

**IMPROVING THE ORGANIZATIONAL PROCESS AND CREATING A  
COMMUNITY-BASED PROGRAM DESIGN FOR ADULTS WITH  
INTELLECTUAL DISABILITIES**

by

Issac Hatley

JILLIAN SKELTON, EdD, Faculty Mentor and Chair

JOHN JOHNSON, PhD, Committee Member

ANGELA LUQUE, EdD, Committee Member

Amy Smith, PhD, Dean, School of Education

A Doctoral Capstone Project Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Capella University

October 2016

© Issac Hatley, 2016

## Abstract

The purpose of the Doctoral Capstone project was to examine the effects of a community-based program on adults with disabilities. For many years, individuals with disabilities have been socially excluded from the community for many years. Individuals with scholarly handicaps are unequally defenseless against social rejection, destitution and abuse (Corbett, 2011). With the influx of adults with disabilities there is a need for social inclusion. Social inclusion is important because it enhances individuals with disabilities quality of life. Full support in the community gives people with disabilities a feeling of self-esteem. Government approaches, both broadly and globally, have embraced a dream where individuals with handicaps are esteemed, regarded and included (Johnson, Douglas, Bigby, & Iacono, 2009b). The community-based program provided the participants to be fully included in the community. The program design included education, social, leisure, and volunteer opportunities in which participants in the program participated. Not only did the community-based program enhance the quality of life, it also reduced maladaptive behaviors. The research concluded that the number of Special Incident Reports (SIR) declined in the community-based program which resulted in 15 reports compared to the sited-based program 115. Overall, individuals with disabilities were satisfied with the community based program. Nearly 75% of the participants enjoyed being in the program and 78% would recommend the program to others. The research suggested the participants in the community-based program thrived in the community. The participants fostered social relationships, enrolled in college courses, and volunteered successfully in order to enhance their lives.

## **Dedication**

This Dissertation is dedicated to my beautiful kids Reaghan and Izaiah and my lovely wife Kiana. We all represent one-fourth of the Hatley puzzle and I could not complete this process without your unwavering support. Kiana, seeing you fight cancer head on gave me the strength to continue this process and never make excuses. I used you as my source of inspiration when I was mentally exhausted while completing this process. I love you guys and thank you.

## **Acknowledgments**

I would like to thank Dr. Skelton for being such a great mentor during this process. She was always available when I had questions, Furthermore, one thing I will always remember these words “Appreciate the Process”. Those three words I hold onto dearly. Thank you Dr. Skelton. Also, I want to thank the committee for being part of my dissertation process. I want to thank my mom, dad, and sister for always supporting my dreams. No matter what my dreams were, I knew you all would have my back. I love you guys more than you will ever know. Lastly, I want to thank the organization. Without the organization this dissertation project would not have been successful. Thank you.

## Table of Contents

Acknowledgments	iv
List of Figures	vi
SECTION 1. BACKGROUND	1
SECTION 2. PROCESS	13
SECTION 3. APPLICATION	34
REFERENCES	50
APPENDICES	58
Appendix A: Participant Policy	58
Appendix B: Volunteer Check List	59
Appendix C: Face Sheet	60
Appendix D: Employee Information Form	61
Appendix E: Vehicle log	62
Appendix F: Sample ISP	63
Appendix G: Sample SIR Report	64
Appendix H: Monthly Progress Report	65
Appendix I: Transportation Routes	66
Appendix J: Evaluation	67

## List of Figures

Figure 1. Site-Based SIR Reports	6
Figure 2. Community-Based SIR Reports	7
Figure 3. ADDIE Model	14
Figure 4. Types of Disability	23
Figure 5. Bar Graph Q.1 Data	40
Figure 6. Bar Graph Q.2 Data	40
Figure 7. Bar Graph Q.3 Data	41
Figure 8. Bar Graph Q.4 Data	41
Figure 9. Bar Graph Q.5 Data	42
Figure 10. Bar Graph Q.6 Data	42
Figure 11. Bar Graph Q.7 Data	43

## **SECTION 1 BACKGROUND**

Individuals with scholarly incapacities are among the most impeded and socially rejected in the public eye (Bigby, 2012b).

People with handicaps have been victimized and prohibited from society for a long time, so group incorporation is basic to upgrade their personal satisfaction. Full interest in the group gives people with handicaps a feeling of self-esteem. Government arrangements, both broadly and globally, have upheld a dream where individuals with handicaps are esteemed, regarded, and included (Johnson, Douglas, Bigby, & Iacono, 2009b). Community integration not only enhances quality of life, but also allows individuals to reduce maladaptive behaviors. A few parts of social consideration, for example, little scale normal group lodging, vocation, and engagement in significant group exercises, are also principal to the change of progress. However, with change comes innovation. Innovation has brought change to the organization in the form of a community-based program design. The non-profit organization has been site-based for twenty-seven years, so making the transition was a daunting task. The program design will have a huge impact on other non-profit organizations that serve similar populations. For example, similar organizations must make the transition to a community-based design program so other leaders also have to improve their organizational process. The community-based program design can act as a blueprint for this. The community-based program design was innovative because of the nonexistence of similar programs in the area. Furthermore, the handbook expanded the knowledge and practices of educational

leadership and management so that a leader could improve the organizational process with a community-based program design that includes forms, trainings, and procedures.

The implementation of a professional product to improve an organizational process relies on the accountability of the leader to bring about change. Rousing leaders make us want to accomplish more (Murray 2013). The leader must pursue the success of the organization. With the implementation of a new innovative community-based program design, the leader will need to communicate regularly with stakeholders, administrators, and instructors. Correspondence is a standout amongst the most vital characteristics of any solid pioneer (Wolins, 2012). According to Yazdanifard, 2016), leadership has a direct cause and effect relationship upon organizations and their success. Improving the organizational process contributes to a favorable culture of collaboration for the instructors, participants, administrators, and parents. As pioneers, groups, and workgroups are progressively seen as the building squares of associations (McMurray, Sarros, & Pirola-Merlo (2012). When it comes to collaboration in the work place, it allows for ideas to be shared creating a positive working culture. Coordinated effort empowers the members to trade and share information, encounters, know-how, and aptitude. Joint effort brings a more extensive arrangement of aptitudes and abilities and a more responsive work society... (Setnikar Cankar & Petkovsek, 2013b).

## **Historical Background**

Individuals with disabilities have been socially excluded from society for many years. However, in today's society, many institutions, organizations, and laws have brought awareness about individuals with disabilities. For example, the Lanterman Act, which was passed in 1977, allowed individuals with disabilities to live a normal life based on services they are provided. The Lanterman Act is a California law (AB846) that requires certain administrations and backing to individuals with formative inabilities and their families ("The Lanterman act," n.d.). With laws supporting actions, community integration of adults with intellectual disabilities has been vital to the improvement of overall quality of life for adults with intellectual disabilities. Social incorporation, which is a premise for group coordination, alludes to access to open doors in the public eye to improve one's life opportunities (Cheung, 2012).

In 1987, the organization was created with twelve participants with intellectual disabilities and four staff members. The founding participants would meet at a church on a daily basis which would ultimately become the day program for adults. As time passed, the program began to grow. The population grew to over fifty participants and twelve instructors. The site-based program consisted of participants meeting in a classroom setting for six hours a day five times a week with no community integration. The participants and staff would sit in the courtyard for one hour a day for lunch and interact with one another as a form of social interaction. As of July 2014, the lease on the facility was not renewed so the non-profit organization had 30 days to vacate the premises.

The organization that had provided a site-based program for adults with intellectual disabilities for many years had a problem. Either find another site or create a community-based program. Generally, reconciliation of people with scholarly incapacities (IDs) into the group was demoralized and evaded in view of the hypotheses of treatment at the time. Subsequently, people were isolated, assembled, segregated and afterward sent away to foundations with independent schools and work alternatives (Thorn, Pittman, Myers, & Slaughter, 2009). With the lease not being renewed, the organization had 90 days to vacate the premises. In the interim, participants were relocated to a local YMCA. However, after a few months, a decision was made to create a community-based design program. According to Townley (2012), group mix alludes to the thought that people with inabilities ought to have chances to live, work, draw in with others, and appreciate recreational exercises in the same way as companions without handicaps. It was decided that the organizational process must be changed. The organizational process was a curriculum that resulted in a community-based program handbook that included social inclusion activities, training, and forms that encapsulated the new community-based program design. All the more as of late, the center has been to get individuals out of institutions and into group based living settings (Thorn, Pittman, Myers, & Slaughter, 2009).

## **Organizational Context**

The small organization that celebrated 28 years of providing service to up to 150 participants per year throughout the inner-city. The non-profit organization has experienced continued growth over the past twenty-eight years and has transitioned to a community-based program design. The community-based program now serves over 60 participants with intellectual disabilities and will continue to grow. However, because there is a lack of programs providing similar services, the community-based program design can be used as a prototype for similar organizations. The laws going into effect in 2019 mandate all day programs be community- based and that all individuals with disabilities will be socially included in the community. According to the California Department of Developmental Services, “The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS” (2015, p. 1). Furthermore, according the data that was collected from Special Incident Reports; previous behaviors have decreased since transitioning to the community-based program. Special Incident Reports provide reported identified behaviors that are based on severity ranging from mild to moderate and severe. Figure1 lists the SIRs reported in the site-based program. The SIRs were collected quarterly from January to March of 2015. The data shows that there was a total of 115 SIRs reported. Out of the 115 SIRs, 30 were mild, 60 were moderate, and 25 were severe.

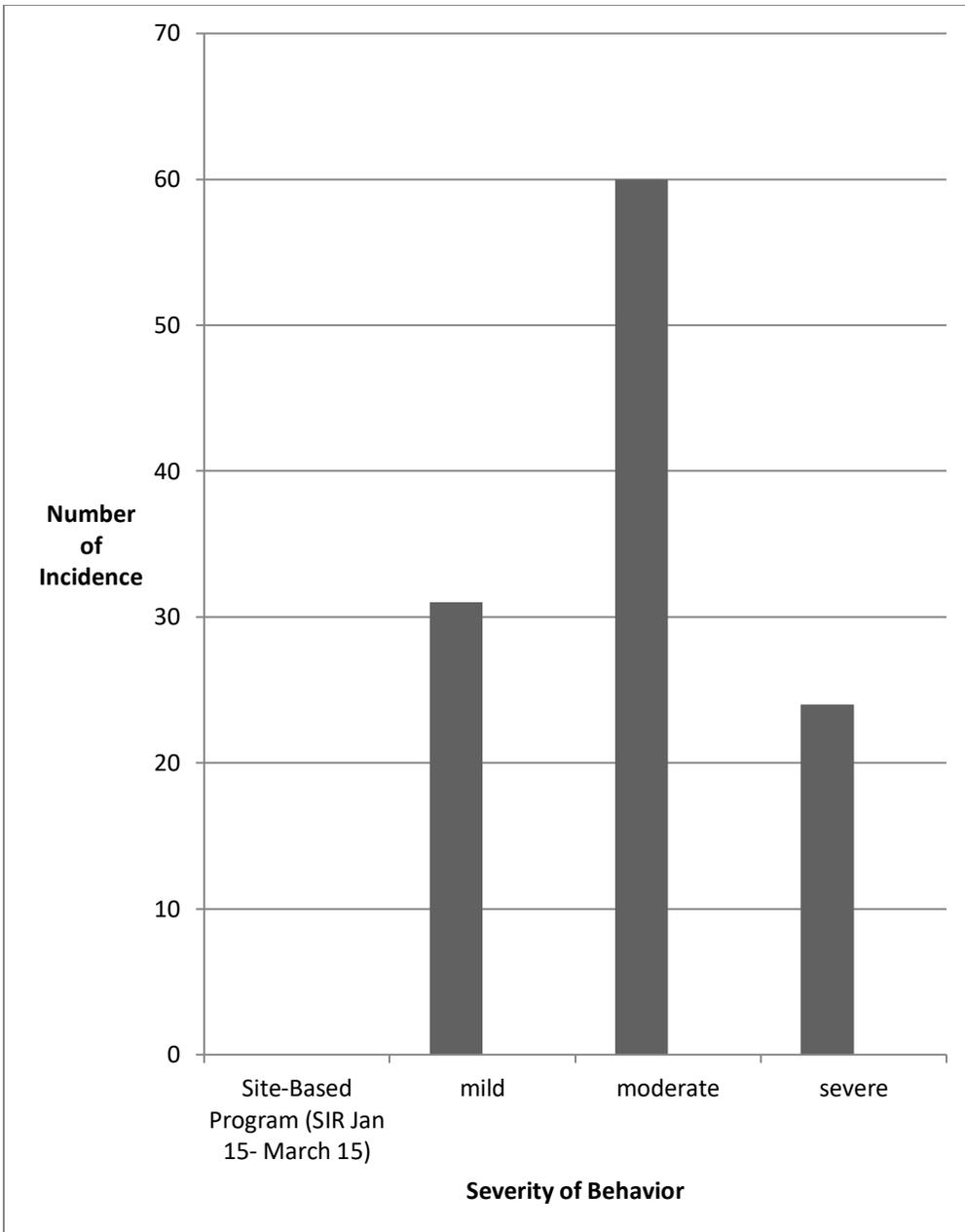


Figure 1 Site-Based Program SIR Data

Figure 2 data represents the effects of transition to the community-based program. The SIRs were collected quarterly from January to March of 2016. The data shows that there

was a total of 15 SIRs reported. Out of the 15 SIRs, seven were mild, three were moderate, and five were severe.

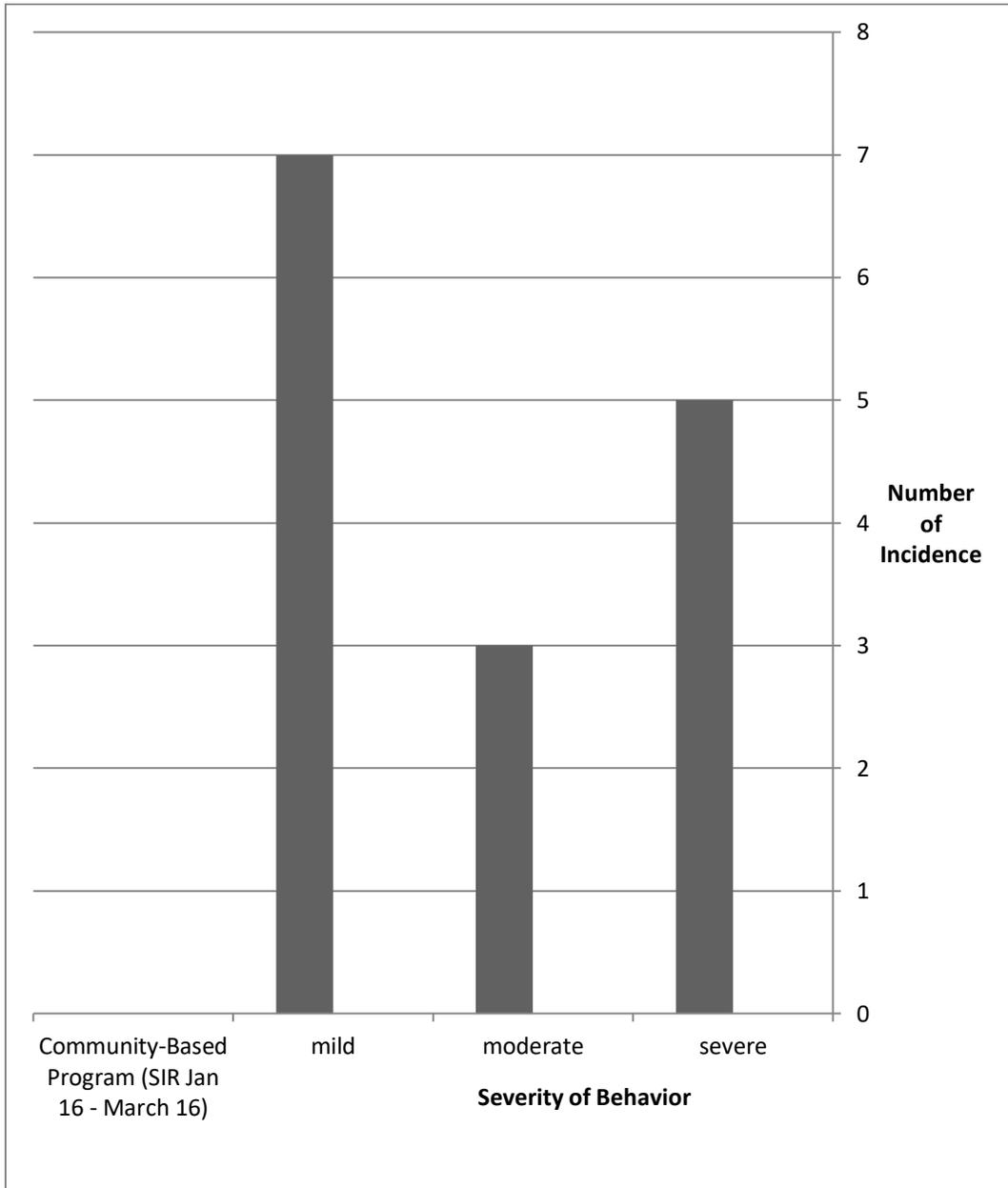


Figure 2 Community-Based Program SIR Data

The creation of a community-based program design will have many positive effects on the organization. According to Figure 2, a significant change in SIRs reported in the community-based program design. There was an average of five incidents reported in a three-month span in 2016 compared to an average of thirty-eight per month in the same three-month span in 2015. Individuals with permanent disabilities just want to be normal; therefore, community integration will provide a sense of self-respect. In the previous 50 years, there has been a continuous spotlight on the civil liberties of individuals with disabilities for equity with whatever remains of the group, and this incorporates interest in all parts of life (Balandin, 2011).

On a national scale, non-profit organizations that service adults with disabilities will be faced with similar crises in order to implement full-inclusion. Furthermore, similar organizations recognize the limitations and restrictions of community – based program designs based on one’s negative perceptions. In addition to the fact that some behaviors are maladaptive practices and physically hazardous, they risk effective group reconciliation (Rojahn, Rowe, Kasdan, Moore, & van Ingen, 2011). However, with the influx of day programs across the United States, community integration has to become part of the norm. The National Adult Day Services Association (NADSA) identified 5,685 day programs operating in the United States in 2014 (The national voice for the adult day services community, 2010). Nationally, community-based program will serve many individuals. In the United States, there are millions of adults with disabilities. In 2013, 10.8 percent of working age people (ages 21 to 64) in the U.S. had a disability. In effect, 19,618,200 of the 181,949,900 individuals ages 21 to 64 in the US reported one or more disabilities (2013 disability status report, 2013). For the number of individuals with

disabilities in the United States, full community inclusion will provide a sense a self-worth. Although members of this population live and participate in activities within their community, there is still a sense of abandonment from other community members. It was much of the time noticed that, despite the fact that individuals existed in their groups, there was still a gap of individuals isolated from being a piece of their groups (Amado, Stancliffe, McCarron, & McCallion, 2013).

Globally, community-based programs or community integration of adults with intellectual disabilities is not prevalent because of negative perceptions of individuals with disabilities. Globally, an individual with disabilities is seen as someone who has been cursed. A great part of the writing on individuals with disabilities in India distinguished the significance of the idea of karma playing a role because of the wrongdoings of their folks (Shekhar, R., & Ebrary, I. (2009). The powerlessness of individuals with emotional instability to poverty and social isolation is ubiquitous (Muir, Fisher, Abello, & Dadich, 2010). This adds further support to the project for developing a community-based program designed to meet the local, national, and global demands of people with disabilities. Literature supports community integration amongst adults with disabilities globally as a needed thing.

Globally, China will be the focal point of determining why community integration for adults with intellectual disabilities would be beneficial. China has a high population of individuals with disabilities. Mental disorders have become a global challenge--a challenge that is more evident in fast-growing, developing countries. Studies have found that approximately 17% of adults in China had at least one mental disorder in the past month. By 2020, mental disorders are expected to account for 20% of the total disease

burden in China (Li, Du, Chen, Song, & Zheng, 2013). Although China has a large number of adults with disabilities, the country lacks services and experiences discrimination against people with disabilities.

In China, individuals with disabilities face an uphill battle because of the lack of assistance they receive from the government. Unlike the United States, parents in China receive no support from the government. Chinese guardians' choices about forsaking their youngsters are made with regards to their restricted access to an impartial social welfare framework. Most families bear the expenses of therapeutic consideration, incapacity backing, and custom curriculum for their relatives amid youth and adulthood (Fisher & Shang, 2014). With the lack of government support, families feel hopeless and therefore, have thoughts of abandoning their child(ren) with disabilities. Guardians regularly said that they considered forsaking their kids while they were raising them since they didn't have admittance to government support (Fisher & Shang, 2014). The current effort of creating a community-based program design will not only be effective locally and nationally, but globally as well.

### **Theoretical Framework**

Action research generally can be traced to the early 1930s to a social psychologist named Kurt Lewin (Kemmis & McTaggart, 2008). However, there are variations of action research, such as Participatory Action Research (PAR). PAR varies from customary research in three particular ways: shared responsibility for activities, group based investigation of social issues, and an introduction toward community action (Kemmis & McTaggart, 2008). For the implementation of a community-based program

design that involves adults with intellectual disabilities, PAR will be appropriate because it will allow reflection and modifications to the program design. Concentrating on practices in a solid and particular way makes them open for reflection, talk, and recreation as results of past circumstances that are equipped for being altered now and later on (Kemmis & McTaggart, 2008).

Not only are individuals with disabilities socially excluded, but also, when it comes to research, they become vulnerable. History uncovers that such fears are not unwarranted but rather, while they might be defenseless against mischief, they are additionally powerless against prohibition from research (Northway, Howarth, & Evans, 2014). PAR is structured to involve participants in the study. Instead of underlining segregated objectivity, participatory research depends on fairness inside connections and association (Northway, Howarth, & Evans, 2014). There are many benefits to utilizing Participatory Action Research in creating a community-based program design. The program design involves community integration; therefore, participant input is valuable. PAR is a technique that joins hypothesis, participatory request, and social equity as researchers' team up with community members to direct research and devise answers for social issues (Bywater, 2014).

It is imperative to have a clear understanding of the barriers adults with disabilities face on a daily basis. Individuals with formative handicaps have a tendency to have constrained flexibility to settle on their own decisions. Rather, relatives and experts tend to assume control over the obligation of picking the sort of exercises that individuals with ID can perform in their leisure time (Badia, Orgaz, Verdugo, Ullán, & Martínez, 2011). If a researcher does not have a disability, he or she cannot relate to how the

community-based program design will impact the adults in the program. So, the inspiration to draw a parallel between action research and specifically participatory action research and creating a community-based program design for adults with intellectual disabilities will allow for co-learning.

There has been an overabundance of research in relation to education of adults with learning disabilities. However, with the lack of input from participants, there was no control of the research. For example, people with disabilities have no control over what questions are being asked and how research will be conducted. Individuals with learning inabilities have truly been the subjects or beneficiaries of research, as opposed to members or donors (Cook & Inglis, 2012). Therefore, participatory action research will allow for participants to act as co-researchers in implementing a community-based program design. According to the definition, Participatory Action Research (PAR) is a procedure in which specialists and participants work cooperatively to consolidate information and work for social change (Delman, 2012).

## **SECTION 2. PROCESS**

### **Design Model**

When implementing a new program, it is imperative that progress be tracked to be able to assess its overall effectiveness. A community-based program design is focused on enhancing the quality of life of individuals with disabilities. Furthermore, it is an exhaustive process while constructing the program design. In order to effectively implement a community-based design, ADDIE was the instructional design model that was used in the design process. ADDIE has turned into a well-known structure for preparing program creation (Mayfield, 2011). ADDIE can be traced back to the seventies in which it was used by the military. Instructional Design can be followed to the model produced for the U.S. military in the mid-1970s (Molenda, 2015).

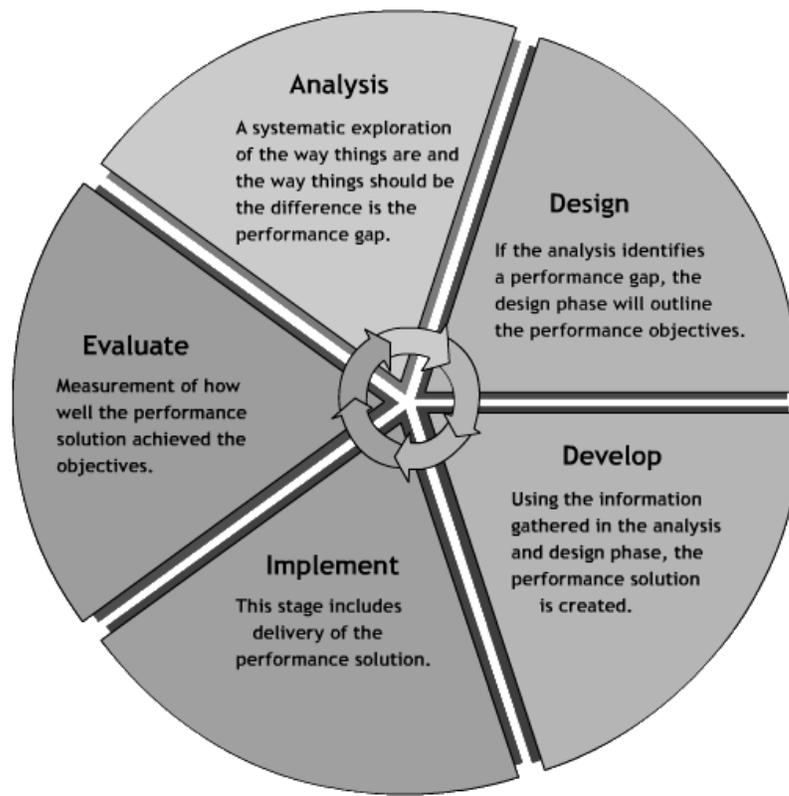


Figure 3. Five stages of the ADDIE model. From Instructional Design & Technology Society, p,1 by Frances Choi, (n.d). Chico, CA, Chico State University. 2016 by Frances Choi.

### **Analysis Stage**

The analysis is the most important stage of the process because a community-based program design handbook will be created during that time. During this stage, information is gathered in order for the community-based design to be created. Included in the analysis stage was the evolution of answers to the following questions:

- What will the participants with disabilities learn in the community?

- Will there be any participants who could not access the community based on physical disabilities?
- What sites would be accessed (Museums, Volunteer sites, College Campuses, and Computer Labs)?
- What barriers would the participants encounter while in the community?

### **Design Stage**

The design of the community-based program handbook was based on the previous materials stated in the analysis stage. The information that was gathered was used to formulate the goals and objectives and to evaluate to effectiveness of the program.

Included in this part of the process were:

**Individual Service Plans** are used to formulate goals for participants. The Individual Service Plan (ISP) is the composed points of interest of the backings, exercises, and assets required for the person to accomplish individual objectives. The Individual Service Plan is created to well-spoken made during a person-centered focused procedure of arranging and data gathering. The general welfare and individual inclinations of the individual are the key thought in the advancement of all arrangements (See Appendix F).

A **Special Incident Report**, or SIR, is a formal report that is documented with the organization whenever a participant enrolled in the program behavior is deemed out of the ordinary. For example, a wrongdoing or maladaptive behaviors in the community. There are important details instructors and administrators must complete when filling out the form (See Appendix G).

Incorporated into the design process were **Monthly Progress Reports**, keeping in mind the end goal to precisely track participants' objectives that was mentioned in (Appendix F). A MPR (See Appendix H) is given to every participant in the community-based program. The MPR comprise of objectives defined from the participants' ISP. Moreover, the objectives are followed regularly in which instructors check a positive sign for meeting the objective and a negative sign if the objective was not met. The imprints were tallied toward the end of the month and changed over into a percentage. For instance, if there were 20 days and the member got 6 negative denotes, the instructor would subtract from the aggregate number of days then divide in order to create a percentage.

**Volunteer Sites:** In order to enhance job skills, volunteer sites needed to be secured. Volunteer sites were identified within the area where participants perform tasks that have been identified by the location as strictly volunteer responsibilities (i.e. animal shelter, food bank, etc. No paid employees at the location perform these tasks. Participants volunteer at these locations until they gain the skills necessary to be successfully gainfully employed within the community. At that point the organization administrators are notified and a meeting is scheduled to discuss employment options (i.e.: supported employment) and a transition plan is established to assist the participant to ensure a smooth transition to their next step of independence.

**Transportation:** With so many individuals with disabilities living in the community, having access to transportation is an essential part of the design stage. It was determined that public transportation, organization vehicles, and personal vehicles may be used to navigate the community. Accessing public transporting, individuals with

disabilities can practice safety skills in order to become more independent and have access to community resources.

### **Development Stage**

The development stage of the community-based program design made use of the data collected from the two previous stages. As data was analyzed, an action plan was formalized. Incorporated into this stage was the making of the month to month schedule, the schedule exemplifying an assortment of exercises that provides a foundation for the community-based design. With the production of the schedule, the point of convergence was to guarantee participants, volunteered, took an interest in educational exercises, and relaxation exercises on a week by week premise. For instance, each Tuesday was assigned for exhibition halls, Thursdays comprised of volunteering in the community, and Friday' gave the participants a chance to practice social skills while on a relaxation excursion, for example, bowling with other members of the community.

Moreover, the Special Incident Report form was made amid the development stage to monitor maladaptive behaviors (See Appendix G). The structure was made with a specific end goal to track occurrences that happen during program hours. The structure comprises of pertinent data that will be completed by the instructor. For instance, participants' data, such as name, place of incident, what type of incident, and action taken, needs to be properly completed so the administrator can approve the document. Keeping in mind the end goal to track participants' progress in the community-based program, a month to month progress report was created (See Appendix H). The MPR paralleled the quantity of days in a scheduled month; the MPR comprised of close to

three objectives that were created amid the ISP (See Appendix F). Lastly, the MPR document gave a brief description on how to complete the form.

With a specific end goal to hold fast to the 6:1 participant to instructor ratio, program groups had to be finalized. The groups were created taking into account demographics, for example, closeness to neighborhood schools and intellectual capacity. Moreover, every site comprised of 2 to 3 instructors for every site, so that staff can always remain in ratio. Lastly, with the groups being solidified, the final piece to the puzzle included the finalization of transportation routes (See Appendix I). Included in the transportation routes were the names of each participant, addresses and contact information. The routes are in numerical order based on distance.

### **Implementation Stage**

The implementation of the community-based program design is by far the most important stage of the ADDIE process. During this phase, instructors begin to implement the program. Also during this stage, the program design was assessed how the participants respond to being in the community. There were several actions included in this stage. First, instructors used the volunteer check list (See Appendix B), to track participants' progress. The check list allows instructors to evaluate the skills the participants are learning. Once the job skill is achieved, instructors and participants will formulate a new goal. Next, in order to evaluate to effectiveness of the community-based program, during the implementation stage Special Incident Report Forms (See Appendix G), were completed by instructors based on maladaptive behaviors. Also, during the implementation stage instructors transported and used public transportation in order to navigate to community to visit the various sites. Instructors were able to practice safety

skills and inform the participants of any danger while using public transportation. Finally, in order to enroll in non-credit courses at the local community colleges, instructors completed a standard application with the participant. Once the participant was officially enrolled in the college, instructors and participants began to navigate to catalog for non-credit courses. The participants had a few options; however, they settled on an adaptive physical education class. The participants attended the class twice a week for one and a half hours with instructors.

### **Evaluation Stage**

Although evaluation is the last stage in the process, the community-based program design was evaluated throughout the process. ADDIE model evaluation happens in many ways throughout this model, not just in the final stage (Lessonly, 2016). Furthermore, during the evaluation stage, a more formal approach was established. Information evaluated in this stage consists of instructors, family, community members, and participant feedback from surveys (See Appendix J). The survey was disseminated at meetings and open house. The data collected allowed for administrators to improve and make changes to the program design. Lastly, participants meeting ISP goals and the number of Special Incident Reports submitted were a great indicator on the effectiveness of the community-based program.

The ADDIE Model is a five-stage instructional outline and venture administration device acquired from the field of human performance technology (HPT) to create, actualize, and assess performance change (Danks,2011). When designing the program, the adults with intellectual disabilities backgrounds had a huge impact on the

instructional design being implemented; therefore, ADDIE is the measuring rod for the foundation of the design.

### **The Product**

When assessing the non-profit organization, it was decided that a handbook would be most beneficial. As the organization was transitioning to a community-based program design, it was imperative that the handbook should result in a curriculum. The product was composed of materials that would bring about changes in an institutional environment. The purpose of the product was to create a community based program in which adults with intellectual disabilities have the opportunity to enhance their quality of life. With the handbook, a curriculum that required social activities, educational activities, and leisure activities, was created so that participants would no longer be segregated as they are in traditional day program settings. Instead they will experience real-life conditions with other community members. Furthermore, the product permits the adults in the new program to be fully integrated in the community. With community integration, the participants will have the opportunity to participate in activities, so the product includes a variety of sites that will be utilized to improve job skills.

### **Target Audience**

As the program transitioned to a community-based program design, a target audience was identified. Since the instructors will implement the community-based program design, they will be the target audience. Instructors have a tendency to be

familiar with the participants' habits more than others; therefore, having them involved in the process will allow instructors to construct and better understand the program design. Interest in well-scaffold, collective educational programs outline forms can possibly add to the expert improvement of the instructors included and to the generation of materials which are substantial and attainable in both showing hone and the expected educational modules (Voogt et al., 2011). Furthermore, the instructors were identified as the target audience because they can provide their expertise. While in the site-based program, instructors were responsible for implementing the lesson plan provided by the administrator. However, instructors will have the autonomy to identify resources that should be included in the community-based program design. Participants will partake in activities such as volunteering at shelters and exploring different museums; therefore, input is needed. Allowing input will give instructors a sense of self-worth and proprietorship to implement to community-based program design. As instructors give info, they will pick up proprietorship in the final product and feel sure that the educational programs were made with their concerns (Zeiger & Media, 2016).

### **The Steps**

Individuals with disabilities have been discriminated against for many years. That is why laws were passed in the early 1990s to support those individuals. The Americans with Disabilities Act, one of America's most thorough bits of social equality enactment, precludes separation and assurances that individuals with handicaps have the same open doors as individuals without disabilities (Division & Rights, 2013). Although laws have

been in place for years, discrimination is still prevalent. Therefore, when considering social inclusion, it is imperative to anticipate responses from individuals with disabilities.

A community-based program designed for individuals with disabilities embodies four essential phases to create the professional product: anticipated outcomes of individuals with disabilities, program curriculum, locations to be utilized, and transportation. Transitioning from a site-based program is a drastic change for individuals with disabilities; therefore, it is necessary to consider possible outcomes. For example, some anticipated outcomes can consist of maladaptive behaviors such as, uncontrollable tantrums, self-harm, and eloping. For youngsters with disabilities, being in the community is the same aside from that there are perpetually extra complex difficulties that must be overcome (Cease-Cook, 2013). Also, when considering anticipated outcomes, the participant's disability has to be evaluated. There were sixty participants in the site-based program design with disabilities. To start, demographic data was divided into two categories: physical and mental disabilities. In the current program design, 60 participants were considered as having a mental disability and 10 were considered as physically disabled. A disability can be defined as a person who has a physical or mental debilitation that significantly confines one or more real life action (The ADA, 2016).

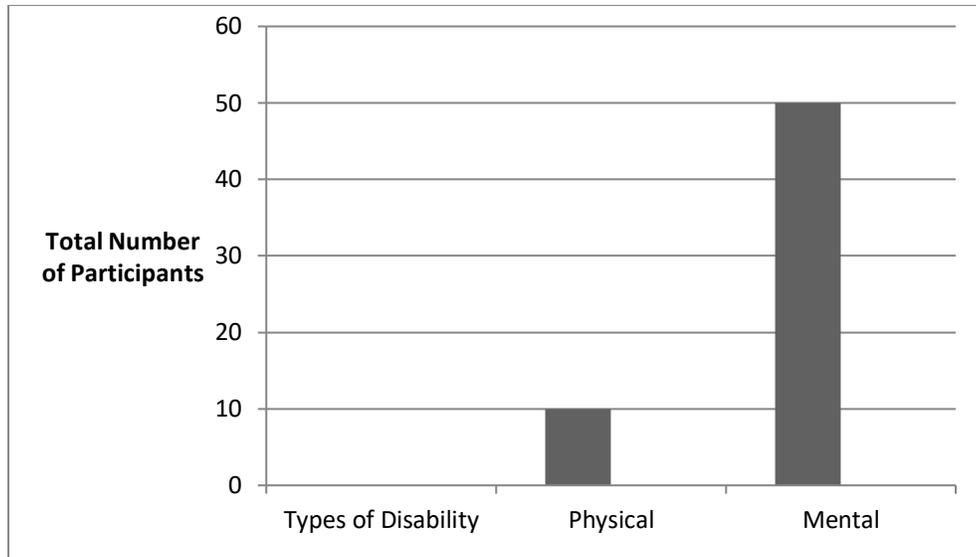


Figure 4 Types of disabilities data.

Individuals with mental disabilities may face discrimination as well; therefore, it may have a negative effect on the anticipated outcomes. For example, volunteering is an aspect of the program design in which individuals with disabilities must participate. However, if the site fails to accept the participants, the opportunity to enhance job-kills will be jeopardized.

The second phase, and one of the most important that assisted in the development of the community-based program design, is the program curriculum. The program design utilizes the curriculum from the Asperger’s Syndrome Adult Transition Program (Asperger’s syndrome, n.d.) as a foundation. This curriculum focuses on four domains: social communicative competencies, self-determination, independent living skills, and career/vocational preparation. The curriculum is developed from those domains and evolves to meet the needs of a changing Day Program demographic. As the demographic shifts, classes/activities are adapted to meet those changing needs. The community-based program classes/activities are conducted in natural environments and are based upon the

philosophy of independence and what skills any individual would require should they live an independent life. During the curriculum phase, program policies were formulated. Policies included the purpose and goals of the program, participant outcomes, description of locations to be utilized, attendance policy, staff ratios, office hours, entrance, exit criteria, ISP system, program evaluation, job description, staff orientation, ongoing staff training, grievance procedures, and description of records.

The third phase links with the program curriculum because it involves sites that will be utilized in order to effectively implement the community-based program model. The product emphasizes community integration whereby participants receive instruction and training in order to gain the skills necessary to best utilize and benefit from community settings and resources. Special consideration was made for locations where participants participated in activities throughout the day. Those locations included volunteer sites such as an animal shelter in which participants enhanced their job skills by completing small task such as cleaning dishes, and animal kennels. Furthermore, participants had an opportunity to gain educational opportunities at local community colleges. For example, participants enrolled in an adaptive physical education course. The course provides individuals with disabilities to maximize their full physical potential.

The last phase that contributed to the development of the community-based program design was transportation. Being in a site based program for years, participants were transported to the site. However, the community-based program design requires transportation to and from locations that are utilized for activities. With the transportation program, transportation vans were being utilized for the participants. To ensure the safety of the participants, each driver conducted and recorded a daily standardized safety

inspection of their vehicles and related equipment prior to beginning their daily routes. Drivers prepared daily vehicle logs that included location, mileage, time, and attendance. All vehicles were well maintained with all safety equipment/parts kept in good working condition which ensured consumer safety (i.e. air conditioner/heater, working seatbelts, brakes, lights, wipers, and tires). The maintenance of safety equipment and parts as well as the meeting of preventative maintenance schedules will be completed by Automotive Service Excellence (ASE) certified mechanics in accordance with manufacturer's recommendations.

### **The Content**

The creation of a handbook that would be useful to the non-profit organization, instructors, and participants was a daunting task. There were a number of unanswered inquiries relative to the content of the community-based program design. For example, how will the content of the manual be organized, what parts are deemed necessary, and how will the content be revised, if necessary. Once those inquiries were answered, the content of the community-based program design handbook was identified.

The content incorporated several segments including an overview of the community-based program. Each segment of the content will be clarified in a brief synopsis. The content synopsis will also include appendices that support the design of the handbook.

### **Anticipated Participant Outcomes**

The desired outcome for every individual enrolled in the community-based program will be for him or her to develop sufficient social/coping skills or strategies of

support that will enable transition into other learning or work environments that provide a lower level of staff support. Outcomes will be measured based on progress on skill acquisition goals and reduction of maladaptive behavior which should result in graduation to a less restrictive staffing ratio. Furthermore, activities such as enrolling in college courses, becoming a volunteer, and participating in leisure activities are designed to aid participants. Making the transition to a social setting, participants should enhance their interpersonal skills which would make them successful in the community. Lastly, with community integration participants will develop the physical and emotional tolerance needed to function in the community.

### **Program Curriculum**

Through intensive and creative programming, the community-based program handbook will include a dense schedule with participation in many community activities as well as volunteer work at our community sites including Site 1, Site 2, Site 3, Site 4, Site 5, Site 6, and many other partners. Individuals will participate in educational activities throughout several college campuses in Southern California. Although many ancillary skills will be practiced as part of the daily experience, the focus of the participant program will be those skills that will enable the participants to be independent graduate and finally graduate from the program.

The goal of programming is to narrow down the skills that will enable our participants to enjoy a safer, more independent, and reinforcing environment. It is important to note that targeting a wide variety of skills at once impedes learning and increases the time spent teaching any one skill. Contingent on assessment results, the ISP

team will determine the level of support needed for each participant. Participants will be placed into groups with peers that engage in complementary patterns of behavior. Group members and staff should be varied to increase generalization opportunities and decrease interdependence. Groupings will be identified by daily schedules created monthly (subject to modification based on staff and client absences, client

### **Materials to be Utilized**

All materials, resources and activities are designed to be age-appropriate to increase the abilities of adults with intellectual disabilities to gain greater independence. Furthermore, the materials will increase self-advocacy, employment skills, and develop and maintain appropriate relationships within the community. Resources and activities may include visiting museums, enrolling in non-credit courses at local community colleges, volunteering in order to improve job skills, and utilizing local libraries.

### **Participant Attendance Policy**

Participants in the community-based program may attend on a full-time or part-time basis. Those who attend the program full-time generally participate five days per week for six hours per day. The participants attending the program part-time such as, two days a week must attend each day that they are scheduled. Furthermore, attendance is important, because it allows participants to maximize their potential. In order to participate in the community-based program a policy must be signed (See Appendix A).

### **Staffing Ratios**

Programming in a 6:1 ratio should focus primarily on supported volunteer, educational, and/or work skills. This will allow individuals to gain the skills they will

need to be successful in volunteer placement and/or supported employment. A variety of supported work skills will be practiced including grounds maintenance, cleaning crew, retail and stocking, food bagging and pantry maintenance, assembly packaging, and many others. Touring and observing a variety of businesses and non-profits will introduce clients to a variety of industries and expose them to potential work environments. A rotation through real work environments at our community business and non-profit partners will allow individuals to explore their own interests and skills, and maintain behaviors in a variety of settings, as they get ready to join employment services.

Secondly, individuals will continue to improve on their functional communication skills with educational opportunities at local community colleges. Individuals should be able to communicate and function on a campus without maladaptive behaviors.

Individuals will start focusing on targeted acquisition of activities of daily living based on assessment results. Skills targeted will be those which will help individuals gain the most amount of independence and serve as a bridge to being independent in the community. Lastly, health and fitness will be targeted in order to improve hygiene, stamina, and personal health needs. This will serve the individual goals of maintaining health as well as providing tools for success in an education environment.

### **Participant Entrance and Exit Criteria**

Upon induction into the community-based program, every individual is evaluated to decide his/her particular needs. Participants' needs are based off the Support Intensity Scale. Participants in the program must be at least 18 years old, in the moderate to

borderline range of intellectual disabilities. Furthermore, participants will be medically stabilized with ongoing general medical supervision. The physical criterion is strictly enforced because it allows the participants to be active in the community.

Once these necessities are distinguished, objectives and goals are produced (30-Day ISP) and a course of direction is executed. In the community-based program, participants navigate through a level of progression starting with classes tending to issues for participants with a lower level of aptitudes (i.e.: composing their names, distinguishing words, basic cooking menus, and so forth.) to classes tending to comparable subjects however for participants with a more elevated amount of abilities (i.e. composing stories, propelled PC abilities, complex cooking menus, and so on.). This is likewise the case with group reconciliation. At an early stage it is a discourse amongst participants and their instructors with respect to their desires, trusts and capacities later on. From those exchanges, eventually participants are taking an interest in community activities based on those desires (i.e. volunteer opportunities, educational opportunities and so on.) Once participants progress through all components of the system, a transitional procedure happens whereby a participant may move into a work setting or a less limited environment.

### **Program ISP System**

A skill assessment is completed with new participants within 30 days of placement. Once their skill levels are determined, the program staff will work with participants and families to determine which goals are appropriate. ISP goals are based upon current assessment. Goals are measured through successful completion of goal

procedures as outlined in the agreed upon ISP goals (See Appendix F). Next, the instructors meet monthly with program administrators to evaluate objectives, activities, methods, techniques, instructional environments in relation to the participants in the program. Once, meetings are completed, instructors implement goals in regards to the ISP goals.

### **Program Evaluation**

Participant progress will serve as the primary quality measure of programing. The number of participant(s) meeting their goals stated on the ISP, as well as termination of services, is an important system feedback critical to the evaluation of the program & service offered at the community-based program. The organization will make every effort to evaluate its' services and to work collaboratively with stakeholders in delivering those services in the most effective and professional manner.

The organization will conduct an annual review of its effectiveness, including program objectives outlined in the program design and the progress made in relation to the participant's ISP objectives. Next, the organization will conduct a review of its programs by sending surveys to participants, families and instructors. Furthermore, administrators will conduct an annual review of all SIRs to determine trends and needs. Lastly, once the data has been collected and distributed to the stakeholders, administrators will assess the data and then enact any and all changes necessary to the services provided.

### **New Employee Training**

New hires will be given extensive training and supervision so that they may learn the techniques necessary to work with the participants. The trainings will consist of staff

meetings held at the main office on Thursdays at 3:30pm. This ongoing training and supervision are to ensure the highest quality of services to participants.

### **Ongoing Staff Training**

Training is provided to staff on a monthly basis and as needed. Sessions consist of training and dialogue in the following areas: skills acquisition, implementation of curricula, teaching techniques, behavioral shaping, utilization (hands-on training, modeling, role-playing, and verbal and non-verbal prompting. This training is necessary to keep instructors abreast of current trends in the field of education.

### **Participant Grievance Procedure**

When an individual is accepted into the program each participant is read his/her personal rights at the time he or she enrolls into the program. In the event if a participant has a grievance, he/she is directed to speak first to their primary instructor. Furthermore, if the participant is not satisfied speaking with the primary instructor, the participant is encouraged to speak with the administrator of the program.

### **Maintenance/Transportation Program**

The organization vans will be utilized whenever possible if public transportation is not reasonably safe or unavailable. All of the organization vehicles will be maintained in good working conditions with all safety equipment/parts maintained in good condition and in a manner which ensures participant safety, (i.e. air conditioner/heater, working

seatbelts, brakes, lights, wipers, and tires). The evaluation of safety equipment/part and preventative maintenance schedule (such as oil changes, brake evaluation, electrical, etc.) will be obtained per the manufacturer's recommendations, and performed by Automotive Service Excellence (ASE) certified mechanics.

If the organization vehicle is not available but transportation must be provided as in cases of emergencies, staff personal vehicles may be used. Staff must undergo a Driver's Training course, bi-annual insurance verification, and annual DMV report audit. Personal vehicles will be maintained in the highest standard working conditions and undergo quarterly vehicle checks for safety compliance. Preceding starting their everyday courses, every driver must direct and record a day by day institutionalized wellbeing assessment of their vehicles and related gear. Daily vehicle logs (See Appendix E), are to be prepared by drivers, to include location, mileage, time, and attendance.

### **Description of Participant Records**

The program staff will maintain participant information and records as confidential documents per HIPPA requirements. Each participant has an individual a face sheet containing crisis and individual data including participants' location, phone number, names and phone numbers of providers, relatives, and/or gatekeeper or

conservator, doctor's name(s), and phone number(s), drug store name, address and phone number and wellbeing arrangement, if suitable (See Appendix C).

### **Description of Employee Files**

There is an individual personnel file on each staff member that contains important information. Information such as, Employee Information Form (See Appendix D), Application/Resume, Criminal Record Statement, DOJ Clearance, Health Screening/TB Test, First Aid Training/CPR Training, Education Verification/Ongoing Training, Driver's License or DMV Photo ID/Proof of Auto Insurance, Abuse reporting form, Acknowledgement of receipt of consumer rights form Evaluation(s) and Job Description (signed). The documents are saved electronically as well as hard copies and stored in the administrative office for later use. Furthermore, administrators will have completed to all employee files.

### **Evaluation of Plan**

In order to effectively evaluate the community-based program design, a field test will be conducted in which copies of the handbook and evaluation (See Appendix J) will be distributed to stakeholders, administrators, and instructors to evaluate and recommend any changes. Each content area will have a huge impact on the success of the community-based design program so all are equally important. For example, stakeholders influence the direction of the organization. Organization proprietors for the most part have a solid voice in the heading the organization takes (Kokemuller, 2016). Administrators provide the leadership that allows individuals to develop and be innovative in the organization. Lastly, instructors implement the community-based program design; therefore, reviewing all their evaluations will allow the handbook to be improved. (See Appendix J):

### SECTION 3. APPLICATION

In the previous decade, driving researchers have called for research approaches that effectively incorporate and are driven by individuals with scholarly handicaps (García-Iriarte & Hammel, 2010b).

Social exclusion limits the opportunities for individuals to participate in the life of the community, based on rejection they have experienced. Individuals with disabilities over the world and all through history have encountered dismissal, partition from standard life and connections, and segregation (Sherwin, 2010). The deliverable for this project consisted of creating a community-based program design handbook that will enhance the quality of life for individuals with disabilities. Furthermore, the community-based program provided opportunities for individuals with disabilities and identified improvements to the non-profit organization based on four participation domains: educational, social, volunteer, and leisure activities. Next, Participatory Action Research assisted in the development of the curriculum, while participants acted as co- action researchers. In the previous decade, leading researchers have called for exploration approaches that effectively incorporate and are driven by individuals with scholarly handicaps (Kramer, García-Iriarte, & Hammel, 2010). The monthly calendar in Table 1 is composed of educational, social & cultural, volunteer, transportation and leisure activities in which the participants participate.

## **Education Participation**

Educational opportunities for individuals with developmental disabilities provide a sense of normalcy. It's another way in which individuals can build relationships and self-worth. Postsecondary instruction (PSE) is progressively turning into a possibility for individuals with scholarly incapacities. Postsecondary instruction offers the guarantee of seeking after an esteemed social part (that of undergrad), improved informal communities, and, most fundamentally, expanded job opportunities (Sheppard-Jones, Kleinert, Druckemiller, & Ray, 2015). While in the site-based program, the adults with intellectual disabilities had limited educational opportunities. Research has shown that any type of post-secondary education can lead to higher employment rates. The study showed that for 20 adults with ID, interest in postsecondary programs with individual backings brought about higher livelihood rates (100% versus 43%) and higher wages contrasted with comparable students who were served in a more customary secondary school-based program (Sheppard-Jones, Kleinert, Druckemiller, & Ray, 2015).

Not only does education increase chances of gainful employment, it also increases world views. For example, participants in the current community-based program enroll in non-credit courses that focus on current events. In the class, they discuss current issues happening in the world. The chance to take an interest in postsecondary instruction (PSE) can engage individuals to create scholarly capabilities and information, enhance their prospects in the employment market, sharpen their social aptitudes, and expand their perspectives of the world (Folk, Yamamoto, & Stodden, 2012). Furthermore, educational opportunities will allow individuals with disabilities to stay clear of workshops. Workshops pay individuals with disabilities less than minimum wage. The measure

known as the Workforce Innovation and Opportunity Act essentially restricts situations at shielded workshops and other workplaces where individuals with handicaps acquire not as much as the lowest pay permitted by law (Scoop, 2014). The participants have four opportunities for educational participation. When the participants visit the computer lab, there is a one-hour class. In this hour, participants learn basic skills, such as how to turn on the computer, recognize a mouse, save a file, and understanding the basics of Microsoft Office. Not all education participation is academics. There is a gardening program where participants learn the basics of gardening and have the opportunity to grow and harvest vegetables. Lastly, students enroll in non-credit courses at local community colleges. For example, at College X, participants take a reading for beginner's course. In this course, individuals have an opportunity to improve their reading comprehension skills.

Individuals with disabilities are no longer socially excluded; they have access to academic institutions. These opportunities provide a sense of belonging, build relationships, and increase opportunities for employment.

### **Social Participation**

Engaging in social activities has a huge impact on individuals with disabilities. Social interaction provides a sense of belonging. Social cooperation is a principal requirement for all individuals and produces a sentiment of belonging (Argentzell, Leufstadius, & Eklund, 2013). At times people with disabilities are socially excluded; therefore, they tend to be isolated from the rest of society. Social reconciliation keeps on being a subtle objective for individuals with psychiatric handicaps and reports of isolation and social hardship are normal (Argentzell, Leufstadius, & Eklund, 2013). In order to

combat social isolation, social participation needs to be embedded in programs that support individuals with disabilities. Furthermore, social participation encompasses many variables such as visiting museums, movies, joining clubs, accessing public transportation, and restaurants. For the purpose of this deliverable, individuals with disabilities went to museums, used public transportation, and utilized local restaurants. Practicing those skills provided the participants an opportunity to interact with non-disabled individuals. Social consideration implies guaranteeing that individuals with learning incapacities have full and reasonable access to exercises, social parts and connections straightforwardly nearby non-impaired individuals (Bates & Davis, 2004). Table 1 displays the social participation activities in blue.

### **Volunteer Participation**

When individuals with disabilities volunteer, it can provide a significant experience. Volunteering will allow individuals with disabilities an opportunity to interact with the larger community. Paid work and volunteering give chances to social connection and engagement, which might be connected with improved prosperity (Fesko, Hall, Quinlan, & Jockell, 2012). Although individuals with disabilities participate in community integration, they may not be active members of the community which limits their opportunities to build friendships. Alternately, volunteering gives individuals with disabilities an opportunity to learn invaluable skills that may lead to employment. Volunteerism and community service have been strategies through which people have possessed the capacity to enhance their communities, increase attractive abilities that could in the end lead to paid work, try out interests and conceivable vocation ways, and create social connections (Shoultz, B., Miller, E.E., & Ness, J. (2011). The program

design provides the opportunity for individuals with disabilities to volunteer at a variety of locations to improve job skills and to build relationships. The participants volunteer at least seven times a month. At the different sites, participants worked on different job skills. Furthermore, the individuals had an opportunity to interact with the community in order to build friendships. Here is a brief description of each volunteer site:

1. *Site 1* where volunteers serve food to homeless individuals.
2. *Site 2* where volunteers feed the horses carrots and clean stalls.
3. *Site 3* where volunteers act as ushers and disseminate programs.
4. *Site 4* where volunteers label and file documents.
5. *Site 5* where volunteers wipe, clean, and sweep the cafeteria.

The participants in the community-based program gained invaluable experience. The opportunity to enhance job skills and build relationships in the community will have an everlasting impact on their lives. The world is changing for people with developmental disabilities.

### **Leisure Participation**

A typical idea hidden all meanings of relaxation is flexibility, which alludes to having control over what one needs to do in one's spare time. Be that as it may, individuals with formative disabilities have a tendency to have restricted opportunity to settle on their own decisions (Badia, Orgaz, Verdugo, Ullán, & Martínez, 2011b). Furthermore, leisure activities have an immense impact on enhancing the quality of life of individuals with disabilities. There have been numerous studies on the impact of leisure activities on the quality of life for individuals with disabilities. Leisure activities

serve as a means of social interaction in which individuals can have fun, meet people, and improve their social skills.

Some of the outings consisted of leisure activities. For example, bowling, Valentine's Day party, the beach, and the Farmers' Market. Furthermore, the beach is a place where individuals can shop, dine, and walk to the beach. The Grove is a retail complex where an individual can dine and attend the movies. It has been demonstrated that leisure activities can help individuals with formative disabilities to be more self-decided in light of the fact that such activities are completed in situations that provide choices (Badia, Orgaz, Verdugo, Ullán, & Martínez, 2011b).

### **Data**

Participants in the community-based program were given a Likert-scale survey based on the domains of the program. The purpose was to provide feedback on the overall satisfaction with the program design. There was a total of forty-five participants who completed the survey in a computer lab. The limited questions were part of the design, so participants with disabilities could answer with limited or no assistance. The data was analyzed through SurveyMonkey, an online application. The survey consisted of seven basic questions with four possible answers for each questions. The choices were a) agree, b) somewhat agree, c) disagree, and d) somewhat disagree. To have a better understanding of the data, responses were combined. Overall, 74.42% of the participants are enjoying the community-based program. Almost 80% feel the program enhances their quality of life. Lastly, according to the data, participants agreed that the four domains have had an impact: 84% agreed that they learned social skills, 75% agreed that they are

provided educational opportunities, 86% agreed that leisure activities make them feel part of the community, and 72% agreed volunteering improved their job skills.

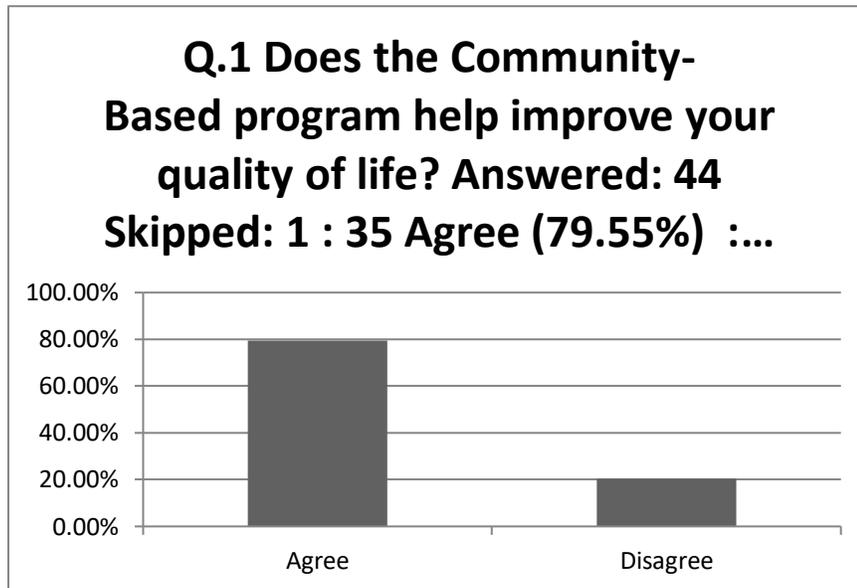


Figure 5 Q.1 Data

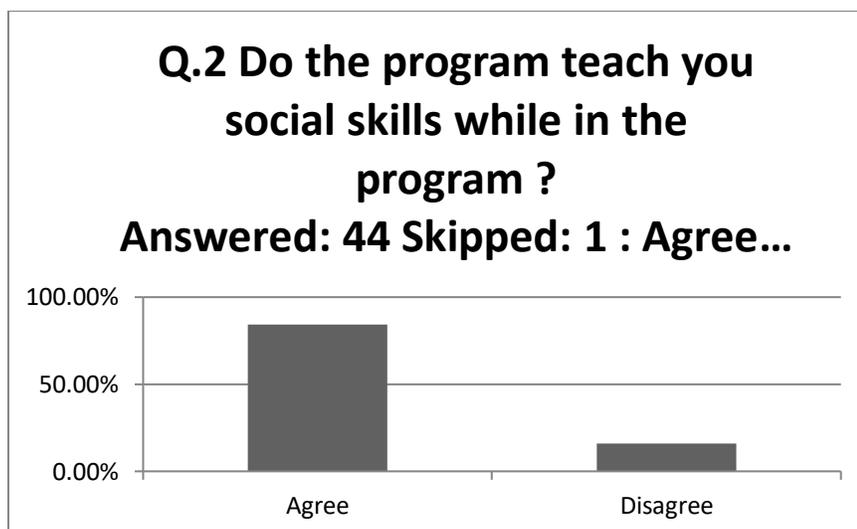


Figure 6 Q.2 Data

**Q.3 Do the program provide you with educational opportunities at local colleges ?**

**Answered: 44 Skipped: 1 : Agree 75% : Disagree 11 (25.00%)**

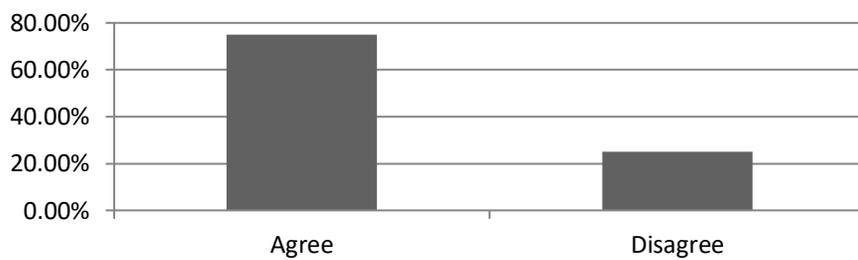


Figure 7 Q.3 Data

**Q.4 When participating in leisure activities do you to feel like you are part of the community ?**

**Answered: 44 Skipped: 1 38 Agree (86.36%) Disagree (13.64%)**

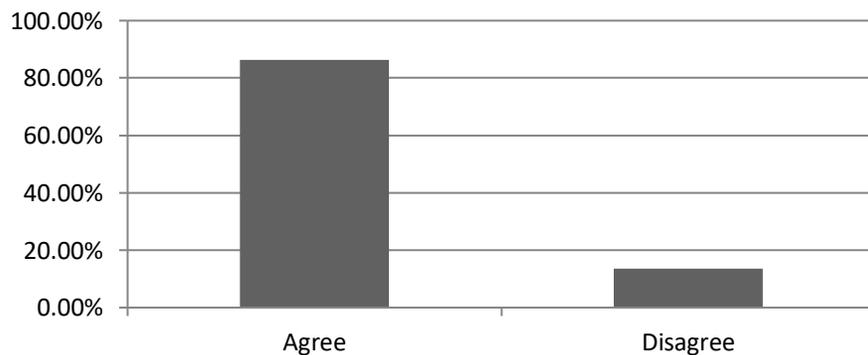


Figure 8 Q.4 Data

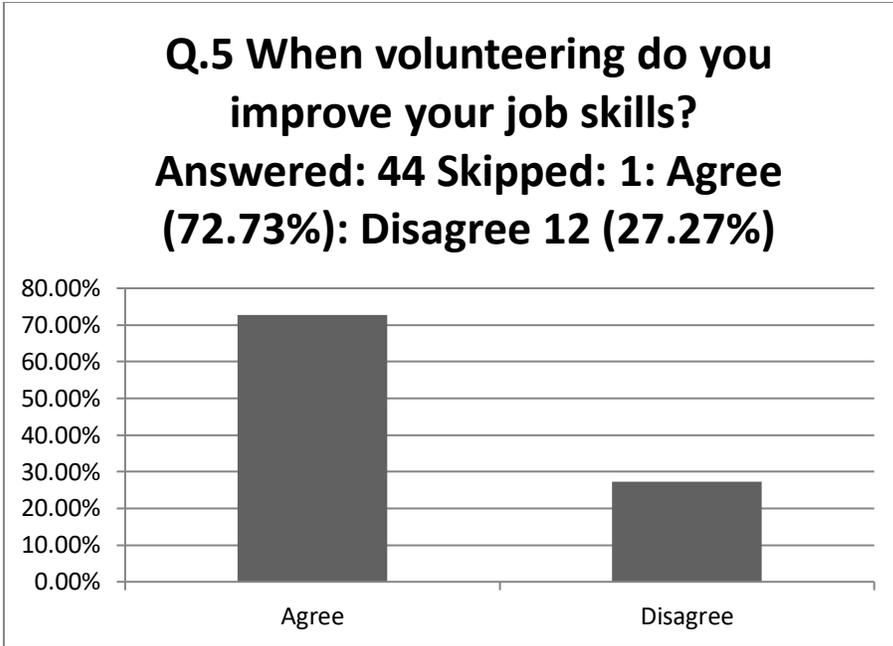


Figure 9 Q.5 Data

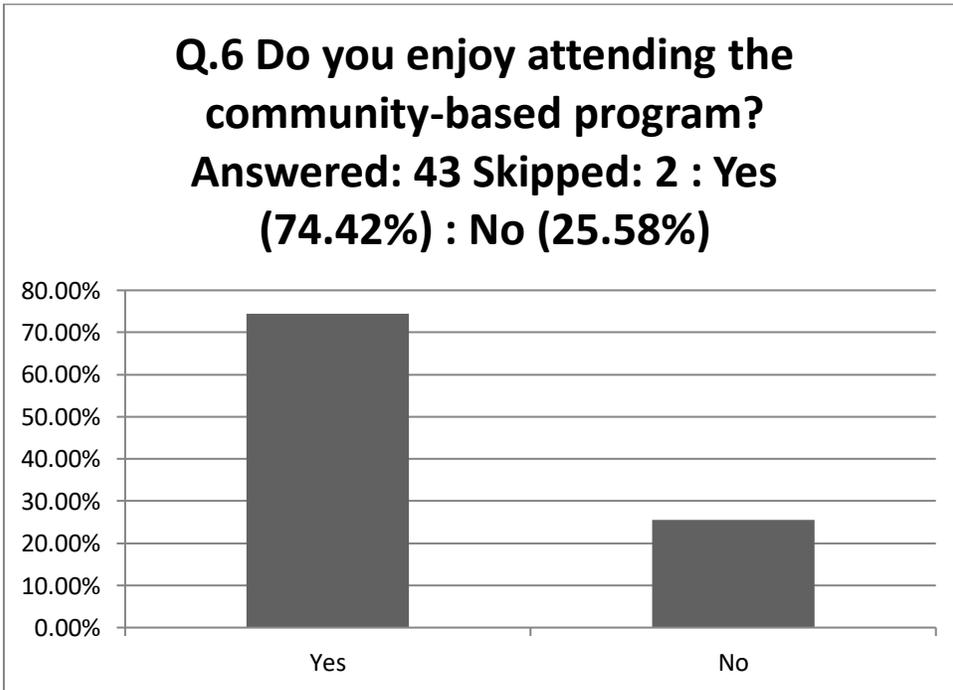


Figure 10 Q.6 Data

**Q.7 Would you recommend the  
community based program to others?  
Answered: 41 Skipped: 4 : Yes 32  
(78.05%) : No 9 (21.95%)**

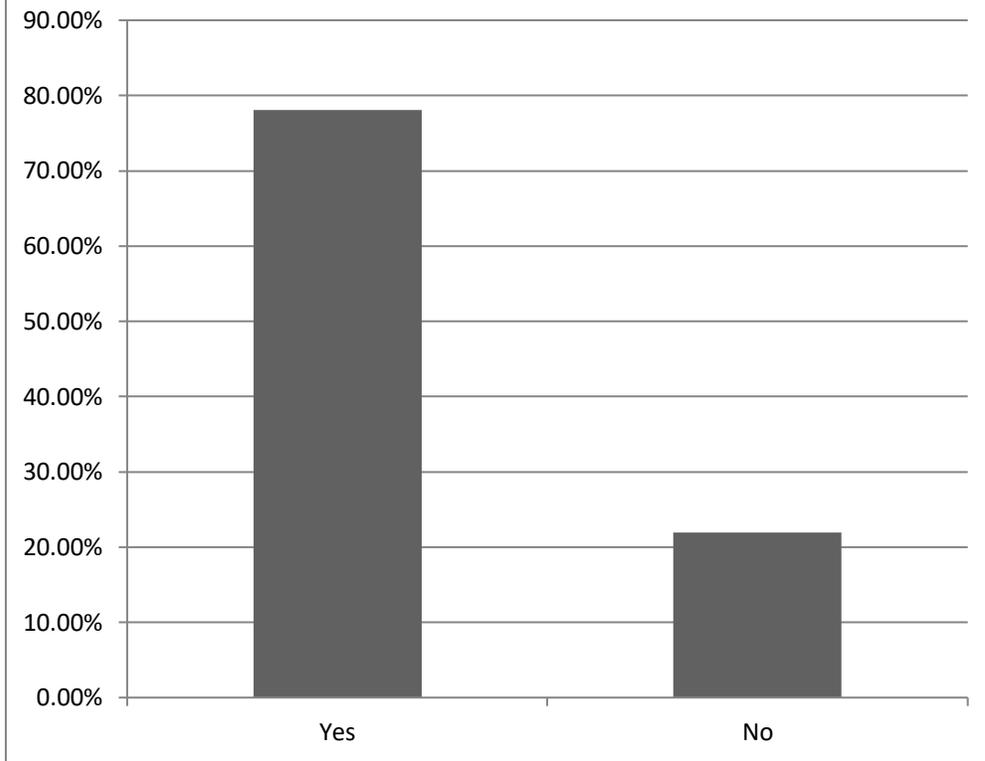


Figure 11 Q. 7 Data

## **Participatory Action Research Framework**

When research is conducted, it seldom involves individuals with disabilities as co-researchers. However, when Participatory Action Research is used as a theoretical approach involving individuals with disabilities

PAR will be an idea research approach. Foundation researchers have called for exploration approaches that effectively incorporate and are driven by individuals with scholarly inabilities (Kramer, García-Iriarte, & Hammel, 2010b). Furthermore, PAR gives co-researchers a sense of self-worth because of the continual involvement in PAR process. The bunch felt an expanded feeling of strengthening and elevated mindfulness as an aftereffect of their expanded ability to run a meeting and inclusion in the PAR cycle of activity and reflection (García-Iriarte, & Hammel, 2010b). PAR involves a five step continuous cycle.

The five stages to the PAC procedure are a) recognizing issues, b) creating activities to remediate the problem(s), c) making a move, d) assessing the learning results, and e) reflecting and applying a basic lens. The reflection procedure is vital in building up a basic awareness to make new methodologies that will bring about the strengthening of the community (Blattler, 2011).

## **Implementation of PAR**

The aforementioned summary provided a synopsis of Participatory Action Research. As stated PAR consist of five steps. In the following it will be discussed how PAR was implemented at the organization.

1) **Identifying the problem-** The organization has been site-based for the past 28 years; therefore, community integration was limited and individuals with disabilities lacked the opportunity to enhance their skills. As mentioned throughout the report community integration or social inclusion has a positive effect on individuals with disabilities.

2) **Developing Actions-** The organization lease was not renewed at the site-based site; therefore, the organization was forced to create a community-based program design. With the input of the peer mentors who acted as co-researchers, will be discussed in the latter part of the report, were identified and assisted in developing action in order to remediate the problem. For instance, the peer mentors identified and were assigned to locate volunteer opportunities in the community (See Appendix B).

3) **Taking Action-** During this phase the community-based program design was implemented. Each instructor was assigned to a group of participants in a 6 to 1 ratio. Once instructors were assigned groups, they were given the necessary materials in order to implement the program. For instance, instructors were given a monthly calendar see Table 1, with a list of activities the cover all domains in order to enhance their quality of life through community integration. Lastly, each instructor was also assigned a program vehicle in order to transport individuals throughout the community.

4) **Evaluating Outcomes-** After a few months in which the new program design was implemented, the peer mentors (Co-Researchers), instructors, and program administrators conducted a meeting in which data was analyzed such as Special Incident Reports. The SIR's would indicate if maladaptive behaviors either increased or decreased in the community-based program. Furthermore, the peer mentors reported on how participants responded to volunteering in the community and how the staff at the volunteer sites reacted to the participants interacting with other customers.

5) **Reflection Process-**The reflection process is considered the most important phase in Participatory Action Research. This phase allows change to happen at any stage of the process and give participant an opportunity to plan, act, observe and reflect. Furthermore, unanswered questions may arise; therefore, new action is required. For example, before instructors were given monthly calendars, weekly plans were submitted and instructors had the autonomy to create individual plans. However, from instructors and participants' feedback in which redundancy of activities were of major concerns. Therefore, the monthly calendars provided structure and a variety of activities that enhance the quality of life for individuals with disabilities.

### **Participant Input**

In developing a community-based program design out of necessity, a program which involved enhancing the lives of individuals with disabilities made perfect sense to involve participants in the process. Participant involvements in the research process will provide a different perspective. So for this handbook two peer mentors who were participants in the program assisted in the research process. Participant cooperation has

been held onto worldwide as a way to give better participant results (Ottmann, Laragy, & Damonze, 2008). The peer mentors have been in the program for five years. Both of the peer mentors are identified as having an intellectual disability. Members in this study met incorporation criteria as having a scholarly and formative incapacity (I/DD) as characterized inside the U.S. Formative Disabilities Assistance and Bill of Rights Act Amendments of 2000 (Kramer, García-Iriarte, & Hammel, 2010b). Although the peer mentors were participants in the program, they received a monthly stipend for completed jobs in the corporate office. During the developmental process, the peer mentors acted as co-researchers by giving input on activities that should be implemented in the community-based program design. For example, in the choosing of leisure activities, both mentors were active members of their communities and, therefore, their input on what activities will enhance participant's quality of life was invaluable. Furthermore, the peer mentors impact on the developmental stage of the PAR process was beneficial in the volunteering domain of the design. Once volunteer sites were identified, in order to build rapport, the mentors will volunteer at the sites to build relationships. However, during the weekly meetings the peer mentors would report on their experience and whether or not if the participants would learn job skills. That experience was appreciated because PAR allows researchers to reevaluate outcomes and take corrective action. With the collaboration of peer mentors and researcher each party involved has a stake in the process. It is by effectively captivating in basic exchange and aggregate reflection that the members of PAR perceive that they have a stake in the general venture (McIntyre, 2008).

## **Personal Reflection**

My purpose for doing the capstone project was to create a community-based program design to enhance the quality of life of adults with intellectual disabilities. Some of the participants have been in a site-based program for many years and never had the opportunity to be fully integrated in the community. However, the current program design provides a new experience. Having the opportunity to see the joy on their faces brings great satisfaction. For example, I had the privilege to go on the outing when the participants would visit places like Site 1, Site 2, Site 3, Site 4. Not only were they excited, they enjoyed the experience of feeling like a member of the community.

I truly have a great deal of respect for the participants in the program. As one of the administrators of the program, initially there was caution about implementing the community-based program because of how the community would receive the individuals with disabilities or how participants would respond being in the community 100% of the day. However, if there is one thing I will take away from this experience, is that the participants could care less how they are perceived. A lot of time we worry subconsciously what people think about us, but that is not the case with the participants.

## **Conclusion**

The purpose of the project was to develop a community-based design program to enhance the life of individuals with intellectual disabilities. Individuals with disabilities have been excluded for many years. Generally, learning opportunities offered to people with ID have happened in fake settings, for example, isolated day programs and secluded protected workshops (Thorn, Pittman, Myers, & Slaughter, 2009). Having the

opportunity to design and implement a program in which individuals with disabilities can interact in the community was a wonderful experience. The word disability has been a negative stigma that has limited progress. However, with the opportunity to participate in activities such as, classes on a college campus, leisure activities, social activities, and volunteer to improve job skills provided an invaluable experience of a life time.

Furthermore, Participatory Action Research allowed the peer mentors to act as co-researchers and help develop the program; therefore, providing a sense of teamwork. The participatory methodology made a feeling of cooperative collaboration (Mubuuke, & Leibowitz, 2013).

## References

- ADA National Network. (n.d.). What is the definition of disability under the ADA?  
Retrieved from <https://adata.org/faq/what-definition-disability-under-ada>
- Amado, A. N., Stancliffe, R. J., McCarron, M., & McCallion, P. (2013). Social inclusion and community participation of individuals with intellectual/developmental disabilities. *Intellectual and Developmental Disabilities, 51*(5), 360–375.  
doi:10.1352/1934-9556-51.5.360
- Argentzell, E., Leufstadius, C., & Eklund, M. (2013). Social interaction among people with psychiatric disabilities - does attending a day centre matter? *International Journal of Social Psychiatry, 60*(6), 519–527. doi:10.1177/0020764013502318
- Asperger's syndrome. (2016). Retrieved from  
<http://www.chapelhaven.org/aspergers/curriculum.html>
- Badia, M., Orgaz, B. M., Verdugo, M. A., Ullán, A. M., & Martínez, M. M. (2011). Personal factors and perceived barriers to participation in leisure activities for young and adults with developmental disabilities. *Research in Developmental Disabilities, 32*(6), 2055–2063. doi:10.1016/j.ridd.2011.08.007
- Balandin, S. (2011). Participation by adults with lifelong disability: More than a trip to the bowling alley. *International Journal of Speech-Language Pathology, 13*(3), 207–217. doi:10.3109/17549507.2011.549569
- Bates, P., & Davis, F. A. (2004). Social capital, social inclusion, and services for people with learning disabilities. *Disability & Society, 19*(3).  
doi:10.1080/0968759042000204202

- Bigby, C. (2012). Social inclusion and people with intellectual disability and challenging behaviour: A systematic review. *Journal of Intellectual and Developmental Disability, 37*(4), 360–374. doi:10.3109/13668250.2012.721878
- Blattler, J. (2011). *PARinfosheet CTD*. Retrieved from [http://www.cmha.bc.ca/files/PARinfosheet\\_CTD.pdf](http://www.cmha.bc.ca/files/PARinfosheet_CTD.pdf)
- Bywater, K. (2014). Investigating the benefits of participatory action research for environmental education. *Policy Futures in Education, 12*(7), 920. doi:10.2304/pfie.2014.12.7.920
- California Department of Developmental Services. (2015). Overview of the federal requirements for home and community-based settings. Retrieved from <http://www.dds.ca.gov/HCBS/docs/HCBSRegsOverview.pdf>
- Canadian Mental Health Association, Alberta Division. Mental illness in Canada. (2016). Retrieved from Mental Health at [http://alberta.cmha.ca/mental\\_health/statistics](http://alberta.cmha.ca/mental_health/statistics)
- Cease-Cook, J. (2013). Life beyond the classroom: Transition strategies for young people with disabilities (5th edition). *Research and Practice for Persons with Severe Disabilities, 38*(2), 120–121. doi:10.2511/027494813807714500
- Cheung, C. (2012). Public policies that help foster social inclusion. *Social Indicators Research, 112*(1), 47–68. doi:10.1007/s11205-012-0039-3
- Cook, T., & Inglis, P. (2012). Participatory research with men with learning disability: Informed consent. *Tizard Learning Disability Review, 17*(2), 92–101. doi:10.1108/13595471211218875

- Corbett, A. (2011). Silk purses and sows' ears: The social and clinical exclusion of people with intellectual disabilities. *Psychodynamic Practice, 17*(3), 273–289. doi:10.1080/14753634.2011.587606
- Cornell University (2013). Disability status report. Retrieved from [http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport\\_US.pdf](http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_US.pdf)
- Danks, S. (2011). *The ADDIE model designing evaluating instructional coach effectiveness*. Retrieved from <http://rube.asq.org/edu/2011/09/process-management/the-addie-model-designing-evaluating-instructional-coach-effectiveness.pdf>
- Delman, J. (2012). Participatory action research and young adults with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 35*(3), 231–234. doi:10.2975/35.3.2012.231.234
- Department of Justice, Civil Rights Division. (2013, May 17). *Introduction to the ADA*. Retrieved from [http://www.ada.gov/ada\\_intro.htm](http://www.ada.gov/ada_intro.htm)
- Disability Scoop (2014, July 22). *Obama signs law limiting sheltered workshop eligibility*. Retrieved from <https://www.disabilityscoop.com/2014/07/22/obama-law-limiting-sheltered/19538/>
- Fesko, S. L., Hall, A. C., Quinlan, J., & Jockell, C. (2012). Active aging for individuals with intellectual disability: Meaningful community participation through employment, retirement, service, and volunteerism. *American Journal on Intellectual and Developmental Disabilities, 117*(6), 497–508. doi:10.1352/1944-7558-117-6.497

- Fisher, K. R., & Shang, X. (2014). Protecting the right to life of children with disabilities in China. *Journal of Social Service Research, 40*(4), 560–572.  
doi:10.1080/01488376.2014.922521
- Folk, E. D. R., Yamamoto, K. K., & Stodden, R. A. (2012). Implementing inclusion and collaborative teaming in a model program of postsecondary education for young adults with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 9*(4), 257–269. doi:10.1111/jppi.12007
- Johnson, H., Douglas, J., Bigby, C., & Iacono, T. (2009a). Maximizing community inclusion through mainstream communication services for adults with severe disabilities. *International Journal of Speech-Language Pathology, 11*(3), 180–190. doi:10.1080/17549500902825265
- Kemmis, S., & Mctaggart, R. (2008). Communicative action and the public sphere. Retrieved from [http://www.corwin.com/upm-data/21157\\_Chapter\\_10.pdf](http://www.corwin.com/upm-data/21157_Chapter_10.pdf)
- Kokemuller, N. (2016). What effects do Stakeholders have on your business? *Small Business Chron.* Retrieved from <http://smallbusiness.chron.com/effects-stakeholders-business-53361.html>
- Kramer, J. M., García-Iriarte, E., & Hammel, J. (2010). Following through to the end: The use of inclusive strategies to Analyze and interpret data in participatory action research with individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 24*(3), 263–273. doi:10.1111/j.1468-3148.2010.00602.x
- The Lanterman Act. Retrieved from <http://www.disabilityrightsca.org/pubs/506301Ch01.pdf>

- Lessonly. (n.d.). ADDIE model. Retrieved from <http://www.lesson.ly/addie-model/>
- Li, N., Du, W., Chen, G., Song, X., & Zheng, X. (2013). Mental health service use among Chinese adults with mental disabilities: A national survey. *Psychiatric Services, 64*(7), 638–644. doi:10.1176/appi.ps.001232012
- Mayfield, M. (2011). Creating training and development programs: Using the ADDIE method. *Development and Learning in Organizations, 25*(3), 19–22. doi:10.1108/14777281111125363
- McIntyre, A. (2008). Participatory action research. *Infinity*. doi:10.4135/9781483385679
- McMurray, A. J., Md, M. I., Sarros, J. C., & Pirola-Merlo, A. (2012). The impact of leadership on workgroup climate and performance in a non-profit organization. *Leadership & Organization Development Journal, 33*(6), 522-549. doi:<http://dx.doi.org.library.capella.edu/10.1108/01437731211253000>
- Molenda, M. (2015). In search of the elusive ADDIE model. *Performance Improvement, 54*(2), 40–42. doi:10.1002/pfi.21461
- Mubuuke, A. G., & Leibowitz, B. (2013). *Participatory action research: The key to successful implementation of innovations in health professions education. African Journal of Health Professions Education*. Retrieved from <http://www.ajhpe.org.za/index.php/ajhpe/article/view/208/145>
- Muir, K., Fisher, K. R., Abello, D., & Dadich, A. (2010). “I didn’t like just sittin’ around all day”: Facilitating social and community participation among people with

- mental illness and high levels of psychiatric disability. *Journal of Social Policy*, 39(03), 375–391. doi:10.1017/s0047279410000073
- Murray, K. (2013). *The language of leaders: How top CEOs communicate to inspire, influence and achieve results*. United Kingdom: Kogan Page.
- National Adult Day Services Association. The national voice for the adult day services community. (2010). Retrieved from <http://nadsa.org>
- Northway, R., Howarth, J., & Evans, L. (2014). Participatory research, people with intellectual disabilities and ethical approval: Making reasonable adjustments to enable participation. *Journal of Clinical Nursing*, 24(3-4), 573–581. doi:10.1111/jocn.12702
- Ottmann, G., Laragy, C., & Damonze, G. (2008). Consumer participation in designing community based consumer-directed disability care: Lessons from a participatory action research-inspired project. *Systemic Practice and Action Research*, 22(1), 31–44. doi:10.1007/s11213-008-9110-z
- Poe, G. (2016). *Top trending resources*. Retrieved from <http://www.businessbrief.com/apple-ceo-steve-jobs-12-rules-of-success/>
- Rojahn, J., Rowe, E. W., Kasdan, S., Moore, L., & van Ingen, D. J. (2011). Psychometric properties of the aberrant behavior checklist, the anxiety, depression and mood scale, the assessment of dual diagnosis and the social performance survey schedule in adults with intellectual disabilities. *Research in Developmental Disabilities*, 32(6), 2309–2320. doi:10.1016/j.ridd.2011.07.035

- Setnikar Cankar, S., & Petkovsek, V. (2013). Private and public sector innovation and the importance of cross-sector collaboration. *Journal of Applied Business Research (JABR)*, 29(6), 1597. doi:10.19030/jabr.v29i6.8197
- Shekhar, R., & Ebrary, I. (2009). *Global perspective on disability* (First edition.). Chandigarh, India: Abhishek Publications.
- Sheppard-Jones, K., Kleinert, H. L., Druckemiller, W., & Ray, M. K. (2015). Students with intellectual disability in higher education: Adult service provider perspectives. *Intellectual and Developmental Disabilities*, 53(2), 120–128. doi:10.1352/1934-9556-53.2.120
- Sherwin, J. (2010). Leadership for social inclusion in the lives of people with disabilities. *The International Journal of Leadership in Public Services*, 6, 84–93. doi:10.5042/ijlps.2010.0577
- Shoultz, B., Miller, E.E., & Ness, J. (2011). *Impact: Feature Issue on Volunteerism by Persons with Developmental Disabilities*, 14(2) [online]. Minneapolis: University of Minnesota, Institute on Community Integration.
- Thorn, S. H., Pittman, A., Myers, R. E., & Slaughter, C. (2009). Increasing community integration and inclusion for people with intellectual disabilities. *Research in Developmental Disabilities*, 30(5), 891–901. doi:10.1016/j.ridd.2009.01.001
- Townley, G. E. (2012). *Examining community integration of individuals with psychiatric disabilities residing in supported and non-supported housing* (Order No. 3523149). Available from ProQuest Dissertations & Theses Global; Psychology Database. (1041256018). Retrieved from

<http://search.proquest.com.library.capella.edu/docview/1041256018?accountid=27965>

Voogt, J., Westbroek, H., Handelzalts, A., Walraven, A., McKenney, S., Pieters, J., & de Vries, B. (2011). Teacher learning in collaborative curriculum design. *Teaching and Teacher Education*, 27(8), 1235–1244. doi:10.1016/j.tate.2011.07.003

Wolins, I. S. (2016). Reflections on educational leadership & innovation an agenda for new research. Retrieved from <http://connection.ebscohost.com/c/opinions/89762238/reflections-educational-leadership-innovation-agenda-new-research>

Yazdanifard, D. (2016). How effective leadership can facilitate change in organizations through improvement and innovation. Retrieved from [http://www.academia.edu/15356442/How\\_Effective\\_Leadership\\_can\\_Facilitate\\_Change\\_in\\_Organizations\\_through\\_Improvement\\_and\\_Innovation](http://www.academia.edu/15356442/How_Effective_Leadership_can_Facilitate_Change_in_Organizations_through_Improvement_and_Innovation)

Zeiger, S., & Media, D. (2016). Role of teachers in the curriculum process. Retrieved from <http://work.chron.com/role-teachers-curriculum-process-5344.html>

APPENDIX A

**The Community-Based Program  
ATTENDANCE CONTRACT**

The instruction provided at Program encourages independent living and employment skills. Community-Based Program staff provides participants with the training, resources, and encouragement required to attain success in desired goals.

**I acknowledge that my participation in the Community-Based Program is vital to attaining my desired goals. I will make every effort to attend program on a daily basis and will engage in program activities to the best of my ability. Furthermore, I will communicate all absences with Program staff in-person, by email, or by telephone.**

---

PARTICIPANT NAME (PLEASE PRINT FIRST AND LAST NAME) DATE

---

PARTICIPANT SIGNATURE DATE

---

PARENT AND/OR CONSERVATOR NAME (IF APPLICABLE, PLEASE SPECIFY) DATE

---

PARENT AND/OR CONSERVATOR SIGNATURE DATE

---

## APPENDIX B

### Volunteer Check List

Volunteer Site	Location/City	Days Available to Volunteer	Description of Job Skills Learned
1. Site 1	1. California	1. T and Th	1. Work in Garden/ Social Skills.
2.	2.	2	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.
6.	6.	6.	6.
7.	7.	7.	7.
8.	8.	8.	8.
9.	9.	9.	9.
10.	10.	10.	10.

## APPENDIX C

### FACE SHEET

<b>COMMUNITY-BASED PROGRAM PARTICIPANT FACE SHEET</b>				<b>REV DATE FOR OFFICE USE</b>	
PARTICIPANT START DATE <b>FOR OFFICE USE</b>	UCI # <b>FOR OFFICE USE</b>	AMBULATORY	BIRTH DATE		
<b>PARTICIPANT NAME</b>					
LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER		MARITAL STATUS
<b>CONTACT INFORMATION</b>					
<b>LIVING ARRANGEMENT (SPECIFY ONE OR MORE BELOW): FAMILY, GROUP HOME, INDEPENDENT APARTMENT</b>					
ADDRESS		HOME PHONE		CELL PHONE NUMBER	
		EMAIL			
LIVING ARRANGMENT		SOCIAL SECURITY # (OPTIONAL)		CONSERVE D	CONSERVATOR(S) NAME
ALTERNATE ADDRESS(ES) – PLEASE SPECIFY					
CSC (Regional Center Counselor)		PHONE NUMBER <b>FOR OFFICE USE</b>		EMAIL ADDRESS <b>FOR OFFICE USE</b>	
<b>EMERGENCY CONTACT(S)</b>					
NAME	RELATIONSHIP	PHONE NUMBER		ALTERNATE PHONE NUMBER	
<b>IN CASE OF EMERGENCY, PARTICIPANT IS TO USE THE FOLLOWING METHOD OF TRANSPORTATION →</b>		MTA	R&D VAN	REMAIN AT TASC UNTIL PICKED UP BY THE FOLLOWING INDIVIDUAL(S)	
<b>MEDICAL INFORMATION</b>					
PARTICIPANT DIAGNOSIS		<b>SPECIAL DIETARY RESTRICTIONS</b>		<b>HISTORY OF SEIZURES</b>	

**APPENDIX D**  
Employment Information Form

COMMUNITY-BASED PROGRAM EMPLOYEE INFORMATION FORM			
EMPLOYEE START DATE		JOB TITLE	
EMPLOYEE NAME			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
CONTACT INFORMATION			
HOME ADDRESS		HOME PHONE	CELL PHONE NUMBER
		EMAIL	
EMERGENCY CONTACT(S)			
NAME	RELATIONSHIP	PHONE NUMBER	ALTERNATE PHONE NUMBER
FORMS/DOCUMENTS CHECKLIST			
RESUME/APPLICATION	JOB DESCRIPTION	SUPPORTING DOCUMENTS	
COPY OF DRIVER'S LICENCE/ID COPY OF AUTO INSURANCE	HEALTH SCREENING	TB TEST CLEARANCE	
LIC 9052	SOC 341A	LIC 508	
EMPLOYEE MANUAL RECEIPT	RELEASES	MISCELLANEOUS DOCUMENTS	



APPENDIX F

Sample ISP

**Individual Service Plan**

**Consumer Name:** John Doe

**Dates Covered:**

**UCI#:** XXXXXX

**Date of Birth:**

**DESIRED OUTCOMES**

- 1. John will give a two-minute presentation in English to his classmates on the subject of his choice once a week with two prompts from staff at 50% accuracy by 11/16.*
- 2. John will utilize the internet to research his speech topics once a week with two prompts from staff at 50% accuracy by 11/16.*

*Must be measurable*

**PROGRESS AND SERVICE PLANS**

**Sample Goal**

**Outcome #1:** *John will give a two-minute presentation in English to his classmates on the subject of his choice once a week with two prompts from staff at 50% accuracy by 11/16.*

**Target Date:** ISPs are scheduled by-

**Intake-1 month after intake. Goals are established.**

**2. Birth month (annual)**

**3. Semi-Annual (6 months after annual)**

**Current Progress:** John met this goal at 69% during the current review period. **(Based on data collected from monthly goal sheets)** This is a(n) improvement/decline of (provide % from last year's ISP) over last year's data. **Provide examples of progress or decline.**

**I HAVE READ AND I AGREE TO THE GOALS STATED ABOVE:**

Representative: \_\_\_\_\_

Date \_\_\_\_\_

**APPENDIX G**  
Sample SIR Report

COMMUNITY-BASED PROGRAM SPECIAL INCIDENT REPORT (SIR)				DATE OF REPORT
PARTICIPANT START DATE FOR OFFICE USE	UCI # FOR OFFICE USE	AMBULATORY	BIRTH DATE	
PARTICIPANT NAME				
LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	MARITAL STATUS

INCIDENT DATE

TIME

LOCATION

STAFF PERSON THAT RESPONDED

DESCRIPTION OF INCIDENT

ACTION TAKEN

REPORT WRITTEN BY

REPORT APPROVED BY

## APPENDIX H

### Sample Monthly Progress Report

Consumer Name: John Doe.

Month/Year:

ISP Goals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	%
John will give a two-minute presentation in English to his classmates on the subject of his choice once a week with two prompts from staff at 50% accuracy by 11/16.	-	+	+	+	-	n/a	n/a	-	-	+	+	+	n/a	n/a	+	+	+	69%
John will utilize the internet to research his speech topics once a week with two prompts from staff at 50% accuracy by 11/16.	+	+	+	+	+	n/a	n/a	+	+	+	+	+	n/a	n/a	+	+	+	100%

+ if goal is completed successfully - if goal is not completed N/A if not applicable or if consumer is absent % is determined by +/total

## APPENDIX I

### Transportation Routes

Participants	Address	Contact Information
1.		
2.		
3.		
4.		
5.		
6.		

**APPENDIX J**

**Community-Based Program Design Evaluation Form**

**As Non-Profit Organization X keeps on enhancing their group based project plan, your info is valued. The presentation and handbook you as of late received will help us with this procedure.**

**Program Location:** California

**Moderator's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Your Name (discretionary):** \_\_\_\_\_ **Phone or email:**

\_\_\_\_\_

**If it's not too much trouble show your level of fulfillment with each of the accompanying:**

**The handbook lived up to my desires:**

Poor/fair/satisfactory/good/excellent

**The handbook content:**

Poor/fair/satisfactory/good/excellent

**Capacity of moderator to convey handbook content:**

Poor/fair/satisfactory/good/excellent

**Substance and helpfulness of assets:**

Poor/fair/satisfactory/good/excellent

**Generally speaking, how might you rate this group based project outline?**

Poor/fair/satisfactory/good/excellent

**On the off chance that you replied "poor" or "fair" to any of the above please demonstrate your reasons:**

**Would you prescribe this handbook to comparable program? Yes/No**

**What changes, assuming any, would you suggest for this handbook?** \_\_\_\_\_

**Do you have any proposals for development of the handbook?**

\_\_\_\_\_

**Extra Comments:**

**Thanks for providing your feedback**

## STATEMENT OF ORIGINAL WORK

### Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

### Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Type

Learner name

and date Issac Hatley 5-13-16

Mentor name

and school Jillian Skelton School of Education