?) and to receive information from enlarged photographs (e.g., super store) and/or recerptive sign phrases (e.g., come, get cart, light on), and to follow a tactual object schedule to sequence his vocational activities and job duties. Darrell's teacher may also need to consult with an O&M instructor to develop a cane or sighted guide route between the school and bus stop and the vocational training site and the bus stop, to develop an emergency exit route at the vocational site, and to orient Darrell to the vocational training site.

Using an interagency approach

An interagency team approach is also critical for transition plan implementation. To accomplish the example IEP/transition plan objectives above, Darrell's teacher will need to consult with the rehabilitation counselor assigned to Darrell's school to ensure completion of all required eligibility and assessment activities, to assess need for and negotiate funding for assistive technology, and to identify a vendor for job placement and/or support services once Darrell leaves school.

The transdisciplinary and interagency approach invites the expertise of all professionals and paraprofessionals, along with parents and family members, in the development and implementation of IEP/transition plan objectives. Team members collaborate in identifying and supporting specific educational challenges within functional activities in natural environments. Large caseloads and therapy schedules make it difficult for all related services and adult service personnel to provide instruction in natural environments, but all personnel, as transition team members, can collaboratively develop intervention and support strategies for identified functional activities, instruct other team members in implementing the strategies, and monitor the progress of transition plan objectives and activities through regular team consultation and team meetings.

Using an activity-based approach

In addition to the use of a transdisciplinary and interagency approach, implementation should include activity-based instruction provided in natural community adult settings. For high school-aged young adults, this almost always means community-based instruction combined with social and recreational activities with same-aged peers. Young adults benefit from heterogeneous instructional groupings within natural environments. Heterogeneous groupings enhance social interactions with peers, increase professional and family expectations, provide role models, reduce behavior problems, allow for small group instruction, maximize teaching time, and staffing patterns, and result in less time spent in one-to-one instruction in artificial environments. Systematic instructional procedures[3], including use of task analyses, instructional prompting systems, assistive technology, and data collection also enhance instructional time and achievement of IEP/transition plan objectives.

Step 4: Monitor, Evaluate, and Revise Objectives and Activities

Transition plans, just like IEPs, need to be monitored and evaluated on a regular and on-going basis. For students who are just beginning the transition process, this typically can be accomplished formally once a year when the IEP is updated. But teams will need to informally monitor, evaluate, and revise the transition plan more frequently, especially as students approach their final year in their education program. Full team meetings may need to be convened and/or individual team members may need to meet or have telephone discussions to monitor progress and revise process and outcome objectives. Between meetings, team members will need to monitor progress through telephone calls, letters, informal meetings, visits to community-based training sites, and evaluation checklists. Based on these updates, the team's vision of the young adult's future should be refined and revised, as should his or her objectives and activities.

Prior to the student's graduation from high school, a final "exit" meeting should be held to determine what progress has been made toward achieving the desired future vision. Unaccomplished steps should be re-assigned and a new time frame established. Finally, responsibilities previously held by education personnel should be transferred to adult service providers and family members.

[3]For more information on systematic instruction for youth who have dual sensory impairments, see the work of Dr. June Downing listed in the "Suggestions Readings" section of this manual.

Summary

Transitional services are an important component of educational programming for youth with deaf-blindness and multiple disabilities. They are the link between education and adult services. They assist families and service providers in gathering and managing vast amounts of assessment data. And, most importantly, they guide teams in developing a means or process by which the hopes and dreams of young adults and their families can be actualized.

To achieve these goals, transitional services must begin with a new way of thinking about assessment; that is, toward a more person- and family-centered approach in which activities are based on the individual's hopes and dreams. Assessment activities must develop a functional and visionary profile of a young adult in transition. From this personal profile, teams can identify the adult services programs and support services that best meet the wants and needs of the individual and his or her family.

References and Suggested Readings

Adult Service Opportunities

Downing, J., Shafer, M.S., Brahm-Levy, A., & Frantz, M. (1992). Supported employment for individuals with dual sensory impairments and mental retardation. Journal of Vocational Rehabilitation, 2(1), 28-38.

Everson, J.M. & Burwell, J. (1991). Transition to work: Addressing the challenges of deaf-blindness. Journal of Vocational Rehabilitation, 1(4), 39-45.

Everson, J.M. (in press). Supporting young adults with deaf-blindness in the community. A guide for service providers, families, and friends. Baltimore, MD: Paul H. Brookes Publishing Co.

Gaylord-Ross, R., Lee, M., Johnson, S., Lynch, K., Rosenberg, B. & Goetz, L. (1991, Spring). Career Development for Exceptional Individuals. 14(2), 77-89.

Goetz, L., Lee, M., Johnston, S. & Gaylord-Ross, R. (1991). Employment of persons with dual sensory impairments: Strategies for inclusion. Journal of the Association for Persons with Severe Handicaps,16(3), 131-139.

Helen Keller National Center-Technical Assistance Center (HKNC-TAC) & ACT, Inc. This is our home. Videoptape on a community living alternatives for a young woman with dual sensory and multiple impairments. Sands Point, NY: Author.

Turnbull, H.R., Turnbull, A.P., Bronicki, G.J., Summers, J.A. & Roeder-Gordon, C. (1989). Disability and the family. A guide to decisions for adulthood. Baltimore, MD: Paul H. Brookes.

Assessment Guidelines

Bruininks, R.H., Hill, B., Weatherman, R.D. & Woodcock, R.W. (1986). Inventory for Client and Agency Planning (ICAP) Allen, TX: DLM Teaching Resources.

Helen Keller National Center. Helen Keller National Center (HKNC) Functional Profile for Deaf-Blind Youth and Adults. Sands Point, NY: Author.

Helen Keller National Center-Technical Assistance Center, Hilton-Perkins Project National Parent Network Advisory Committee (1991, September). An assessment instrument for families: Evaluating community-based residential programs for individuals with deaf-blindness. Sands Point, NY: Authors.

Mount, B. & Zwernik, K. (1988). It's never too early...it's never too late: A booklet about personal futures planning. St. Paul, MN: Metropolitan Council.

Mount, B. & Zwernik, K. (1990). Making futures happen: A manual for facilitators of personal futures planning. St. Paul, MN: Metropolitan Council.

Vandercook, T., York, J, & Forest, M. (1989). The McGill Action Planning System (MAPS): A strategy for building the vision. Journal of the Association for Persons with Severe Handicaps,14(3), 205-215.

High School Educational Foundation

Downing, J. & Eishinger, J. (1990). Instructional strategies for learners with dual sensory impairments in integrated settings. Journal of the Association for Persons with Severe Handicaps,15(2), 98-105.

Everson, J.M. & McCarthy, M. (in press). Supporting young adults with deaf-blindness in the community. A guide for service providers, families, and friends. Baltimore, MD:Paul H. Brookes Publishing Co.

Wilcox, B. & Bellamy, G.T. (1987). The activities catalog. An alternative curriculum for youth and adults with severe disabilities. Baltimore, MD: Paul H. Brookes. Wilcox, B. & Bellamy, G.T. (1987). A comprehensive guide to the activities catalog. An alternative curriculum for youth and adults with severe disabilities. Baltimore, MD: Paul H. Brookes.

Individualized Transitional Services

Bullis, M. & Otos, M. (1988). Characteristics of programs for children with deaf-blindness: Results of a national survey. Journal of the Association for Persons with Severe Handicaps, 13(2), 110-115.

Everson, J.M. & Goodall, D. (1991, November). School-to-work transition for youth who are both deaf and blind. American Speech-Language-Hearing Association (ASHA) Magazine, 45-47.

Everson, J.M. (in press). Supporting young adults with deaf-blindness in the community. A guide for service providers, families, and friends. Baltimore, MD: Paul H. Brookes Publishing Co.

Mount, B. & Zwernik, K. (1988). It's never too early...it's never too late: A booklet about personal futures planning. St. Paul, MN: Metropolitan Council.

Mount, B. & Zwernik, K. (1990). Making futures happen: A manual for facilitators of personal futures planning. St. Paul, MN: Metropolitan Council.

Seiler, L.H., Everson, J.M., & Carr, T.S. (1992, January). A needs-assessment of agencies serving individuals with deaf-blindness: A national profile of transitional services. Sands Point, NY: Helen Keller National Center-Technical Assistance Center.

Wagner, M. (1989). The transition experiences of youth with disabilities: A report from the national longitudinal transition study. Unpublished manuscript: Menlo Park, California: SRI International.

Interagency Collaboration

Everson, J.M. (1992). Youth with disabilities. Strategies for interagency transition programs. Andover, MA: Andover Publishing Co.

Everson, J.M., Rachal, P., & Michael, M.G. (1992, January). Interagency collaboration for young adults with deaf-blindness: Toward a common transition goal. Sands Point, NY: Helen Keller National Center-Technical Assistance Center.

Seiler, L.H., Everson, J.M., & Carr, T.S. (1992, January). A needs-assessment of agencies serving individuals with deaf-blindness: A national profile of transitional services. Sands Point, NY: Helen Keller National Center-Technical Assistance Center.

Parent and Family Involvement

Ferguson, P.M., Ferguson, D.L. & Jones, D. (1988). Generations of hope: Parental perspectives on the transitions of their children with severe retardation from school to adult life. Journal of the Association for Persons with Severe Handicaps, 13(3), 177-187.

Giangreco, M.F., Cloninger, C.J., Mueller, P.H., Yuan, S. & Ashworth, S. (1991). Perspectives of parents whose children have dual sensory impairments. Journal of the Association for Persons with Severe Handicaps, 16(1), 14-24.

Helen Keller National Center-Technical Assistance Center, Hilton-Perkins Project, & National Parent Network Advisory Committee (1991, September). An assessment instrument for families: Evaluating community-based residential programs for individuals with deaf-blindness. Sands Point, NY: Authors.

Turnbull, H.R., Turnbull, A.P., Bronicki, G.J., Summers, J.A. & Roeder-Gordon, C. (1989). Disability and the family. A guide to decisions for adulthood. Baltimore, MD: Paul H. Brookes.

Appendix A

IDEA's Definition of Transitional Services

(P.L. 101-476)

(Transitional services are) "...a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to postschool activities including postsecondary education, vocational training, integrated employment (including supported employment), continuing education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other postschool adult living objectives, and when appropriate, acquisition of daily living skills and functional evaluation."

(IEPs must now include) "...a statement of the needed transition services for students beginning no later than age 16 and annually thereafter (and when determined appropriate for the individual, beginning at age 14 or younger), including when appropriate, a statement of the interagency responsibilities or linkages (or both) before the student leaves the school setting."

Appendix B

Transition Services Plan

TRANSITIONAL SERVICES PLAN

Page__ of__

An IEP/transition plan should consider each of the following areas. Check each area that was addressed for this student in this year's plan.

1.__ Postsecondary Education
2.__ Employment
3.__ Living Arrangements
4.__ Homemaking Needs
5.__ Financial/Income Needs
6.__ Community Resources
7.__ Recreation and Leisure
8.__ Transportation Needs
9.__ Medical Services
10.__ Relationships
11.__ Advocacy/Legal Needs
12.__ Other_____

We, the undersigned, have participated in this transitional services plan and support its intent and recommendations.

STUDENT SOCIAL SECURITY#	ADULT SERVICE AGENCY DATE
PARENT/FAMILY MEMBER	ADULT SERVICE AGENCY
SPECIAL EDUCATION TEACHER	ADULT SERVICE AGENCY
RELATED SERVICE PERSONNEL	OTHER (PLEASE SPECIFY):
RELATED SERVICE PERSONNEL	

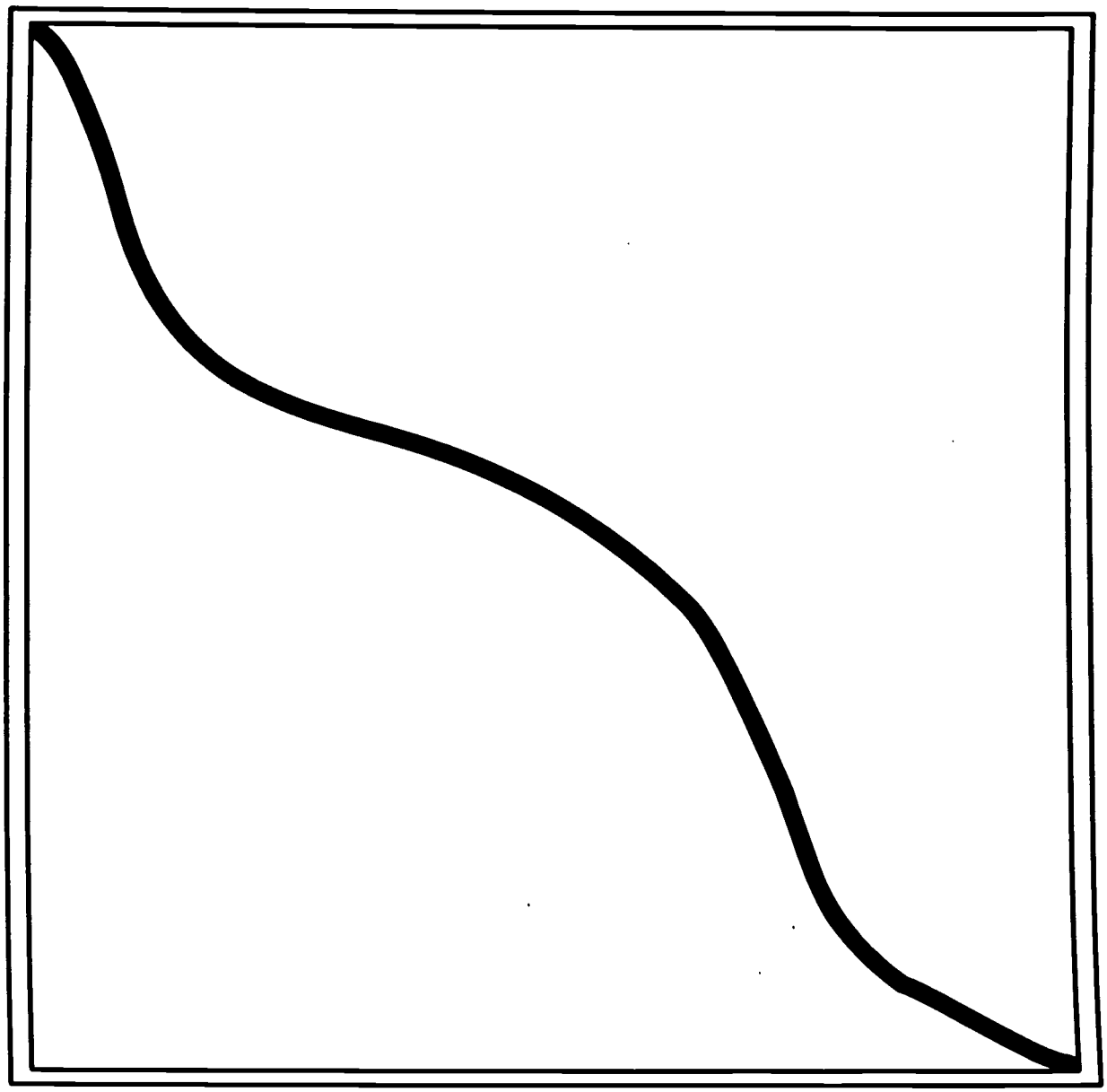
AREA	DESIRED ADULT OUTCOME	SCHOOL ACTION STEPS	DATE	FAMILY ACTION STEPS	DATE	ADULT AGENCY ACTION STEPS	DATE

Appendix C

PFP Maps (Examples)

Background Map

Please share significant happenings/major events in the person's life that you think are important for us to know about regarding schools attended, changes in health, family events, memorable or pleasurable experiences, major life crises and employment experiences, or periods of success.



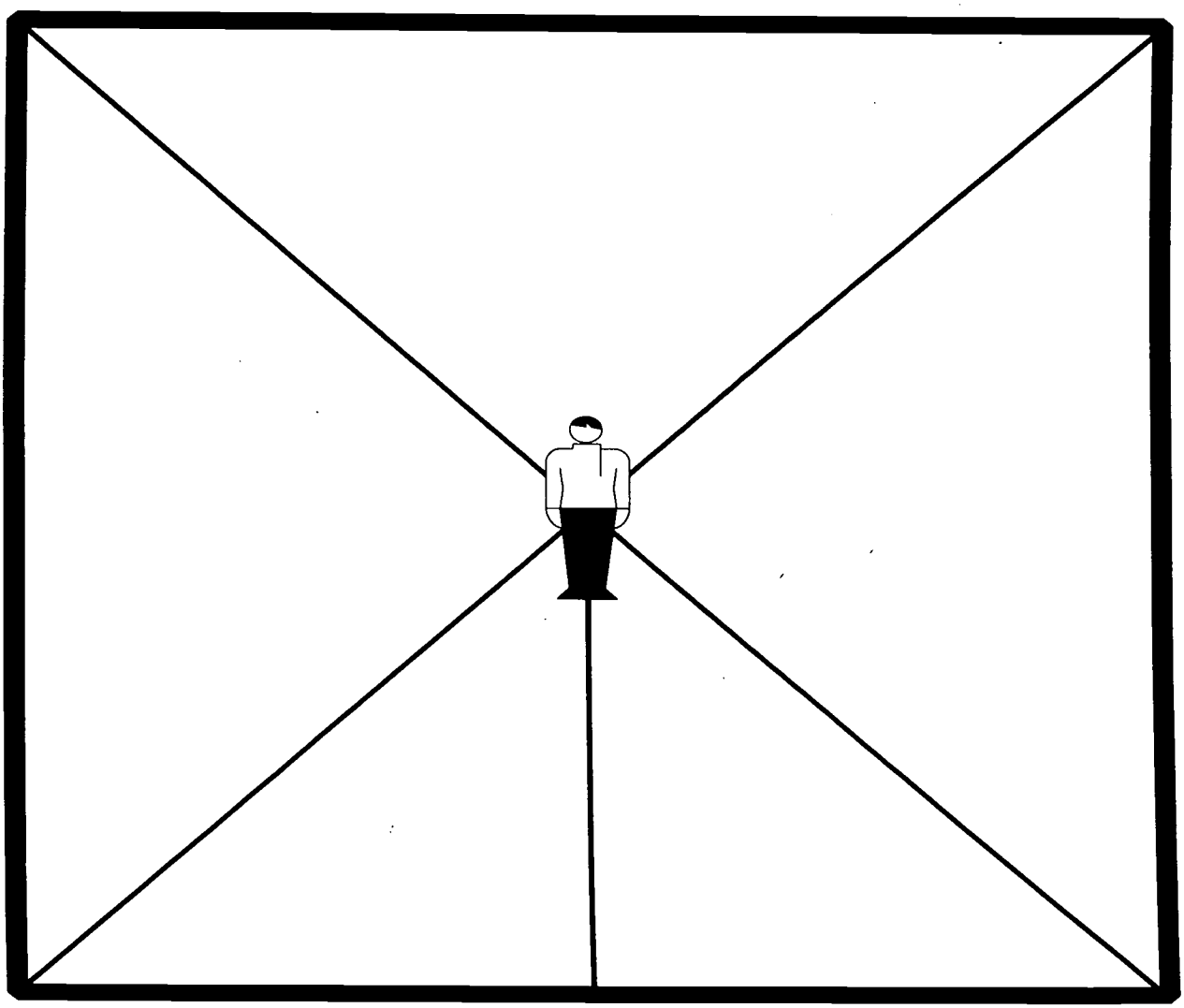
BORN:

Relationships Map

Who are the important people in your life?

Please identify significant people who have a relationship with the focus person. People with an intimate or close relationship are drawn in closer proximity to the focus person. Acquaintances are drawn further from the focus person on the map.

Family



Employees/Co-Workers

Service Providers

Places Map

Where do you spend most of your time?

Participation in Community Activities	Non-Community Based Activities
Ideas for the Future Other places/activities focus person might enjoy and participate in:	**Ideas for the Future** Other places/activities focus person might enjoy and participate in:

* Preferred Activities

COMMUNICATION/INTERACTION MAP

KEY SKILLED = *	COMMUNICATION BY STUDENT			
Who Interacts With the Student and Activity Involved	**Methods**	**What For?**	**Examples of "Vocabulary"**	**Responses**

COMMUNICATION/INTERACTION MAP

KEY SKILLED = *	COMMUNICATION BY STUDENT			
Who Interacts With the Student and Activity Involved	Methods	What For?	Examples of "Vocabulary"	Responses

"DAY IN THE LIFE" MAP

Early A.M.	Travel	Mo_ning	Lunch
Type Residence:	A.M. How:	Type/Size program	Where
No. Residents:	Length of Ride:	Comments	With who
Sleeping arrangement:	With who?	A.M. Activities/work:	
Comments:	Comments	Strengths/Weaknesses:	What food:
Early A.M. Routine:			How:
Strengths/Weaknesses:		Support (if any):	Comments:
Support (if any):			
Key People:	Key People:	Key People	Key People:

"DAY IN THE LIFE" MAP (cont.)

Afternoon	Late Afternoon Dinner Time	Evening	Night
Comments:	Comments:	Comments:	Comments
P.M. Activities/Work:	P.M. Routine:	Evening activities	
Strengths/Weaknesses:	Strengths/Weaknesses:	Preferences	
Support (if any):	Support (if any):	Support (if any):	
Key People:	Key People:	Key People:	Key People:

A Vision of the Future for

_____

Home *(House mates, neighborhood, support staff)*	**Work** *(Work place, type of work, possible jobs)*	**Community** *(Shopping, recreation, services, transportation, community participation, activities)*

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

REPRODUCTION BASIS

☐ This document is covered by a signed "Reproduction Release (Blanket) form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☑ This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").