The Great Leap Forward: Transitioning Into the Adult World

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ABSTRACT: Transitioning from high school to the adult world is a complicated process for adolescents with traumatic brain injuries (TBIs). The Individuals With Disabilities Education Act (IDEA) requires transition services for students with disabilities. This article describes those services and how to customize these services to support the needs of students with TBI before and after they leave public school.

KEY WORDS: adolescents, transition, traumatic brain injury (TBI)

A student sustains a traumatic brain injury (TBI) and a series of transitions starts to unfurl. Initially, care within the hospital needs to be coordinated between emergency services, intensive care, and rehabilitation services. Later, the student has to be carefully transitioned from hospital services to home and from home back into the school. Furthermore, ongoing management of students with TBI requires planned transitions between academic subjects, classrooms, grade-to-grade changes, and schools (elementary, middle, secondary). Yet, by far the most challenging transition is encountered when students with TBI graduate from public school services and transition into the adult world. Many students with TBI who were successful in well-structured and well-funded public school programs now face another set of barriers to overcome. This article addresses transition plans and strategies that are pertinent to students with TBI, including federal mandates, evaluation tools, employment skills, postsecondary education, independent living, and community participation.

Federal and State Mandates

Obviously, transition is not a singular event. Transition from public school into the adult world is a systematic process of carefully planned steps, with each step building upon the other. The Individuals With Disabilities Education Act (IDEA, 1997, 2004) requires transition services for students with disabilities, including those students with TBI. IDEA also requires that transition services be well planned and consist of specific action steps that are outlined in the students' individualized education plans (IEPs). IDEA further defines transition services as

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Professional staff checklist

18 years old
- Complete Placement Criteria Assessment—Forward to BNH Adult Services (if applicable)
- Complete Positive Student Profile—Forward to BNH Adult Services (if applicable)
- Facilitate DDD presence at IEP/IHP meetings
- Provide family with information on guardianship status
- Send reminder card to family, i.e., SSI, Selective Service, guardianship
- Send Transition Plan and checklist of available records to DDD/DVR
- Solidify and make referrals to all adult programs identified as potential discharge sites
- Complete initial intake assessment (BNH residential students only)
- Provide adult program family handbook to family; person served handbook to individual (for BNH residential students only)
- Send checklist of available records for review (found in central records) to BNH Adult Services (if applicable)

19 years old
- Register individual with DVR for vocational assessment
- Begin internal graduate meetings with BNH adult programs (if applicable)
- Host graduate meetings with families, adult service providers, funding agencies
- Forward IEP/IHP to BNH adult programs (if applicable)

20 years old
- If BNH adult programs are identified as probable discharge sites, adult program representative attends annual planning meeting
- Invite DDD/DVR case manager to attend annual planning meeting
- Continue graduate transition meetings with BNH adult service programs (if BNH identified as probable discharge site)
- Transition goals reviewed by BNH adult services and modified as necessary (if applicable)
- External placement work-ins
- Internal placement work-ins
- Host parent/teacher conference

20–21 years old Final Year
- Finalize post-21 placements (employment and residential)
- Finalize funding
- Increase to bimonthly transition meetings (for BNH internal placements)
- Continue transition work-ins

Family Checklist

18 years old
- Encourage DDD presence at IEP/IHP meetings (if applicable)
- Review information on SSI selective service, guardianship, etc., and initiate application process (if applicable)
- Make sure school sends Transition Plan, PLEP, checklist of available records to DDD/DVR
- Work with school staff to solidify and make referrals to all programs identified as potential discharge sites

19 years old
- Register individual with DVR for vocational assessment
- Begin internal graduate meetings with BNH adult programs (if applicable)
- Attend graduate meetings with families, adult service providers, funding agencies
- Make sure school forwards IEP/IHP to potential adult placement

20 years old
- Encourage adult program representative to attend annual planning meeting
- Invite DDD/DVR case manager to attend annual planning meeting
- Finalize post-21 placement (employment and residential)

20–21 years old Final Year
- Finalize post-21 placements (employment and residential)
- Finalize funding

17 years old
- Make sure school provides opportunities to train in natural environments (e.g., school and community-based job placements)
- Ensure vocational program focus on career preparation
- Continue to identify potential discharge sites

16 years old
- Initiate guardianship process (when appropriate)
- Confirm registration with DDD (if applicable)
- Begin to identify potential discharge sites
- Ensure statement in IHP/IEP to acknowledge interagency responsibilities
- Make sure school continues to provide vocational training/career exploration

14 years old
- Review family guide on transition services
- Make sure school has identified transition team members
- Make sure an initial transition plan is developed by school
- Identify discharge planning goals
- Ensure plan provides for instructional vocational training/career exploration

17 years old
- Provide opportunities to train in natural environments (e.g., school and community-based job placements)
- Ensure vocational program focus on career preparation
- Continue to assist family in identifying potential discharge sites

16 years old
- Notify parents of importance of initiating guardianship process (when appropriate)
- Confirm registration with DDD (if applicable)
- Assist family in identifying potential discharge sites
- Ensure statement in IHP/IEP to acknowledge interagency responsibilities
- Continues to provide vocational training/career exploration

14 years old
- Provide family with guide on transition services
- Identify transition team members
- Develop initial transition plan
- Identify discharge planning goals
- Ensure plan provides for instructional vocational training/career exploration

FIGURE 1. Steps to successful transitioning. BNH = Bancroft NeuroHealth; DDD = Department of Developmental Disabilities; DVR = Department of Vocational Rehabilitation; IEP = Individualized Education Plan; IHP = Individualized Habilitation Plan; PLEP = Present Levels of Performance; SSI = Social Security Income.

. . . a coordinated set of activities for a student, designed within an outcome-oriented process which promotes movement from school to postschool activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, and independent living, or community participation. (IDEA, 1997, Section 602.30)

In addition, transition planning is required by IDEA to start once a student reaches the age of 14 years, and the transition plan should be part of the students' IEPs. Some states even require career assessments when students are 12 years old (see Brain Injury Association of New York State [BIANYS], 2004). At that IEP meeting, and each meeting thereafter, the IEP team must look at the students' courses of study to determine if such studies will lead students to where they need to be at graduation (National Information Center for Children and Youth With Disabilities [NICHCY], 1999).

Clearly, the first critical element in successful transition planning is for students' IEP teams to have well-defined visions based on students' strengths, needs, and preferences. In a careful assessment of students' strengths, needs, and preferences, teams must investigate need for independent living services, psychological services, social services, community services, transportation training, case management, and vocational services (Kreutzer & Kolakowsky-Hayner, 2000). Unique to the creation of this vision is the fact that many students who were injured in their teenage years had already developed hopes and dreams for themselves. Despite profound memory losses and severe cognitive impairments as a result of the TBI, many adolescents with TBI still recall what they wanted to do and where they wanted to go in life. For students with TBI, their injury was acquired; it was not something they were born with and had lived with since birth. Therefore, students' teams will need to help adolescents address these "lost hopes and dreams" and adjust to current reality. Counselors and psychologists will need to guide students as they redevelop a new "sense of self" (Pollack, 1994) and new hopes and dreams.

TABLE 1. Planning for Living Independently

What does this student need?	Actions the high school transition team may recommend
Assessment that identifies strengths, needs, interests, preferences for adult and independent living, including recreation and leisure	Interview youth and family regarding adult and independent living interests and preferences (use other methods to assess interests and preferences if student is nonverbal); observe youth in independent living or recreational setting; interview youth and family regarding medical needs; interview youth and family regarding financial plans; identify transportation skills and needs; develop a list of supports student needs to be successful; and identify needed natural supports, accommodations, and support services.
Development of adult living placement options, including recreation and leisure (not needed immediately, but for planning purposes)	Analyze adult living options in the local area (e.g., group homes, supported living homes, roommates); analyze locality for leisure and recreation options in the local area; coordinate with other families and youth looking for adult living options; provide training and education for families and youth regarding living and financial options for transition aged youth; and analyze community for transportation options.
Match youth to adult living placement options, including recreation and leisure	Analyze the demands and expectation of the adult living and community participation options, and match the student's assessment and list of supports to the demands and expectations of these options.
Training and preparation for adult living	Provide instruction to prepare youth to enter identified adult living and community options; identify potential service providers for needed supports and accommodations; develop natural supports; and provide opportunities to participate in the community in the identified settings.
Placement and follow-along	Monitor progress; monitor changing need for natural supports; monitor changing need for services; and make adjustments as needed.

Note. Adapted from "Transition planning: A team effort," by the National Information Center for Children and Youth With Disabilities (NICHCY), 1999.

Last, the information gained from this assessment must be then translated into a coordinated set of activities

. . . designed within an outcome-oriented system . . . [that] include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living and functional vocational evaluation. (IDEA, 1997, Section 602.30)

Transition Planning Models

National and state organizations, as well as public schools and private facilities, have developed various models that incorporate the federal and state mandates into a template that teams can use to identify strategies, services, and supports for students. One private specialized facility, Bancroft NeuroHealth (2000), for example, developed a pyramid model that

TABLE 2. Planning for Education After High School

What does this student need?	Actions the high school transition team may recommend
Assessment that identifies strengths, needs, interests, preferences for postsecondary education	Assess student's self-advocacy skills, academic preparation, and college-bound test scores; assess student's technical skills, social skills, independent living skills; interview youth regarding educational setting interests and preferences—size, setting, programs (use other methods to assess interests and preferences if student is nonverbal); identify youth's long-term career goals; develop a list of supports student needs to achieve postsecondary education goals; discuss health care issues that may affect student in postsecondary setting; identify needed natural supports, academic or physical, accommodations, and support services.
Development of postsecondary education options	Visit campuses; participate in college night; have college students with disabilities talk to youth; research colleges and universities that offer special services for students with disabilities; discuss financial issues; and discuss preferred location of college.
Matching of student and postsecondary education setting	Analyze the demands and expectations of the postsecondary education setting—accessibility, support services availability, academic rigor, social culture, independent living setting; and match the student's assessment and list of needed supports to the demands of the postsecondary education setting.
Preparation for postsecondary education	Provide developmental academic support and coursework needed to prepare for postsecondary education goals; assist youth with applications, interviews, and test preparation; identify potential service providers; develop natural supports; and provide self-advocacy training.
Placement and follow-along	Monitor progress in the postsecondary setting; monitor changing need for natural supports; monitor changing need for services; and advocate for changes and adjustments as needed.

Note. Adapted from "Transition planning: A team effort," by the National Information Center for Children and Youth With Disabilities (NICHCY), 1999.

families and professional staff can use to guide them year by year to manage the transition process (see Figure 1).

NICHCY (1999) has developed several templates to guide students' teams in planning for employment, independent living, and postsecondary education (see Table 1).

These models help staff measure, monitor, and manage the transition process to ensure success. These models also help keep teams' focuses on the "mission" through person-centered planning (Field, Hoffman, & Spezla, 1998). Students with TBI, as with other students with complex disabilities, need what all adults need—meaningful work to do, safe and healthy places to live, and people around them who care about their total well-being.

Evaluation of Strengths, Needs, and Preferences

All models for successful transition include a comprehensive evaluation of the student's strengths, needs, and preferences. There are numerous evaluation tools to assess the needs of students with disabilities (e.g., intelligence tests, achievement tests, functional assessments, vocational assessments, safety analyses). Some of these tools are pertinent to the unique needs of students with TBI, whereas others are not.

Many of the evaluation instruments used in schools may not specifically examine the actual adult skills required in the adult world. Thus, for students with TBI, the use of evaluation tools that have proven useful with adults with TBI may be more applicable. Many adult TBI evaluation tools were normed on individuals aged 16 years or older. Instruments such as *Scales of Cognitive Ability for Traumatic Brain Injury* (Adamovich & Henderson, 1997) and the *Prospective Memory Screening/Training Kit* (Sohlberg & Mateer, 2001), although not commonly used by school personnel, can be procured and used in the evaluation process by competent team members.

More important, neuropsychological testing is not commonplace in public schools, yet it is a standard practice for rehabilitation specialists in the evaluation of children and adults with TBI. Students' teams will need to become familiar with neuropsychological testing so they can incorporate the results into the transition plan. Teams should also consider inviting students' neuropsychologists to join the transition team.

Neuropsychological evaluation clinically details and isolates the particular cognitive and behavioral strengths and deficits students will experience in the work environment, independent living, and community participation. Because neuropsychological testing is based on identifying brain–behavior relationships (i.e., How has the TBI compromised the way this student will learn and behave in the future?), these evaluations are very helpful in identifying particular problem areas for students. For example, students with frontal lobe deficits will experience

Part E: Health and Safety Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Taking medications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Obtaining health care services	0	1	2	3	4	0	1	2	✕	✕	0	1	2	3	4	
4. Ambulating and moving about	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Learning how to access emergency services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Maintaining a nutritious diet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Maintaining physical health and fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	

TOTAL Raw Score
Health and Safety Activities

Enter the Raw Score (max. = .94) on the SIS Profile, on page 8, Section 1A, Part E, Health and Safety Activities

RATING KEY

FREQUENCY:
How frequently is support needed
for this activity

0 = none or less than monthly
1 = at least once a month, but not once a week
2 = at least once a week, but not once a day
3 = at least once a day, but not once an hour
4 = hourly or more frequently

DAILY SUPPORT TIME:
On a typical day, when support in this area is
needed, how much time should be devoted?

0 = none
1 = less than 30 minutes
2 = 30 minutes to less than 4 hours
3 = 2 hours to less than 4 hours
4 = 4 hours or more

TYPE OF SUPPORT:
What kind of support
should be provided?

0 = none
1 = monitoring
2 = verbal/gestural prompting
3 = partial physical assistance
4 = full physical assistance

FIGURE 2. Example of health and safety activities from Supports Intensity Scale (AAMR, 2004).

problems in "executive thinking skills," such as planning, organization, problem-solving, and behavior regulation (Ryan, Barth, LaMatche, & Boll, 1996). Students with cognitive-communication problems may need support for work or social conservations, responding to directions, processing complex information, and remembering critical information (Blosser & DePompei, 2003).

Neuropsychological testing and neuroimaging technology can help identify those areas of the brain that were not compromised by the injury. Students with TBI, unlike some other students with disabilities, have variable performance profiles. Clinical and medical (neurological, neuroimaging) evaluations can help identify not only preserved knowledge and functioning, but also provide teams with information about areas of strength. For example, students whose TBI compromised the functioning of the left hemisphere (language, temporal functioning) more than the right hemisphere may be able to work at a job that requires demanding spatial skills, even though the students' expressive language skills are severely limited. Such clinical or medical information about the students' TBI and resulting deficits and strengths is crucial to helping teams identify potential long-term problem areas and potential areas for success.

Last, a combination of clinical evaluation and functional evaluation tools will provide teams with a clearer understanding of the students' strengths, needs, and preferences and how these skills match the skills necessary to succeed in the adult world.

Employment and Postsecondary Education

Along with clinical neuropsychological evaluations, there are other instruments that help assess the functional skills of students with TBI in selected areas, such as employment. The Vocational Assessment Protocol (Thomas & Botterbusch, 1997) combines both clinical and functional evaluation elements and was developed specifically for young and older adults with TBI to identify the types of on-the-job supports they will require to be successful. Although the ability to do the job is important, most often it is the other job skills that create problems for students with TBI. Processing speed, interaction with work peers, endurance, and use of appropriate lan-

TABLE 3. Potential Consultants to the Transition Team

Potential consultant	Relationship to transition services
Adult Education Representative	provides information about lifelong education options
Advocacy Organization(s) Representative	may offer self-advocacy training or support groups for young adults
Assistive Technology Representative	provides expertise on devices that can open doors to opportunities
At-Risk/Prevention Specialist	offers counseling and support on teen pregnancy, alcohol, and drugs
Business-Education Partnership Representative	provides links between schools and local businesses and industry
Community Action Agency Representative	may link team to resources for traditionally underrepresented groups
Correctional Education Staff	provides incarcerated youth with continued learning opportunities
Drop-Out Prevention Representative	provides youth with alternatives to dropping out of school
Employer	offers insight into expectations; promotes hiring of people with disabilities
Employment Specialist	provides job development, placement, coaching
Extension Service Agent	offers programs in parenting, homemaking, independent living
Guidance Counselor	provides information on curriculum, assessment, graduation requirements, college
Health Department/School Nurse	provides guidance on community health services and health care advice
Higher Education Representative	provides information on postsecondary services to students with disabilities
Housing Agency Representative	assists in developing housing options
Leisure Program Representative	knows available program options within the community
Literacy Council Representative	coordinates volunteers to teach basic reading and writing skills
Local Government Representative	funds many local services; can provide information on local services
Local Disability Representative (e.g., UCP)	provides information and training (often serves all disabilities, not just one)
Parent Training Information Center Representative	provides training on transition planning and advocacy services to families
Religious Community Member	can provide social support to young adults and their families
Residential Service Provider	can help access specialized housing
Social Worker	provides guidance and arranges for case management, support, and respite care
Special Olympics Representative	provides sports training, competition, and recreational opportunities for youth
Therapist	provides behavioral, physical, occupational, and speech services in the community
Transportation Representative	offers expertise about transportation options and training
United Way Representative	funds many community programs that may offer options for young adults
Very Special Arts Representative	provides information on art programs and opportunities for youth
Vocational Educator	provides job training; teaches work-related skills
YMCA/YWCA	offers recreation and leisure programs

Note. Adapted from "Transition planning: A team effort," by the National Information Center for Children and Youth With Disabilities (NICHCY), 1999.

guage are all common problems for students with TBI and can contribute to job failure (Kreutzer & Kolakowsky-Hayner, 2000; Rusch & Chadsey, 1998).

Thomas and Botterbusch (1997) identified critical work behaviors that individuals with TBI frequently experience. These functional work behaviors along with clinical information from the neuropsychologist can help team members identify skills to address in prevocational programs (see Appendix A). Some students with TBI will choose to pursue postsecondary education (e.g., vocational school, community college, four-year college or university). The team will need to devote time to examine the available options, determine the most suitable placement, and prepare the student to make the transition. Students who require special education services in high school are likely to need special assistance or accommodations at the postsecondary level (Lash, Kahn, & Wolcott, 1997; Sherwin & Frey, 2003). Individuals with TBI can access such services under Section 504 of the Rehabilitation Act in postsecondary settings. Section 504 requires all postsecondary institutions that receive federal education funds to provide accommodations to enable students with disabilities to participate. Accommodations are made on a case-by-case basis and may include untimed examinations, extended time on assignments, tape-recorded textbooks, and preferential seating. The types of accommodations provided are determined by individual institutions and, therefore, vary widely among schools. Evaluating a particular institution's capacity to provide services needed by a particular student is critical (Goodwin & Larson, 1999).

In addition to providing required accommodations, some colleges offer special services (e.g., study skills classes, tutoring in subject areas, support groups, special counselors). These services are offered voluntarily and may involve a fee. Finally, a limited number of colleges offer special programs designed specifically for students with TBI (Coastline Community College, 2005). Table 2 delineates a planning guide, developed by NICHCY (1999), designed to guide the student's team and the student in their decision making about postsecondary education.

Independent Living and Community Participation

Living as independently as possible in one's chosen community is almost an inherent right. For people with disabilities, this right is only a recent accommodation. Segregated institutions still exist for some people with disabilities; however, over the past 2 decades, a significant increase in community living and community participation has emerged. The

right of people with disabilities to live in the community was reinforced by the July 13, 1999 decision of the United States Supreme Court in *Olmstead v. L.C. and E.W.* This landmark decision, however, still leaves room for states to maintain a range of facilities. The Supreme Court recognized that the Individuals With Disabilities Act does not necessarily require a state to serve everyone in the community. Decisions regarding services and where they are to be provided must be made based on whether community placement is appropriate for a particular individual. Furthermore, consideration must be given to whether such placement would fundamentally alter the state's programs and services.

Identifying the functional, day-to-day kinds of supports that students will require, the frequency of these supports, and the professional or caregiver needed to provide these supports is necessary in the evaluation process. Although clinical tools (e.g., neuropsychological evaluations) provide valuable brain–behavior information about students, it is often the functional evaluations that help teams better match students' current skills with the demands of the environment (e.g., work, social, health). Functional evaluations focus on an individual's performance on tasks that are required for living, working, and socializing in the adult world (American Association of Mental Retardation [AAMR], 2004). Most important, functional supports that can be quantified will provide a baseline to assist caregivers to monitor the changing needs of students as they age into adult years.

In particular, the *Supports Intensity Scale* (AAMR, 2004) lists the major activities for home living, community living, lifelong learning, employment, health and safety, social, protection and advocacy, and medical and behavioral supports. Although not developed only for individuals with TBI, the *Supports Intensity Scale* focuses on individual functional supports that pertain to individuals with complex intellectual and cognitive challenges. The individual's team works together to complete a supports needs profile to identify precisely the type of support, frequency of supports needed, and the type of supports required (professional, caregiver). An example of

health and safety activities from AAMR is delineated in Figure 2.

For many adults with TBI, a range of facilities may not exist in all states because of funding mechanisms or lack of brain injury service providers. Therefore, many individuals with TBI are referred to programs that were developed for other disability populations and, hence, may not be able to meet their unique needs. Students' teams will often have a great deal of difficulty identifying TBI-funding sources and locating TBI residential housing options. Therefore, it is again paramount to refer students with TBI to adult service funding agencies and providers as soon as possible. Such referrals should include social security programs, independent living centers, and residential service providers. Coordination with programs that provide assistance to adults with TBI, such as state brain-injury waiver programs or state brain injury associations, is essential. The Brain Injury Association of America (BIAA) is a resource for the identification and description of brain injury programs in the United States. These organizations can serve as a resource to enhance student teams' knowledge about the types and kinds of services available, qualification requirements, availability of services at the local level, and procedures for completing applications. Appendix B provides a list of resources that may help answer specific questions about social security, employment, independent living, and other areas of concern.

Assembling a Transition Team

Assembling an effective transition team is crucial to the student's long-term success (Clark, 1998; Elksnin & Elksnin, 1988; Wehman, 1998). Collaboration between IEP team members and participating agencies allows students to increase their time in the community learning skills in realistic environments. Such collaboration allows needed adult service agencies to get to know students prior to high school graduation. Thus, not only will students with TBI learn skills on the job or in the community where they will work and live, but funding mechanisms for needed adult support services also will not be delayed

because of poor planning. Because there is usually a long waiting list for most state agency services, good transition planning should start the referral process early while students are still in high school (Savage & Niemann, 2001).

Transition team members do not need to come only from social service agencies. Students and their families may invite relatives, community friends, or advocates to consult with teams (Field et al., 1998; Hamilton & Hamilton, 1997; NICHCY, 1999). Other transition team consultants recommended by NICHCY may include those listed in Table 3.

Conclusion

The coordinated transition of students with TBI into the adult world of employment and postsecondary education, independent living, and community participation is critical to their long-term success. Students' transition teams need to incorporate both clinical and functional evaluation tools to identify the students' strengths, needs, and preferences. Such planning needs to start as early as possible to create a vision for the future and to make certain that all the steps are in place.

REFERENCES

Adamovich, B., & Henderson, J. (1997). *Scales of cognitive ability for traumatic brain injury.* Dedham, MA: AliMed.

American Association of Mental Retardation (AAMR). (2004). *Supports Intensity Scale.* Washington, DC: Author.

Bancroft NeuroHealth. (2000). *Family transition handbook.* Haddonfield, NJ: Author.

Blosser, J., & DePompei, R. (2003). Understanding individual cognitive-communication capabilities. In J. L. Blosser & R. DePompei (Eds.), *Pediatric traumatic brain injury* (2nd ed., pp. 97–138). Clifton Park, NY: Delmar/Thompson Learning.

Brain Injury Association of New York State (BIANYS). (2004). *Transitioning to the adult world.* Albany, NY: Author.

Clark, G. M. (1998). *Assessment for transition planning: A guide for special educators and related service personnel.* Austin, TX: Pro-Ed.

Coastline Community College. (2005). *Acquired brain injury program.* Fountain Valley, CA: Author.

Elksnin, N., & Elksnin, L. K. (1988). *Teaching occupational social skills.* Austin, TX: Pro-Ed.

Field, S., Hoffman, A., & Spezla, S. (1998). *Self-determination strategies for adolescents in transition.* Austin, TX: Pro-Ed.

Goodwin, J., & Larson, L. (1999). *Going to college: When a student has a brain injury.* Wake Forest, NC: L & A Publishers.

Hamilton, M., & Hamilton, S. (1997). *Learning well at school: Choices of quality.* Washington, DC: National School-to-Work Learning Center.

Individuals With Disabilities Education Act. (1997). Pub. L. No. 105-17, 105th Congress 20 U. S. C. Sec. 602.30.

Individuals With Disabilities Education Act. (2004). Pub. L. No. 105-17, 105th Congress 20 U. S. C. Sec. 602.30.

Kreutzer, J. S., & Kolakowsky-Hayner, S. A. (2000). *Thinking about work?* Wake Forest, NC: L & A Publishers.

Lash, M., Kahn, P., & Wolcott, G. (1997). *When your teenager is injured: Preparing for work and adulthood*. Wake Forest, NC: L & A Publishers.

National Information Center for Children and Youth With Disabilities (NICHCY). (1999). *Transition planning: A team effort*. Washington, DC: Author.

Pollack, I. W. (1994). Re-establishing an acceptable sense of self. In R. C. Savage & G. W. Wolcott (Eds.), *Educational dimensions of acquired brain injury* (pp. 303–318). Austin, TX: Pro-Ed.

Rehabilitation Act of 1973, 29 U. S. C. § 794 (1974).

Rusch, F., & Chadsey, J. (1998). *Beyond high school: Transition from school to work*. Belmont, CA: Wadsworth.

Ryan, T. V., Barth, J. T., LaMatche, J. A., & Boll, T. J. (1996). Neuropsychological consequences and treatment of pediatric head trauma. In E. S. Batchelor & R. S. Dean (Eds.), *Pediatric neuropsychology* (pp. 42–58). Boston: Allyn & Bacon.

Savage, R. C., & Niemann, G. W. (2001). Transition services: Building a bridge between adolescence and young adulthood. *Brain Injury Source, 2*(2), 24–30.

Sherwin, E., & Frey, W. (2003). Going the distance: Pursuing postsecondary education after a traumatic brain injury. *Brain Injury Source, 6*(3), 42–45.

Sohlberg, M. M., & Mateer, C. A. (2001). *Prospective memory screening/training*. Wake Forest, NC: L & A Publishers.

Thomas, D. F., & Botterbusch, K. F. (1997). The vocational assessment protocol for school-to-work transition programs. *Journal of Head Trauma Rehabilitation, 12*(2), 48–66.

Wehman, P. (1998). *Developing transition plans*. Austin, TX: Pro-Ed.

APPENDIX A
Work Skills and Behaviors

Follow rules and regulations, including safety

Remember work instructions

Work efficiently at acceptable work pace

Follow through on work tasks to completion

Start work on time and after breaks

Attend work daily and call with reasonable excuse for absences

Organize the work and related materials

Request assistance when needed

Develop new skills in relation to job demands

Have sufficient work stamina

Display an appropriate awareness of surroundings and activities in the immediate vicinity

Express oneself clearly and efficiently

Exhibit enthusiasm appropriately, giving the impression of being motivated to work

Demonstrate adequate grooming and hygiene

Demonstrate a desire or need to work

Perform simple math on the job such as counting, estimating, solving simple problems, measuring, etc.

Follow supervisor's work instructions accurately

Refrain from complaining about coworkers, supervisor, work tasks

Cooperate with supervisors

Establish appropriate relationships with supervisors

Profit from instruction or criticism

Maintain proper posture and distance from others during conversations

Handle minor work stress and frustrations on the job

Refrain from making others uncomfortable by awkward comments or out-of-context, inappropriate remarks

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Note. Adapted from "The Vocational Assessment Protocol for School-to-Work Transition Programs," by D. F. Thomas & K. F. Botterbusch, 1997, *Journal of Head Trauma Rehabilitation, 12*(2), 48–66.

APPENDIX B
Suggested Resources

Americans With Disabilities Act Disability and Business Technical Assistance Centers (DBTAC): Tel: 1.800.940.4232. (The DBTACs provide information, referral, TA, and training on the ADA.)

Associations on Higher Education and Disability (AHEAD): PO Box 21192, Columbus, OH 43221-0192. Tel: 614.488.4972 (Voice/TTY).
E-mail: ahead@postbox.acs.ohiostate.edu; URL: http://www.ahead.org

Brain Injury Association of America (BIAA): 105 N. Alfred St., Alexandria, VA 22314. Tel: 703.236.6000; URL: http://biausa.org

Council for Exceptional Children, Division on Career Development and Transition: 1920 Association Dr., Reston, VA 20191-1589. Tel: 703.620.3660; 703.264.9446 (TTY). URL: http://www.cec.sped.org

HEATH Resource Center (National Clearinghouse on Postsecondary Education for Individuals With Disabilities: One Dupont Circle, NW, Suite 800, Washington, DC 20036-1193. Tel: 1.800.544.3284; 202.939.9320. E-mail: heath@ace.nche.edu; URL: http://www.acenet.edu/programs/HEATH/home.html

National Council on Independent Living (NCIL): 1916 Wilson Blvd., Suite 209, Arlington, VA 22201. Tel: 703.525.3406; 703.525.4153 (TTY).
E-mail: ncil@tsbbs08.tnet.com

National Information Center for Children and Youth With Disabilities (NICHCY): PO Box 1492, Washington, DC 20013. Tel: 1.800.695.0285; 202.884.8200 (Voice/TTY).
E-mail: nichcy@aed.org; URL: http://nichcy.org

National Transition Alliance for Youth With Disabilities: Transition Research Institute, University of Illinois, 113 Children's Research Center, 51 Gerty Dr., Champaign, IL 61820. Tel: 217.333.2325. E-mail: nta@aed.org; URL: http://www.dssc.org/nta

President's Committee on Employment of People With Disabilities: 1331 F. St., NW, Suite 300, Washington, DC 20004. Tel: 202.376.6200; 202.376.6205 (TTY).
E-mail: info@pcepd.gov; URL: http://www.pcepd.gov

Research and Training Center on Independent Living: University of Kansas, 4089 Dole Building, Lawrence, KS 66045-2930. Tel: 913.864.4095 (Voice/TTY).
E-mail: rtcil@kuhub.cc.ukans.edu; URL: http://www.lsi.ukans.edu/rtcil/rtcil.htm

School-to-Work Learning and Information Center: 400 Virginia Ave., SW, Suite 150, Washington, DC 20024. Tel: 1.800.251.7236. E-mail: stw-lc@ed.gov;
URL: http://www.stw.ed.gov/index.htm