Transitional Assessment Model for Students With Severe and/or Multiple Disabilities: Competency-Based Community Assessment

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Transition assessments contribute significantly to the development of measurable postsecondary goals, identification of necessary transition services, and evaluation of the outcomes of such services (Morningstar & Liss, 2008) for students with disabilities as they transition into adult life. The data from such assessments provide the common thread in the transition process and form the basis for defining goals and services to be included in the individualized education plan (IEP; Sitlington, Neubert, & Laconte, 1997).

There is no regulatory language that explicitly defines *transition assessment* (Morningstar & Liss, 2008), but in general, such assessments can be either formal or informal, depending on the capabilities of the student and the information needed for decision making (Miller, Lombard, & Corbey, 2007). Formal assessments, the more conventional method of testing, usually involve the use of standardized procedures (Weaver, 2007) versus informal assessments, which typically involve the use of nonstandardized procedures that may include conducting interviews and observations in various settings.

Individuals with severe and/or multiple disabilities typically experience the most challenges in accessing employment and independent living when they exit high school (Turnbull, Turnbull, & Wehmeyer, 2007). For these individuals, formal assessment practices are often impractical for specific program-planning purposes and of dubious validity (Cates, 1999; Kamphaus et al., 1999; LaSasso, 1999; Lennox & Hiltenberger, 1989; Voelker, Shore, Hakim-Larson, & Bruner, 1997; Zanetti, Geroldi, Frisoni, Bianchetti, & Trabucchi, 1999). For this reason, reliance on third-party informants (Enderle & Severson, 2003) is often considered a valuable and necessary supplement for gathering relevant data about a particular individual (Voelker et al., 1997). In some cases, third-party informants serve as the primary informational

sources for individuals with limited capacities to communicate, providing the basis for developing educational and/or rehabilitation programs (Klein, Clermont, & O'Neill, 1986; Sparrow & Cicchetti, 1985). Although data gathered by third-party informants is somewhat useful, too much reliance on such sources may be risky in that the information they provide may not necessarily yield valid and reliable results (Lohrmann-O'Rourke & Browder, 1998). For example, third-party respondents may base their opinions about the student's capabilities within various situations on their experiences with the student in contexts in which their presence actually influences the student's behavior. The ways in which the student behaves in such situations may actually be considerably more or less favorable than the ways the same student behaves in similar situations with other individuals who are familiar with the student.

For such students, Rojewski (2002) recommended what has been referred to as a Level III assessment, which generally takes several days to complete and typically uses informal transitional assessment procedures, including direct observations of the individuals in a variety of real-world situations and environmental analyses. Systematic informal assessments in the community contexts where daily choices are made for individuals with severe and multiple disabilities have considerable merit because they may not only yield more reliable information than formal transition assessment practices or third-party informants but may provide the most useful information for program planning purposes (Lohrmann-O'Rourke & Browder, 1998) for such individuals.

Many individuals with severe and/or multiple disabilities have difficulty generalizing skills from one environment to another (Anthony, Cohen, & Farcas, 1990; Lohrmann-O'Rourke & Browder, 1998; Neef, Lensbower, Hockersmith, DePalma, & Gary, 1990; Newbigging & Laskey, 1996). Research has demonstrated that the closer one's

training is to the real situations in which they are likely to live, work, and play, the greater the likelihood is that the person will retain and generalize their skills (Berg et al., 1995). The same holds true for assessment (C. Murray, 1990), in that the closer the assessment is to the actual real-world situations in which the person is likely to live, work, and play, the greater the likelihood is that it will present an accurate picture of the person's capabilities as well as his/her training and support needs for succeeding in those situations (Desrochers, Nile, & Williams-Moseley, 1997).

One popular form of informal assessment, particularly for students with severe and/or multiple disabilities, which is often used for ascertaining one's employment interests and/or potential in various employments settings, is known as *situational assessment* (Anthony, 1994; Peters, Koller, & Holliday, 1995). As the term implies, an individual is observed within a particular employment setting to determine the match, or "goodness of fit," between the person and the setting. The focus of the situational assessment is fourfold: (a) to determine whether the person seems to like being in the setting by communicating his/her preferences either verbally or behaviorally; (b) to determine whether the person has the requisite cognitive, behavioral, physical, sensory, and/or social capacities–skills to meet the demands inherent in that setting; (c) to determine the levels and types of support that may be needed to assist the individual in acquiring, maintaining, and generalizing needed skills; and (d) to determine what accommodations, if any, must be made in the setting on behalf of the person. If the person seems resistant or opposed to being in any particular location, other settings are explored in which the person seems more content. Conducting the situational assessment in the appropriate setting serves as a means of identifying the training, support, and/or environmental accommodations that are necessary so that the person can function competently in this type of setting. Although the information that is obtained in situational assessments is useful in determining necessary supports, the findings are somewhat limited in that they primarily focus on more universal work behaviors that are useful in a wide range of jobs, including initiative, dependability, punctuality, productivity, ability to get along with coworkers, and willingness to perform tasks that have been deemed as undesirable to other workers (Bond & Friedmeyer, 1987).

Competency-Based Community Assessment

An expansion of the situational assessment is a more comprehensive, transitional assessment model that we refer to as the *competency based community assessment* (CBCA). CBCA, which we have used over the last 10 years with dozens of individuals, has served as a particularly useful evaluation tool for conducting transitional assessments for the purposes of ascertaining one's independent living and community integration training needs as well as a person's capacities. Whereas many assessment procedures emphasize an individual's disability, this approach begins with the individual's abilities and competencies. It is both strength based and person centered (Morningstar & Liss, 2008). CBCA examines the personal, local, and cultural forces in a particular community situation, allowing for clearer understanding of what a student is likely to do and how she/he is likely to perform under a variety of similar conditions.

Step 1: Creating a Vision

The first step is one of creating a vision of the student's future. For this step, any of the currently popular vision planning methods can be used, including, *Personal Futures Planning* (Moss & Wiley, 1985; Mount & Zwernik, 1988), the *McGill Action Planning System* (MAPS; Vandercook, York, & Forest, 1989), and *Dare to Dream: A Guide to Planning Your Future* (Webb et al., 1999). The purpose of this step is to create a long-term plan that incorporates all of the hopes and dreams shared by the student and those close to the student. The vision includes but is not limited to the following: where the student will live, what level of support will be needed to enable him/her to live as independently as possible, what she/he will be doing for recreation–leisure, and whether she/he will be working full time or part time and in what type of job.

The most obvious participants in this step are the student and close family members. However, it is important to carefully consider any other individuals who know the student in a variety of contexts, as they may be able to shed light on additional positive qualities that the student possesses, particularly under specific conditions. For example, family members might view the student as self-centered or withdrawn. However,

the school nurse may view the student as caring and outgoing because he/she has noticed that the student often shows great concern for his/her classmates who are feeling ill and often comes to the office with get-well cards and candy. In this particular case, it would be valuable for those involved in this step to have a clear understanding of the conditions and dynamics that cultivate positive experiences for the student and consider ways in which those conditions can be replicated and entwined into the vision plan. It might be that the student thrives in situations where he/she has the opportunity to offer kind gestures to others.

The hopes and dreams that go into the process of creating the vision should be centered on what the student would want. The vision should be geared toward helping the student reach his/her fullest capacity and maintain active citizenship in mainstream society. We have found, given that the overwhelming majority of the students for whom we have used the CBCA are within the 16–21-year-old age range, that looking ahead between 3 and 5 years in creating the vision has been the most useful timeframe.

Step 2: Determining and Prioritizing the Skills to Be Assessed in a Variety of Settings

The second step in the process is twofold: (a) to identify the student's, the family's, and the IEP team's questions and priorities and (b) to identify a variety of settings that provide real-world situations within which to answer these questions. The first step of this process involves having each team member complete a series of checklists related to employment, independent living, and community participation skills within the context of the vision. After each person has completed the checklists, the evaluator tallies all of the responses and compiles a list of the specific skills in the order that they were most frequently selected as a priority. For example, if "respecting the rights of others" was checked off as a priority most frequently, it would be at the top of the list. Using the data gathered from the checklists, the evaluator then identifies various settings and situations within the person's community that will provide real-world opportunities to assess the goodness of fit between the student and each setting's obvious and subtle rules and expectations. The closer these situations are to the everyday activities and locations the individual is likely to experience both immediately and in the

future, the more accurate the information is likely to be (Lohrmann-O'Rourke & Browder, 1998).

Step 3: Familiarize the Student With the Evaluator and Setting(s)

The third step in the process is simply to familiarize the person with the evaluator(s) and to provide a general introduction to the settings in which he/she will be spending time. This is an important step, particularly if the student and the person or persons conducting the assessment do not know each other. There is no hard and fast rule for establishing rapport and for minimizing student apprehensions, although we have found that visiting the student in his/her home or in familiar places, in the company of those who the student knows and trusts, is typically effective. In addition, helping the student to understand what the assessment is and why it is being done not only fosters trust but also helps alleviate feelings of confusion, enabling the student to perform to at fullest capacity the assessment activities. In some cases, it may be necessary to have someone the student knows well, and vice versa, accompany the evaluator throughout all phases of the CBCA process if that person's presence helps put the student at ease. Someone who is already familiar with the student may also be in a position to help the evaluator in avoiding situations that might cause the student to feel uncomfortable or precipitate certain behavioral responses that one might want to avoid (e.g., tantrums). They may also be aware of specific strategies that are effective in deescalating a situation once it has already occurred.

The general introduction to the settings includes preassessment visits to familiarize the student with the various locations that will be included in the overall assessment. During this phase, no performance expectations are placed on the individual; she/he is simply introduced to the settings and informed that she/he will be returning soon to spend more time there. Subsequent to this and within a few days or sooner, the individual and evaluator(s) return to the setting(s) so that the fourth step in the process can begin.

Step 4: Gathering Baseline Data on Current Levels of Functioning

During this step, baseline information is gathered, related to the individual's current level of functioning in the selected settings (Ogletree, 1995).

Consistent with Vygotski's (1962) zone of proximal development, the idea here is to determine what tasks the person can perform independently to the highest degree before needing assistance. This provides the evaluator with a clear understanding of the learning gaps and where specific instruction needs to occur. For example, the task of getting ready for work involves a multitude of steps, including brushing one's teeth. If a student is assigned this particular task, is able to perform all of the various steps except for brushing his/her teeth, assistance might need to be provided proceeding the completion of all of the steps leading up to brushing teeth.

The day begins by providing the student with an agenda that outlines the planned activities. Presenting the student with an overview of the activities that are planned for the day helps to demystify the assessment process and alleviate any unnecessary worrying that might occur when expectations are not clear. The student is given the opportunity to select the order in which the activities will unfold. By allowing this, the evaluator will gain a sense of the student's preferences, but more important, it gives the student a sense of control and ownership in the assessment process. The agenda is revisited at the end of each activity to review what has been completed, affording the student a sense of accomplishment while preparing him/her for what will happen next and how much more is left to complete.

Each of the activities in this fourth step involves a series of three actions: (a) the evaluator describes the performance expectations to the student, (b) the student proceeds to perform the activity, and (c) the evaluator observes the extent to which she/he meets these expectations independently. The description may include verbal explanations, written information, and/or a combination of mime or gestures. Direct demonstrations are generally not included during this phase because the idea is to see how much the person can do with only minimal guidance or instructions.

Step 5: Increase Instruction to Determine Proximal Instruction

If it becomes clear the person cannot fulfill the expected performance independently, the fifth step of the assessment process begins as the evaluator gradually introduces increasing levels of assistance until the person accomplishes the expected performance (Strain, Sainto, & Maheady, 1984). Initially, no assistance is offered, but if the individual cannot perform the task independently, the evaluator may give the student general and specific cues (e.g., hints, suggestions, demonstrations, and, if necessary, physical assistance) to try helping him/her complete the task, along with creating modest environmental modifications that may be helpful as well (e.g., asking the waiter or waitress if there are menus which include pictures of the items on the menu so the student can make a choice if she/he has limited reading/comprehension skills). During this phase, the student may be evaluated on the same task a few times both to ensure accuracy pertaining to the level of support she/he requires for accomplishing the task(s) and/or to see if the person performs with less support when given subsequent opportunities to do so or after various environmental modifications–accommodations have been implemented.

This process of (a) creating a vision, (b) raising questions and establishing priorities, (c) familiarizing the person with the evaluator and the situations in which the assessment will occur, (d) creating an itinerary of the settings that will be part of the assessment and identifying the expected performance in each situation, and (e) gradually increasing the levels of assistance until the person completes the expected performance constitutes the five basic steps of the CBCA. The CBCA has two unique features. The first is that it provides an opportunity for an individual who currently possesses some independent living and community integration skills to exhibit those skills in typical community settings. Second, this form of assessment also identifies the person's specific training needs within real-world contexts, which can then be translated directly into appropriate IEP transition goals and objectives. By using this approach, one can ascertain the skills the person already possesses as well as those she/he still needs to either develop or strengthen, discover skills that few realized she/he had, and ascertain the levels of support that will be needed for that person to succeed in similar situations in the future.

Summary

Consistent reports regarding the less than successful outcomes of students with disabilities in adulthood (S. E. Murray, 2003) speak to the importance of creating quality transition plans for students who receive special education services (Alwell & Cobb, 2006). For over a decade,

discussions around successful transition into adulthood have pointed to the use of sound transition assessments to facilitate the appropriate program planning and service delivery for students with disabilities (Sitlington, Neubert, & Leconte, 1997). The CBCA provides an excellent starting point for program planning as well as an appropriate benchmark or baseline from which to evaluate the benefits of the educational–rehabilitation interventions that follow. By applying each of the five steps in a sequential manner, the CBCA identifies the person's skills and training–support needs in a variety of community situations. The CBCA identifies explicit gaps in learning as well as the areas that are already developed. This information is valuable to educators in that it enables them to pinpoint their lessons to address specific areas and maximize the quality of instruction. This is imperative for students who are in the transition phase of secondary education to ensure success as they enter the stages of adulthood.

References

Alwell, M., & Cobb, B. (2006). A map of the intervention literature in secondary special education transition. *Career Development for Exceptional Individuals, 29,* 3–27.

Anthony, W. A. (1994). Response to individual placement and support. *Community Mental Health Journal, 30,* 211–212.

Anthony, W., Cohen, M., & Farcas, M. (1990). *Psychiatric rehabilitation.* Boston: Center for Psychiatric Rehabilitation.

Berg, W. K., Wacker, D. P., Ebbers, B., Wiggins, B., Fowler, M., & Wilkes, P. (1995). A demonstration of generalization of performance across settings, materials, and motor responses for students with profound mental retardation. *Behavior Modification, 19,* 119–143.

Bond, G., & Friedmeyer, M. (1987). Predictive validity of situational assessment at a psychiatric rehabilitation center. *Rehabilitation Psychology, 32,* 99–112.

Cates, J. A. (1999). The art of assessment in psychology: Ethics, expertise, and validity. *Journal of Clinical Psychology, 2,* 631–641.

Desrochers, M. N., Nile, M. G ., & Williams-Moseley, T. L. (1997). Survey of functional assessment procedures used with individuals who display mental retardation and severe behavior problems. *American Journal on Mental Retardation, 101,* 535–546.

Enderle, J., & Severson, S. (2003). *Enderle-Severson Transition Rating Scale Form J-Revised.* Moorhead, MN: ESTR Publications.

Kamphaus, R. W., Petoskey, M. D., Cody, A. H., Rowe, E. W., Huberty, C. L., & Reynolds, C. R. (1999). A typology of parent rated child behavior for a national U.S. sample. *Journal of Child Psychology and Psychiatry, 40,* 607–616.

Klein, P. C., Clermont, M. T., & O'Neill, J. (1986). Effectiveness and efficiency of criterion testing versus interviewing for collecting functional assessment information. *Journal of Applied Rehabilitation Counseling, 26,* 486–491.

LaSasso, C. J. (1999). Test taking skills: A missing component of deaf students' curriculum. *American Annals of the Deaf, 144,* 35–43.

Lennox, D. B., & Hiltenberger, R. G. (1989). Conducting a functional assessment of problem behavior in applied settings. *Journal of the Association of Persons with Severe Handicaps, 14,* 304–311.

Lohrmann-O'Rourke, L., & Browder, D. M. (1998). Empirically based methods to assess the preferences of individuals with severe disabilities. *American Journal on Mental Retardation, 103,* 146–161.

Miller, R. J., Lombard, R. C., & Corbey, S. A. (2007). *Transition assessment—Planning transition and IEP development for youth with mild to moderate disabilities.* Boston: Pearson Education.

Morningstar, M. E., & Liss, J. M. (2008). A preliminary investigation of how states are responding to the transition of assessment requirements under IDEIA 2004. *Career Development for Exceptional Individuals, 31,* 48–55.

Moss, K., & Wiley, D. (1995). *Brief guide to personal futures planning: Organizing your community to envision and build a desirable future with you.* Austin, TX: School for the Blind and Visually Impaired.

Mount, B., & Zwernik, K. (1988). *It's never too early, it's never too late: An overview of personal futures planning.* St. Paul, MN: Governor's Planning Council on Developmental Disabilities.

Murray, C. (2003). Risk factors, protective factors, vulnerability, and resilience: A framework for understanding and supporting the adult transitions of youth with high-incidence disabilities. *Remedial and Special Education, 24,* 16–26.

Murray, S. E. (1990). Role of vocational evaluation in psychiatric rehabilitation. *Vocational Evaluation and Work Adjustment Bulletin, 23*, 149–153.

Neef, N. A., Lensbower, J., Hockersmith, I., DePalma, V., & Gary, K. (1990). In vivo versus simulation training: An interactional analysis of range and type of training exemplars. *Journal of Applied Behavioral Analysis, 23*, 447–458.

Newbigging, E. D., & Laskey, J. W. (1996). Therapy methodology. Riding the bus: Teaching an adult with a brain injury to use a transit system to travel independently to and from work. *Brain Injury, 10*, 543–550.

Ogletree, B. T. (1996). Assessment targets and protocols for non-symbolic communicators with profound disabilities. Instructional/intervention tips. *Focus on Autism and Other Developmental Disabilities, 11*, 53–58.

Peters, R. H., Koller, J. R., & Holliday, G. A. (1995). A functional assessment approach to strategy development and implementation of a person with a specific learning disability: A case study. *Journal of Applied Rehabilitation Counseling, 26*, 30–34.

Rojewski, J. W. (2002). Career assessment for adolescents with mild disabilities: Critical concerns for transition planning. *Career Development for Exceptional Individuals, 25*, 73–95.

Sitlington, P. L., Neubert, D. A., & Leconte, P. (1997). Transition assessment: The position of the Division on Career Development and Transition. *Career Development for Exceptional Individuals, 20*, 69–79.

Sparrow, S. S., & Cicchetti, D. V. (1985). Diagnostic uses of the Vineland Adaptive Behavior Scale. *Journal of Pediatric Psychology, 10*, 215–225.

Strain, P., Sainto, D. M., & Maheady, L. (1984). Toward a functional assessment of severely handicapped learners. *Educational Psychologist, 19*, 180–187.

Turnbull, A., Turnbull, R., & Wehmeyer, M. (2007). *Exceptional lives: Special education in today's schools—Fifth edition*. Upper Saddle River, NJ: Pearson-Merrill Prentice Hall.

Vandercook, T., York, J., & Forest, M. (1989). The McGill action planning system (MAPS): A strategy for building the vision. *Journal of the Association for Persons with Severe Handicaps, 14*, 205–215.

Voelker, S., Shore, D., Hakim-Larson, J., & Bruner, D. (1997). Discrepancies in parent and teacher ratings of adaptive behavior of children with multiple disabilities. *Mental Retardation, 35*, 10–17.

Vygotsky, L. S. (1962). *Thought and language*. Cambridge, MA: MIT Press.

Weaver, B. (2007). *Formal versus informal assessments*. Retrieved March 28, 2010, from http://content.scholastic.com/browse/article.jsp?id=4452

Webb, K., Repetto, J., Beutel, A., Perkins, D., Baily, M., & Schwartz, S. (1999). *Dare to dream: A guide to planning your future* (Rev.). Tallahassee: Florida State Department of Education.

Zanetti, O., Geroldi, C., Frisoni, G. B., Bianchetti, A., & Trabucchi, M. (1999). Contrasting results between caregiver's report and direct assessment of activities of daily living in patients affected by mild and very mild dementia: The contribution of the caregiver's personal characteristics. *Journal of American Geriatric Society, 47*, 196–202.

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