

Talking Points for Module 2

School-Based Occupations and Transitions

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Slide 2: This slide reviews the results of several researchers (Rous et al, Kohler and Field, etc) indicating the importance of transition services offered to children with disabilities--- whether they are transitions in the early years to preschool or kindergarten or they are the transitions faced as students with disabilities continue through their schooling during the middle and high school years.

Slide 3: Factors that support transition include self-determination, self-advocacy, choice making, problem solving, environmental supports (such as peer mentors and a family, communication, and an individualized approach). Transition services should be part of a developmental continuum or life course that is individualized, and recognizes the person's unique strengths and needs, and relationships with family, peers and community

Slide 4: Schools should prepare all students, with or without disabilities, for the life skills necessary in young adulthood.

Slide 5: Transition is specifically defined in IDEA.

Slide 6: (Note to Presenter: Click for 2nd section)

Slide 7: (Note to Presenter: click for bullets)

Coordinated services begin with preschool transition to kindergarten and culminate with movement from the secondary educational arena (AOTA 2009 Conference)

Slide 8: Transition services provide continuity for children with disabilities to acquire critical life skills to prepare for the next stage in life.

Slide 9: (Note to Presenter: Click for bullets) Scaffold Transition Plans – Occupational therapy facilitates the transition team's consideration of the student and their family's future vision and a determination of the roadblocks to the successful completion of that vision.

Slide 10: (Note to Presenter: Click for bullets and read the slide)

The practitioner provides student centered activity and environmental analysis and modification to promote participation.

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Slide 12: It is essential that OTs understand the public educational context; the transition process for students with disabilities and each student's unique skills, interests, and needs. This might include, but is not limited to, facilitating social communication skills and peer relationships; recommending

accommodations to physical and social environment to enhance participation; and sharing expertise in assistive technology to promote student access, participation, and progress.

Slide 13: When the student is enrolled in public schools, the emphasis is on supporting the student. When a student exits the school setting, the emphasis is on self-advocacy in dealing with educational, vocational, and community agencies. Students with disabilities and families become conditioned to depend on others and the supports fall away. In schools it is a one-stop shop. Once students are out of school, many students and their families are at a loss as to where to receive support and guidance. How do we bridge that gap? What is OT's role?

Slide 14: OTs assess student strengths, and their preferences and interests. They assist students in career exploration; post-secondary education exploration; living options; transportation; leisure activities; volunteer opportunities; health management and medical providers; developing job supports and job skills; and using assistive technology and UDL. OTs form community-based partnerships and develop partnerships with community agencies. They identify resources, including post-school service providers, and can provide information on Social Security, colleges, and college funding.

Slide 15: There are many tools and assessments for therapists to consider and some are listed on this slide.

FYI, there are two rating forms for the Enderle-Severson : one for Students with mild disabilities: ESTR-J and one for students with more severe disabilities: ESTR-III

In terms of Informal Assessments for Transition: Pro-Ed offers a book with reproducible informal assessments which contains areas of employment, daily living, health, self determination, leisure, community participation, communication and interpersonal relationships.

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Slide 17: Let's talk about Jeremy. Have you had a Jeremy on your caseload?

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Slide 19: Jeremy demonstrated delayed cognitive skills and therefore delayed academic skills, his articulation was poor and his speech was difficult to understand. He was hesitant to talk because he did not like being misunderstood, poor abstract thinking skills, difficulty doing bilateral motor skills, not able to sustain attention for long periods of time, slow at doing most motor activities and slow processing skills.

Slide 20: OT worked with Jeremy until Kindergarten on typical OT areas: strengthening his left side, increasing coordination on his right side, dressing and self-care skills, and improving bilateral motor coordination. In K-2 grade, OT worked in classroom facilitating Jeremy's participation in regular education and collaborating with his special education teacher on functional academic skills to work on with J. The OT interventions for Jeremy were (a) working on developing the necessary fine motor skills

to function within a school environment, and (b) helping to adapt curricular materials so J. could continue to participate in the regular education curriculum where appropriate.

Slide 21: By the third grade, Jeremy was not able to attend (or pay attention) for long periods of time in the regular education classroom. So early transition activities were started. His first job was picking up library books from 2 classrooms each day and taking the books in a wheeled cart to the library. He would sometimes have to knock on the door and ask for the books. (He did not like to talk to people and he did not think others would be able to understand him and therefore lacked confidence in himself.) In elementary school, the staff (with collaboration from OT) had J. doing a variety of early transition activities to break up his academic times.

Activities consisted of cutting and bundling soup labels, cleaning the teacher's lounge, and wiping tables in the cafeteria, in addition to his activities with the library books.

Slide 22: In junior high and high school, J's jobs consisted of vacuuming carpets, wiping tables in the cafeteria, and filling the vending machines. He also took functional academic classes such as family and consumer education classes, and parenting classes in addition to his other academic classes. When he first started with the vending machines he was not even able to place the soda cans in the machine.

Slide 23: By the time he was a senior in high school, Jeremy was able to complete filling the soda vending machine independently including getting the key from the office, opening the vending machine, estimating how much soda he would need to fill it, opening the locked storage room, placing the soda on a dolly, loading the soda into the soda machine, taking out the money, giving the money to the office staff, closing the vending machine, and putting the dolly back and locking everything up.

Slide 24: Because of Jeremy's experience with loading the vending machine, when he explored jobs in the community he was very comfortable with working at a local convenience store. He stocked items in their cooler and was hired to work 3 mornings a week. He is currently living at home in his own space, doing his own laundry, and has a limited driver's license (at age 26) so he can drive to work by himself.

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Slide 26: Notes to presenter: Discuss with the audience the many challenges facing Sam. Some of the challenges that can be discussed may include (a) increased academic demands, (b) increased writing required (c) having new teachers (d) having classmates (e) the new environment (f) increased sensory stimulation and (g) having increased homework and its affects on family routines, and so forth.

Start a dialogue with the audience about OT contributions in promoting Sam's occupational performance.

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Slide 28: Here are some additional references. If you are an AOTA member, you can find a rich assortment of resources on the AOTA Web site.

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Slide 31: AOTA: Members of the American Occupational Therapy Association have access to a lot of references and resources on the Web site.

For nonmembers, there are fewer resources available but there is also a very good one: The Iris Center for Special Education has modules covering specific topics in special education including related services, podcasts, information briefs, case studies, and much more. Check it out.