YOUTH WITH VISUAL DISABILITIES:
TRANSITION FROM SCHOOL TO WORK

Technical Report

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Youth with Visual Disabilities: Transition from School to Work

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Abstract: This project examined the career transition problems of young people with visual impairments as they moved from school to work and identified key components of selected transition programs. Twelve young people between the ages of 16 and 27 who were going through transition from school to work, had participated in the agency's transition program, and were either still in training or currently employed were selected from an educationally based and a rehabilitation based transition program. Interviews were conducted with young people, parents, rehabilitation professionals, and employers. Eighteen identifiable transition services were provided by the transition programs. The researchers found that the problems faced by young people in transition who have visual disabilities include overprotection by the system, overprotection by families, poor development of leisure time skills, limited choice of careers, and negative perspectives on disability.

Introduction

The fact that people who are blind or who have visual disabilities experience significant career problems is apparent from the studies of Kirchner and Peterson (1979); Bagley, Cook, Graves, Hagedorn, and Moore (1983); and Graves (1983, 1984) which indicate unemployment and underemployment of this group. The career problems relative to various career transitions of persons with visual disabilities have been documented by Tedder and McBroom (1989) and McBroom, Tedder, and Haucke (1989), who found that approximately 97% of the group of professionally employed people with visual impairments in their studies experienced difficulties during the beginning of their careers, which included the period of transition from school to work.

Transition from School to Work

The specific transition from school to work for students with disabilities has been the focus of particular attention since the passage of the Rehabilitation Act of 1973 (P.L. 93-112) and the Education of All Handicapped Children Act of 1975 (P.L. 94-142). The rehabilitation legislation was essentially a civil rights act for people with disabilities which was reiterated by federal legislation mandating the education of all children with handicaps. The accountability of educational programs regarding the employability of students with handicaps has become a topic of interest to consumers, their parents, rehabilitation professionals, potential employers, government officials, and the general public. Likewise, the field of rehabilitation has significantly broadened its repertoire of rehabilitative services and its definition of eligible clientele. Since educational and rehabilitation institutions now share essentially the same clientele, with a mutual goal of employability, programs often intentionally overlap to assure a smooth transition. Indeed, some states, such as California, Idaho, Indiana, Kansas, Massachusetts, Tennessee, Virginia, and West Virginia (Wehman, Moon, Everson, Wood, & Barcus, 1988), have working arrangements or mandates to establish responsibility for transitional services by defining leadership and cooperative agreements among interested parties. However, there is also documentation of failure to provide transition services, such as that described as "abandonment by professionals" by Ferguson, Ferguson, and Jones (1988, p. 181).

Components of Successful Programs

Components of successful programs to facilitate transition from school to work have been described and prescribed in a number of works (Bonner, Pasternak, & Simpson, 1985; Botterbusch & Smith, 1988; Duignan, 1986; Gould & McTaggart, 1988-89; Holmes, 1988; Howze, 1985, 1987; Irwin, 1985; Irwin & Macdonell, 1988; Kiernan & Petzy, 1982; McCarthy, 1986; McGinnity, 1985, 1986; Oregon Commission for the Blind, no date; Remley, Burnham, Funderburg, & Lundy, 1988; Venn & Wadler, 1990; Willis & Wade, 1986; Wolffe, 1985; Zittel, 1985). Federal funds have been devoted to many of these programs. One outcome of federal funding in New Mexico was the development of a curriculum guide including transition planning for students who are deaf-blind or blind-multihandicapped (Baker, 1988). In addition, there are federally-funded demonstration projects for students in transition with general disabilities. Such projects have occurred in Idaho, Maine, New York, and Washington (Council of Chief State School Officers Resource Center on Educational Equity, no date). Yet there is very little information which seems to predict success or to relate effect to cause. Further information about model programs and demonstration projects can be found in McBroom and Tedder's selected readings (1990).

Description of Causal Factors

The multiplicity of factors involved in the transition from school to work complicates accurate prediction of outcomes. The diversity of the subjects involved precludes any type of control group that would help to establish causal relationships. Thus, the question remains regarding which programs "work" and which do not, and under what circumstances. The taxpaying public, parents, educators, rehabilitation professionals, and, certainly, consumers want to know that the funding for programs and the efforts of individuals are not expended ineffectively or in vain. There is a need for an understanding of the process of transition from school to work for persons with visual handicaps so that they can take informed advantage of the variety of services offered. There is a need for a description of common components that occur across programs and the roles of involved institutions, including the family, so that everyone can plan effectively. Finally, there is a need for a description of the apparent relationships of services to outcomes as a foundation for further research and suggestions for educational and rehabilitation practices.

Method

Qualitative Method

The eventual goal of research to predict or to control an event must be preceded by a description of the event and the factors surrounding it. If transition from school to work could be reduced to mathematical relationships, program planning would be vastly more simple. The sum of the disabilities and employment difficulties could be factored into some complex equation which would include client attributes and family, financial, and educational situations to be multiplied by some empirically derived cost per unit of each available rehabilitation factor related to the value of the proposed outcome and divided by the number of taxpayers. However, the complexity of people, institutions, and bureaucracies do not lend themselves to such simple relationships.

When attempting to understand multiple layers of relationships, the tool of the researcher often becomes qualitative research. The youth with a visual handicap does not usually proceed alone through transition. There are organizational strata and many associates, advocates, or significant others throughout the process. The illumination of the transition from school to work for a youth with a visual disability is facilitated by the perspectives of a myriad of participants and relationships that complicate experimental design. Issues regarding social context rarely reduce to simplistic design, and outcomes defined in a laboratory context even more rarely generalize to social settings. Qualitative research methods are particularly well suited to the embedded relationships among factors and participants which constitute the "local causality" referred to by Miles and Huberman (1984, p. 22).

Participants

Two programs charged with rehabilitation of people with visual handicaps in two states with noted transition services were asked to nominate youth between the ages of 16 and 25 who were going through transition from school to work, had participated in the agency's transition program, and were currently employed. One program was educationally based and one program was run through the rehabilitation agency. Agency personnel located only seven people near this age range (one was 27 years of age), therefore the researchers requested that people who were still in training for work be included in this study. By including people in training, the number of subjects was increased to 12.

The state rehabilitation agency in the study runs four types of transition programs which are available to all clients. The other state delegates transition programming to the educational institution which has major responsibility in that area. That educational institution has a transition program for youth with visual disabilities and a separate program for youth who are deaf-blind.

All 12 of the youth nominated agreed to participate in the study. Participants included the youth in transition (client), parent(s), teacher(s), rehabilitation counselor, orientation and mobility specialist, employer, and any other person who played a significant part in the process. The roles described above constituted a "client cluster."

Data Collection

The researchers prepared semistructured interview schedules based on the prescribed components of transition prevailing in the literature (Brolin, 1974, 1978; Chaffin, Spellman, Regan, & Davison, 1971; Clayton, 1973; Giesen et al., 1985; Gillman, Simon, & Shinn, 1978; Gold, 1973; Kokaska, 1971; Kolstoe, 1961; Mann & Harley, 1986; McPhee, 1963; Moss, 1980; Reid, 1960). These components included client characteristics such as vision etiology, age of onset, reading medium and ability, leisure time activities, orientation and mobility skills, living arrangements, and leisure activities. Educational components included service setting (local or residential school), service provider(s) (regular education teacher, special education teacher, trained vision teacher, orientation and mobility specialist), service model (itinerant, integrated, or self-contained), and graduation status (high school diploma or certificate of attendance). The type and number of transition services provided by education and rehabilitation agencies formed a third set of components. A fourth component addressed parental involvement in transition planning and implementation. Housing and transportation opportunities were a fifth set of components. Employment opportunities, work adjustment, and employer concerns and attitudes comprised a sixth and final cluster of issues. Additional topics and comments were encouraged from all participants during the interviews. Rehabilitation and educational case records were reviewed to document demographic information. Transition program components were also verified in examinations of case records, Individually Written Rehabilitation Programs (IWRP), and Individual Educational Plans (IEP).

Two researchers were participants in all but 3 of the 53 interviews. One researcher was the primary questioner and the other was the primary note taker; but both asked questions and took notes. In the three remaining separate interviews, the researcher both interviewed and took notes. Both researchers used the interview protocol (see Appendices) to record answers. Questions generally followed the protocol, but prompts were used to elicit richer descriptive information, to clarify comments, and to raise any additional topics or components relative to the transition process. Interviews were conducted with 12 clients, 6 parents, 2 houseparents, 8 teachers, 4 employers, 7 rehabilitation counselors, 1 rehabilitation counselor/orientation and mobility specialist, 12 agency personnel, and 1 roommate. These interviews occurred in homes, schools, colleges, places of business, rehabilitation offices, and in the car. With the exception of one phone interview necessitated by logistical problems, all interviews took place face-to-face. An interpreter for the deaf assisted in three interviews.

Data Analysis Procedures

Verification of data. The researchers compared their notes for each interview. Questionable data were rechecked on site by questioning rehabilitation or education personnel. Programmatic components were verified through examination of institutional literature and case records and by questioning program directors and administrative personnel.

Arrangement of data. Each major component of the interview protocol was summarized in a matrix. Subjects were listed in the same order for each matrix so that comparisons across components could be made. The matrices were then examined for relationships within themselves and to each other.

Emergence of themes. Patterns in the data began to emerge from repeated review and discussion of components and subjects. Some patterns were suggested by previous research and enhanced by the researchers. For example, type of parental participation was identified by Ferguson et al. (1988) and data relating to that theme were selected for perusal. Having identified type of parental participation, it became apparent that the level of activity and influence of parents differed. The consideration of level of activity and influence of parents led to consideration of activity and influence levels for all participants in the transition process. These themes are reflected in the matrices entitled "Description of Parental Participation" (Matrix 3) and "Levels of Participation in Transition Planning" (Matrix 4), which appear later in this text.

Differences in degree of the construct under consideration were noted by the researchers. The degree was sometimes initially given a descriptor and then translated into a number for purposes of display, following the observation of Miles and Huberman (1984) that "... numbers are more economical and manipulable than words" (p. 215). However, the researchers went beyond the usual frequency display and used the numbers to differentiate among degrees of the construct by ranking the amount of the construct. That translation sometimes led to reconsideration of the nomenclature or an additional numerical rating. For example, involvement level of participants (Matrix 4) was first categorized as strong, moderate, or minimal. When these categories were changed to numbers for the purposes of making the matrix less confusing, it became obvious that a participation designated as "none" also existed which was substantially different from "minimal." This observation was incorporated into the matrix. In all cases regarding the information presented in the matrices, including quantitative decisions, the researchers reached consensus following sometimes lengthy discussion of category and quantity. This procedure was followed with respect to each of the obvious and emerging themes.

Representation of the participants. Although these are not case studies per se, the data appeared colorless without some feeling for the kinds of people who were participants. The researchers made a decision to provide some of the facts about the participants and some of their comments regarding themselves in a series of vignettes at the beginning of the Results section. The names have, of course, been changed. Additional quotes or paraphrases are inserted to illustrate points or to enrich the meaning of the experience of transition from school to work of this group of students with visual disabilities.

Results

Vignettes

David. David is a member of a supportive family in which he has explicit responsibilities and the freedom to make decisions for himself. His responsibilities at home include outdoor activities such as cutting and stacking wood and indoor activities such as caring for his own room. David had several jobs during high school. His job between high school and college was with the forest service, where one of his responsibilities was to assist in controlled burns. David's first vocational choice was to become a forest ranger. His experience on the job made him realize why the job requires a driver's license, an impossible criterion for him. Rather than discourage him in advance, David's parents and the rehabilitation counselor decided to let him learn this on his own during his summer work. As a result, David has decided to seek employment in a closely related field that does not require more visual ability than he possesses.

David is a freshman at a state university, but lives at home because of a university housing shortage. At the university, David assumes responsibility for ordering his own textbooks and for making sure his teachers understand how to assist him in the classroom.

When asked if he wanted to add anything else to the discussion of leaving school and going to work, David replied, "[It is] important not to lose contact with the Department of Visually Handicapped Services. This should not be limited or cut off after high school. Individuals should have training, be goal oriented, know [their own] limitations, have work orientation, have work experience, have communication with the Department of Visually Handicapped and the employer (know what the employee can and cannot do). . . . People had the same expectation and demands of me as of others. I hope employers will understand what I can do." We hope so too.

Frances. In spite of an extreme visual impairment and a secondary disability that has required repeated hospitalizations, Frances continues to be very active, independent, and dedicated to her goal of becoming a nurse's aid. She feels that "I've been through so much myself that I really like to help people." No nursing cases are presently assigned to her and her supervisors and rehabilitation counselor doubt her ability to perform satisfactorily because of her visual limitations.

Frances has recently reapplied for rehabilitation services. Her rehabilitation counselor stated, "[She is] probably very typical in rehabilitation services, because she will always need us. [She will be] a repeater, because her work skills are so limited."

While in public school Frances took business and typing courses and became convinced that she "was not capable of clerical work." She likes to shop, visit friends, travel, go to the beach, watch movies, and "hang out with Mom."

Frances lives with her mother and younger sister in a public housing project. Her mother has balanced treating Frances like a "normal" child ("I was tossed because she was handicapped. My sympathies went out for her and yet I have to treat her like any normal kid - - [as if] her handicap does not exist.") and demanding the special educational services that Frances needed to learn ("I had to go over to the school because I felt that teachers were not being sympathetic. I wanted them to understand that it would take her longer to read [because of] her disabilities in seeing. Sitting at the front was not enough. [I was] reminding them that, by law, they had to teach her.")

Suzi. Suzi works in a sheltered workshop in a very small town collating papers and making wooden "chops" for picture frames. Suzi is neat and friendly, but can also be an agitator to her coworkers. She is easily distracted and her supervisors report that she has difficulty attending to task. However, when asked, she easily quotes the workplace rules: "Be here on time. No smoking while working. Must get permission to leave. Cannot curse or talk back to the head boss. Cannot hit or injure someone. Come to work every day." Money is Suzi's motivator; however, she earns approximately half that of her coworkers because her failure to stay on task results in a 20% production rate.

Suzi lives in a group home with four other women and one man. Like the other residents, Suzi spends one weekday at the home doing her assigned chores (vacuuming and cooking a preselected meal). Suzi goes to skating parties, movies, and other group recreation activities arranged by the group home staff. She likes reading low-reading-level romance books.

Suzi remembers high school science being her least favorite class and study hall her favorite. During her final year of school she participated in a halfday work program which, according to Suzi, "taught me to come to work." Her rehabilitation counselor considered her to be "a pretty straightforward case to do." Her work supervisors believe that she will "probably work here forever. Nothing is really stopping her from doing anything. She just needs to be pushed."

Dorothy. Dorothy has been married for four years. She is white, attractive, energetic, very friendly, and has a professional demeanor. She was active in many school organizations and continues her activities in her local church and in an organization of people who are visually impaired.

Dorothy worked through high school in the family business and now works part-time as a receptionist for a state agency. Dorothy received training for her job in high school, at the rehabilitation center, and on the job. Dorothy is an advocate in her work with consumers on the toll free telephone line as she "troubleshoots" equipment problems and directs people toward appropriate services. Dorothy would like to work full-time, but must wait for the state to create a full-time position. Working full-time would allow her to obtain fringe benefits, including medical insurance.

Dorothy's experiences in school, family, and work parallel the experiences of many young adults without disabilities. She lived with her immediate family throughout high school. She moved away from her family to another state where she married. She is currently working in a competitive job where she is accepted and respected for her good work. According to Dorothy, her coworkers and employers "expect me to do anything everybody else does." What makes her different from other young adults is that she has a vision loss and has received services from vocational rehabilitation.

Meg. Meg lives with her paternal grandmother after being abandoned by her mother. The professionals who work with her believe that she is overprotected by her grandmother and has chosen unrealistic career goals. Meg would like to become a computer programmer and has enrolled in business college. However, her high school grades indicate that, at best, she would have the ability to perform basic data entry functions. Meg's high school teacher believes that she needs on-the-job training, job exploration, opportunities to live away from home, and some experiences with reality.

Meg will soon be reevaluated by the rehabilitation agency as an adult. She will probably continue to have problems adjusting to living independently as long as her grandmother keeps such a tight hold on her every movement (choosing living arrangements, choosing dates and social outings, and doing all the cooking and cleaning, etc.). When questioned about their relationship, the grandmother replied, "When the children get grown and married they will have enough work to do then. I will do it for them until that time."

Nelson. Nelson would like to become a college math or physics professor. He believes that "everyone has potential to be good in math." He often refuses to use prescribed equipment (cane, contact lenses) so that he will not appear blind. Nelson has a great desire to be autonomous, but is described by others as a manipulator, a procrastinator, disorganized, and often in conflict with authority. Nelson's vocational rehabilitation counselor believes that teachers have allowed Nelson to become disorganized and a procrastinator. Instead of allowing the "crisis to go through" they would instead push him, until in a great, last minute rush the job would be completed. Nelson's eventual vocational success will depend upon his overcoming these problems.

Nelson is well liked by his peers and depends upon them for transportation on dates. He swims, dives, plays basketball, and runs track competitively. He stated, "[It is] not too good to stay cooped up in the house and let the world pass you by."

Nelson received seven transition services from the rehabilitation agency and two from the school. Nelson would probably have received more services except that either he or his parents refused the assistance. While Nelson would qualify for SSDI, his parents refused to allow him to apply because they "don't want him to become comfortable on that money." It is anticipated that Nelson will continue to limit the use and influence of vocational rehabilitation upon his life.

Margot. Margot is vivacious, bubbly, charismatic, and deaf-blind. She works as a hospital messenger delivering lab samples. Since this hospital is undergoing renovation, Margot's route varies each day. Not only does Margot successfully navigate the changing route by herself, but she is also teaching the construction workers sign language. When accommodations have to be made on the job, her supervisors have learned that the best way to solve a problem is to ask Margot how to make the adjustment.

Teachers have suspected she has a learning disability, but one was never diagnosed. Her spelling skills are poor, she cannot remember the typing keys, and she detests assembly work. In her work, Margot has achieved a level of ability greater than her former teachers ever expected of her.

Margot lives in a supported housing apartment with a roommate who is also deaf-blind. Margot likes to entertain, to plan and give parties, and to travel. She is an active member of a organization for people with visual disabilities and has recently started a friendly visitor program at the hospital for patients who are deaf.

One person described Margot by saying, "she makes people want to invest in her." For example, at a previous job, a termination interview was scheduled because of her poor job performance. Margot arrived at the interview with homemade cookies. Margot left the interview with a revamped job she could perform satisfactorily.

Jake. Jake is also deaf-blind. When he was younger he attended the residential school as a day student so he could continue to live at home. His parents believe that children should live with their families until they get married. Jake himself is very comfortable living at home and having very few responsibilities.

Jake was awarded two small separate academic scholarships to attend college, but decided to work doing data entry instead. His most recent employer gradually reduced his hours and finally laid him off because of an economic decline. He is hopeful of soon returning to work because this is the type of job he always wanted. Jake's job-seeking skills and socialization skills are poor. If a job can be found that requires minimum social interaction and maximum computer time, then Jake would probably be very happy and successful. Jake thinks of himself as a good worker because, "I type good and understand what people tell me."

Jake likes to play basketball, baseball, talk with friends, visit a girlfriend, watch TV, and operate computers. Computers are, quite literally, Jake's passion in life. A school administrator said he had "great problem-solving skills with computers, but can't find his way out of a paper bag himself." Jake attributes little importance to orientation and mobility skills and is, therefore, not reliable in remembering and using those skills. He uses public transportation to get around the city.

Mitch. Mitch works in a sheltered workshop as an assembler. His favorite job is counting 10 books and placing them into a bag to form a media kit. His nickname is "Speedy" because he works fast. Mitch dislikes down-time because "[I] don't get no work and don't get paid." According to his houseparent, when there is a lot of down-time her clients come home frustrated.

Mitch likes to attend baseball games with his father, eat at restaurants with other members of the custodial group home, bowl, play softball, watch sports on TV, participate in Special Olympics, and listen to easy listening music. His houseparents describe him as easy to deal with and cooperative.

Sara. When Sara first entered the residential school program, she tested as legally blind. However, as she became more experienced at using her vision, her measured acuity improved. While in school, she worked in the school office as a receptionist. Her supervisor was pleased with her performance.

Sara has emotional and behavioral problems and is in a program that emphasizes behavior control. The school is still providing housing and counseling even though she has graduated and is now working in a sheltered workshop. Sara has nowhere else to go. Both of her parents are deceased. The local department of mental retardation has resisted accepting her. Her situation is precarious.

Diane. Diane lives in a cooperative group home for young women who are emotionally disturbed. Her rehabilitation counselor believes that Diane "would be a bag lady in five years if there were not specialized services available to [provide] structure [for] her."

Diane is an avid reader, preferring large print. She writes poems, draws pastels, sings, plays the piano, and visits with friends. She is described by others as being intelligent, having a sense of humor, and being motivated and full of "gumption." She has "long-term goals that she keeps to herself, because she doesn't want to be told they can't be done."

Diane works at a local hospital as a messenger. She works 40 hours a week in a temporary job designed as a work adjustment program. Her employers would like to make both her, and the job, permanent. Diane requires a job coach to help her adjust. She is easily upset and inflexible. As part of the requirement for remaining in the group home, Diane receives weekly counseling. Diane believes this is the type of job she wanted. She explains, "I wanted a relatively physical job in general; didn't want to sit on my tush all day. I think of myself as a damn good worker."

Rhonda. Rhonda is developmentally delayed and has behavioral and emotional problems. She displays a number of inappropriate behaviors: interrupts others, giggles intermittently, and stereotypically rocks herself. She works in a sheltered workshop folding, counting, collating, and assembling different items. She would prefer competitive work, because "competitive work [is] better because [it pays] more money." Her houseparent believes that she could work competitively if she did not have so many behavioral problems.

She lives in a custodial group home and takes part in group activities. She goes to restaurants with the group on Friday nights, walks with people, and takes cabs to the mall. She either cannot or does not like to read, because "I'm blind." Her orientation skills are excellent. While she formerly used a cane, she now depends upon a sighted guide.

Client Characteristics

The participants range in age from 19 to 27, with the average age being 22 (Matrix 1). Seventy-five percent are white and 25% are black. Two-thirds of the participants are female.

All participants have congenital visual impairments, although several have additional visual problems that developed after birth. Four have both glaucoma and cataracts. Visual disability was caused by rubella for one and possibly two of the participants. Three are visually impaired because of retinal detachments. All of the participants, except for one, are legally, but not totally blind. However, their abilities range from being able to see relatively well to having very little functional vision.

Two participants have no other disability besides their visual disability. Three are either deaf or losing their hearing, three are classified as developmentally delayed, and three have emotional and/or behavioral problems.

Of the 12 participants, five live independently, either in a family or dormitory setting; five live in a dependent setting, either in a family or group home; and two function independently with some supports (supported housing or cooperative group home). The three people who live in custodial group homes are developmentally delayed (one also has behavioral and emotional problems). One of the two remaining people with emotional and/or behavioral problems lives in a cooperative group home for young women with emotional disturbances. The two young men with no additional disabilities live independently at home while awaiting the availability of college dormitory housing.

Matrix 1: Client Characteristics

Clients	Age	Race	Sex	Vision Etiology	Degree of Blindness	Other Disabilities	Living Status	Primary Mobility aid
David	19	White	Male	Retrolental fibroplasia	Legal	None	Family (independent)	None recommended
Frances	20	Black	Female	Glaucoma, Congenital cataracts	Legal	Crohn's disease, Dermatitis	Family (independent)	Cane
Suzi	19	White	Female	Optic atrophy, Congenital eye muscle problems	Legal	Down syndrome (developmental delay)	Custodial group home	Sighted guide
Dorothy	22	White	Female	Retinal degeneration	Legal	Brain aneurysm	Family (independent)	Cane at night
Meg	20	White	Female	Optic atrophy, Macular abnormalities, Nystagmus	Legal	Midget, Seizure disorder	Family (dependent)	None recommended
Nelson	19	Black	Male	Glaucoma, Congenital cataracts, Adventitious retinal detachment	Legal	None	Family (independent)	Refuses cane (use monocular)
Margot	24	White	Female	Unknown (possibly rubella syndrome)	Legal	Possible learning disability, Deaf	Supported housing	Cane
Jake	25	White	Male	Congenital cataract, Rubella syndrome, Congenital glaucoma	Legal	Deaf	Family (dependent)	Sighted guide
Mitch	25	White	Male	Retinitis pigmentosa, Progressive retinal degeneration	Legal	Hearing loss, Developmentally delayed, Laurence-Moon Biedl syndrome	Custodial group home	Sighted guide
Sara	22	Black	Female	Fetal alcohol syndrome	Legal	Emotional & behavioral problems	Dormitory (independent)	Refuses came
Diane	22	White	Female	Congenital cataracts, Congenital glaucoma, Retinal detachment	Legal	Emotionally disturbed	Cooperative group home	Cane for identification
Rhonda	27	White	Female	Retinal detachment	Total	Developmentally delayed, Behavioral & emotional problems	Custodial group home	Sighted guide

Three people do not use any mobility devices either because none were recommended or because they refused the recommendation. A fourth person refuses to use his cane, but has recently begun using a monocular to identify street signs. Three participants use canes, three use sighted guides, and two use both canes and guides. The three people who are developmentally delayed use sighted guides as a primary means of orientation and mobility. The participants in an independent living setting refused the use of a mobility device, use a cane, or did not receive a recommendation for a device. Three of the five participants in a dependent living setting use sighted guides, one uses both a guide and a cane. The fifth person in a dependent living setting has sufficient travel vision. None of the participants use dog guides.

Educational Programming

All of the participants graduated from public or residential high schools with either a diploma or a certificate of attendance (Matrix 2). Of the six public school participants, all but one graduated with a diploma (83% earned diplomas). Within the residential group, four (67%) graduated with certificates.

While the six participants who attended the public schools have some additional disabilities, only Suzi can be classified as developmentally delayed. She was also the only one in the public school system to receive a certificate of attendance rather than a certificate of attendance rather than a diploma. The three participants in the residential school who are developmentally delayed (Margot, Mitch, and Rhonda) also received certificates of attendance. Sara was the one other woman with emotional and behavioral problems relating to fetal alcohol syndrome who received a certificate of attendance from the residential program. Jake, who is deaf-blind, and Diane, who is classified as emotionally disturbed, were the only two people to receive diplomas from their residential school. It does seem safe to conclude that in this study the presence of additional disabilities, especially those involving developmental delays, is highly associated with attendance in residential schools and/or receipt of a certificate of attendance.

Participants were asked about the type of medium they use to read. One person can see to read regular print, two use large print only, two use large print and assistive devices, and three use large print, assistive devices, and cassette tapes. Among the public school participants, the average number of reading media is 2.5, while the average number among the residential school participants is only 1. Interestingly, Suzi was the only person who graduated from public school with a certificate and was able to see regular print. Suzi's additional developmental disability most likely played a greater role than her visual disability in her inability to earn a diploma.

Matrix 2: Educational Programming

Subject	Type of Education	Outcome	Reading Medium	Reads for Pleasure/ Information
David	Public[2]	Diploma	Assistive devices, Regular print	Yes
Frances	Public[3]	Diploma	Assistive devices, large print, Tape	Yes
Suzi	Public	Certificate	Regular print	Minimal
Dorothy	Public	Diploma	Assistive devices, Braille, Tape	Yes
Meg	Public	Diploma	Assistive devices, Large print, Tape	Minimal
Nelson	Advanced Public	Diploma	Assistive devices, Large print, Tape	Yes
Margot	Residential	Certificate[4]	Assistive devices, Large print	Minimal
Jake	Residential	Diploma	Assistive devices, Large Print	Yes
Mitch	Residential	Certificate	Does not read	No
Sara	Residential	Certificate	Large print	Yes
Diane	Residential	Diploma	Large print	Yes
Rhonda	Residential	Certificate	Does not read	No

Note: [1]"Public" education indicates services are provided in the home school district by an itinerant vision teacher. "Certificate" indicates a certificate of attendance. [2]David did not receive any vision services until the tenth grade. [3]Frances did not receive any vision services until age 14. [4]Margot performed at a higher level than a certificate, but was unable to earn a diploma.

Participants were asked whether they read for pleasure or information beyond that required in school. Seven definitely continue to read (58%), three read "very little" (25%), and two do not read at all (17%). The vast majority of those receiving diplomas, 86% or six out of seven people, continue to read for pleasure or information. Of those receiving certificates, only one out of five continue to read to any degree. The two who do not read, not surprisingly, received certificates of attendance.

Description of Parental Participation

Ferguson et al. (1988) found four types of parental involvement in their study: surrender to professionals, abandonment by professionals, assimilation, and partnership with professionals. Surrender to professionals indicates that the parents do whatever the professionals decide; abandonment by professionals indicates that professionals have deserted the family and student and left them to solve the problems of transition and employment, or on-going care, alone. Assimilation refers to the parent becoming a professional by going back to school to become a social worker or rehabilitation counselor or funding/organizing a group home independently. Partnership indicates an egalitarian relationship with both parents and professionals participating in planning and implementation. The researchers looked for those categories among this visually disabled, post- P.L. 94-142 population. Descriptions of parental involvement are displayed in Matrix 3.

Matrix 3: Description of Parental Participation[1-]

	None	Surrender	Partnership
David			1
Frances			1
Suzi	X		
Dorothy[2]			
Meg		X	
Nelson			2
Margot			2
Jake			2
Mitch		X	
Sara	X		
Diane	X		
Rhonda		X	

Note: [1]"1" indicates a very strong participation, perhaps advocacy. "2" indicates a more moderate participation, but still a feeling of equality. None of the participants displayed "Abandonment" or "Assimilation" as described by Ferguson, Ferguson, and Jones (1988). [2]Dorothy's behavior and the relationship of her parents to planning approximated that of a youth without a disability.

The sample was selected by transition programs which were, by definition, not abandoning either parents or students. Consistent with the findings among post- P.L. 94-142 parents in the Ferguson et al. study, the researchers did not find assimilation. No parent had become a professional in order to better serve his or her child. These two agreements with previous findings suggest that transitional programming has been positively affected by legislation.

The researchers found that surrender to professionals still occurs. In the cases of Meg, Mitch, and Rhonda, the parental figure had not appeared to participate in planning, but had accepted what the professionals had decided. In the latter two cases, multiple disabilities which included substantial retardation may have been part of the issue. In the former case, the parental figure was an elderly grandmother whose generational status may have influenced her participation.

The researchers created a category of participation, "None," which indicates that the parental figure had abandoned the child at an age prior to transition planning, was deceased, or that custody had been adjudicated. There was no evidence of any participation in the planning process by Suzi's parents. Sara's mother died prior to puberty; her father died recently. Diane had been removed from parental custody during early adolescence.

Differentiations between two levels of "partnership" noted by Ferguson et al. (1988) in transition planning were found in this study. In the instance of David and Frances, parents had a strong relationship as planners with their children. They were advocates, but not adversarial. Their participation is indicated by a "1" on the matrix. In the cases of Nelson, Margot, and Jake, parents were present, consulted, and vocal regarding decisions, but seemed less influential, active, and involved. They have a "2" on the matrix under partnership.

A category not observed in the study by Ferguson et al. (1988) was found in this study. Dorothy's case showed no parental participation. However, this occurrence seemed more like that of a situation involving a child without disabilities than an abandonment by parents. In fact, Dorothy was very active in high school and held various offices. She held several jobs in the family business. When she graduated, she moved to another state and referred herself to the rehabilitation agency. Her pattern has been very much one of self-advocacy. She was the most active of any of the clients in finding her current position. She is the only married participant.

Levels of Participation in Transition Planning

In addition to the description of parental participation in transition planning, the relative activity of various participants seemed worthy of note and is described by Matrix 4. The researchers reached consensus regarding the categorization of strong, moderate, minimal, and no involvement after reviewing their notes regarding each of the participants and evidence in the records. In one case, Dorothy's, the categorization of none for parental involvement is not negative. Dorothy has been firmly in charge of her life and decisions since she graduated from high school. The absence of discernable parental influence appears to be more like that of a regular education student. She has been her own advocate, choosing to use available services when she needed them rather than being "helped along" in a continuous manner. For example, her rehabilitation case was closed previously when she was judged to be successfully employed. Some time later, she requested that her case be reopened to assist her with medical expenses related to a

Matrix 4: Levels of Participation in Transition Planning*

	Client	Parent	School	Rehabilitation	Employer
David	1	1	1	1	4
Frances	1	1	2	1	4
Suzi	3	4	3	1	3
Dorothy	1	4	3	1	3
Meg	2	3	2	1	4
Nelson	1	2	2	1	4
Margot	1	2	1	4	1
Jake	2	2	1	4	4
Mitch	3	4	1	3	3
Sara	3	4	1	3	3
Diane	1	4	2	1	2
Rhonda	3	4	1	3	3

*Note: "1" indicates strong involvement; "2" indicates moderate involvement; "3" indicates minimal involvement; and "4" indicates no involvement.

Other clients also had a strong participation level in their transition planning. David, Frances, Nelson, Margot, and Diane were active, interested participants. Clients with a secondary disability of developmental delay (Suzi, Mitch, and Rhonda) were minimally involved in planning; their participation was probably more aptly described as assent. Sara also had minimal involvement because of her serious emotional and behavioral problems. Meg and Jake were slightly more involved. They had ideas about the kinds of things they like to do, but no idea about where they would work, what else they might want in a job, or how to obtain one.

Transition Services and Vocational Outcomes

There were 18 different services identified as being provided by either or both types of programs. The services provided during transition are displayed in Matrix 5. Services provided by personnel from the rehabilitation agency are designated by "R," and "S" indicates services provided by personnel from the educational program. Vocational outcomes are also displayed in Matrix 5.

Service provision by program type. Even though the study addressed both a transition program conducted by an educational facility and a transition program conducted by a rehabilitation agency, both school and rehabilitation agencies were responsible for planning and service provision. Some services were provided by both agencies.

There were no clear distinctions between the two types of program providers: "rehabilitation" and "school." Each program provided about the same range of services. Most service differences seemed to be primarily a function of the mandated responsibility of each type of agency. For example, the educational program, which was residential, provided housing for clients when they were involved in a high school program. Rehabilitation was able to fund clients in higher education and provided vocational/ adjustment counseling and psychological counseling.

Vocational status. The current vocational statuses for the participants are mixed. Two are in competitive, full-time, permanent employment. Four are employed in sheltered workshops. Three participants are still in training: two in college and one in vocational school. Two have worked previously, but are temporarily unemployed because of lay-offs. One participant is employed temporarily.

One of the interesting points about current vocational status is that the personnel of both programs have referred to the clients as "having successfully completed the transition process." It appears that a more correct reference, with the exception of Dorothy who is functioning independently, would be that the clients are successfully involved in the transition process. In other words, the system is still functioning; it has not given up on them; there are alternatives remaining and resources still to be tapped.

Frequency of services. As indicated in Matrix 5, no participant in this sample received all 18 of the identified services. Receiving the fewest services did appear related to sheltered employment. The participants who are developmentally delayed and who are also employed in sheltered workshops received the fewest services (Nelson, who refused many services, is an exception). This tendency was seen in both types of programs.

	Subjects	Braille Instruction	Low Vision Aids	Activities of Daily Living	Orientation & Mobility	Work Adjustment	Vocational Training	On-the-Job Training	Job Development	Job Placement	Higher Education	Evaluation	Transportation to Work	Equipment/Tools/Uniforms	Vocational Adj. Counseling	Job Coaching	Psychological Counseling	Medical Services	Housing	Total Number of Services Received	Employment Outcomes
ehabilitation Based Program	David		RS	R	R	RS	R S	R	R	R	R	R	R		R					12	Attending College
	Frances	R	R	R	R	R	R	R	R	R		R	R	R	R					13	Temporarily Unemployed
	Suzi			R	RS	R		S	R	R		R			R				R	9	Sheltered Employment
	Dorothy	RS	RS	R	RS	R	R	R	R			R		R	R			R		12	Permanent Employment
	Meg		RS	R	RS	R	R S	R		R		R			R		R			10	Vocational Training
	Nelson		RS	R	RS						R	R		R	R					7	Attending College
Educationally Based Program	Margot	S	S	S	S	S		S	S	S		S	S	S		S			S	13	Permanent Employment
	Jake		S	S	S	S		S	S	S		S	S			S			S	11	Temporarily Unemployed
	Mitch		S	S	RS		S	RS				S	S						RS	8	Sheltered Employment
	Sara			S	S		S		R			S	S						S	7	Sheltered Employment
	Diane		R	R S	RS	R	R S	R	R	R		S	RS	R	R		R		RS	14	Temporarily Unemployed
	Rhonda			S	S	RS	R S		R S			S	S					R S	RS	9	Sheltered Employment
	People Receiving Services	3	9	12	12	9	8	9	9	7	2	12	8	5	7	2	2	2	7		
	Duplication of Services	1	4	1	6	2	4	1	1	0	0	0	1	0	0	0	0	1	3		

Number of people receiving services. The number of clients who received each service is also shown in Matrix 5. A surprising piece of data was the provision of job coaching. Only the education program provided this service and, then, to only two clients. Only three clients received braille training, two were pursuing higher education, two received psychological counseling, and two required medical services. Identifiable placement services could be discerned for only seven clients. The most frequently provided services were activities of daily living, orientation and mobility, and evaluation, which all clients received in at least one program.

Duplication in services. Matrix 5 also indicates duplications in transitional services provided across clients. Orientation and mobility was the most frequently duplicated service, provided to the same six clients by both rehabilitation and education.

Discussion

Limitations of the Study

The participants in this study were selected by the agencies that had served them. This selection was appropriate for a study that describes the experiences of youth working within the system to make the transition from school to work. This selection bias precludes any generalization to youth with visual disabilities who did not work within the system and who, nevertheless, found employment. Neither does the study reflect the experiences of youth who were not processed through the system because they were deemed ineligible for service. It does not include a sample of people for whom the system did not work: those who were part of a transition program and who are not working and are no longer being served by either type of agency.

Results might also be biased because of the two programs selected for the study. The programs do represent services in both rural and urban areas. Their clientele did not differ noticeably from what would be expected in other states. However, they may be markedly inferior or superior to other transition programs. There is currently no objective standard.

Triangulation of Data

The rigor in qualitative studies is often established through consideration of data from several sources as they apply to a single issue. In these case studies, behavior was observed by multiple observers and multiple sources were used to validate information.

Observation of behavior. Observers in a social scene must be cautious in accepting every statement at face value. The actions of the respondent as well as their words should be noted to gain a more complete understanding of the situation. For example, Suzi stated that she wore her glasses all the time and then pulled them out of her purse to show us. If the researchers had not observed Suzi returning the glasses to her purse, they might have concluded that she did indeed wear her glasses at all times. It was reported that Frances and her family lived in a low-income housing slum that would be dangerous to enter after dark. Although the researchers did choose to leave the area before dark, the "slum" appeared to be well-run, clean, and quiet. They were also told that Frances' black dialect was grammatically incorrect and was a reason for her unemployment. The researchers observed few instances of incorrect grammar from either her or her family. By being able to visit Frances in her home, the researchers were able to draw their own conclusions about the neighborhood and Frances' grammar and not rely on someone else's judgement.

Multiple observer methods. As a further verification of data, both researchers were involved in all but three interviews. At the conclusion of each interview, the researchers discussed their notes and impressions and identified confusing points for later clarification. Several perceptions about a person or issue were elicited by talking to several people within each client cluster.

Multiple methods of data collection. Whenever possible, the researchers used case records to verify interview information. Written information provided by the programs involved helped to establish a context for the interviews. Additionally, program administrators who were not part of the client clusters enhanced understanding of the program components.

Implications of Failure

Overprotection by the system. One of the criticisms made by people interviewed in this study concerns the failure to require the same type of performance from the visually impaired student as from the sighted student. They reason that the student is "doing pretty good for a blind kid and, therefore, should be promoted." In discussing Meg, her vocational rehabilitation counselor stated, "[Her] professor tended to grade her and other visually impaired students leniently." Unfortunately, the result is a graduate without the necessary academic skills to obtain a job.

An additional deficit imposed by an overly-lenient system that "protects" through social promotion is that many students never experience failure and learn how to recover from it. Nelson's vocational rehabilitation counselor criticized some of Nelson's earlier teachers, saying, "[They] allowed him to be disorganized. Teachers and others would not let the crisis go through." Nelson usually waited until the last minute and relied on his ability to perform well under pressure. Upon entering an advanced placement high school, he encountered teachers who did not cater to his disability. Nelson recalled a particular math teacher who "was kind of rough; [the math teacher] said he was the dictator. He gave no partial credit and was the first person to make me have to study math. He instilled discipline." Apparently this one experience did not generalize beyond high school math. Nelson continues to miss deadlines and usually experiences lenience from others.

An employer warned against overdependence of the visually impaired person on the blindness system: "Maybe the fault of the blindness system [is that] people learn to expect that when something is needed, someone will take care of it and solve the problem. We, as workers for the blind, may need to teach that the situation is not always `give! give! give!' At some point the umbilical cord has to be cut."

Somehow the system, which itself constitutes an anomaly, must provide a "normal" experience. In its mandate to ensure that every possible client will succeed in becoming employed, the system must also provide the experience of failure.

Overprotection by families. Families are another source of overprotection. For example, although Meg's grandmother gives lip service to the notion that Meg needs to prepare for work, that attitude does not extend into allowing her to learn independent living activities or to effectively train for work. Meg is not permitted to cook because "she might make a mistake cooking."

Other clients achieved a certain degree of appropriate job training and held several jobs in the community, but still had not made the move to independent living. A cycle of dependence feeds upon itself as the parent, often under very difficult circumstances, takes the easy way out. According to Jake's mother, "I never really pushed him and when I encouraged him, he was always so lackadaisical. The school told me to give him more responsibilities, but it was always more effort than it was worth."

Use of Leisure Time

A great deal of time and effort were spent on vocational employment goals. However, some clients needed instruction in using leisure time. Frances did not like being unemployed, being inactive, not making money, or sitting around. Mitch expressed a similar concern. Higher functioning clients had social groups, independent activities, or hobbies. Clients who were at a lower functional level were "programmed" through after-work activities. Few had any method of productive, independent leisure time activity. Clearly, transition programs must deal with issues of leisure time.

The Influence of Familiarity upon Vocational Goals

A common observation in the rehabilitation field is that young people with visual impairments choose vocational goals related to the narrow range of jobs with which they come in contact (e.g., counselor, mobility instructor, rehabilitation teacher) or, perhaps, the occupations of their parents. The researchers found evidence of this in Frances' story. Because of a life-threatening health condition, she spent a great deal of time in the hospital. Frances wanted to become a nursing assistant because she saw these people function during her hospital stays. She knew what that job meant. She chose that vocation for herself despite a visual status that suggested otherwise. Frances probably has the social skills and empathy to make an excellent nursing assistant; however, she had to leave her last case assignment because of complaints from the patients that her vision deficit interfered with her ability to do the job.

Dorothy provides another example. Her experience with the state agency was "familiar" to her. When a position opened there, it seemed a "natural" workplace to her and to her counselor. Although her personal knowledge of the equipment in question does make her particularly skilled in answering questions, it has not occurred to her or to her counselor that she could perform a similar job for another employer.

Perspectives on Disability

One of the factors that repeatedly arose was the attitude of the individual and that individual's family toward the disability. Nelson intends to deny that he has a disability. His family has not actively pursued the services that could have been made available to him. They do not think he should apply for Social Security benefits because it might make him "too dependent on the system." Nelson refused to use the recommended cane or large print because they would make his disability obvious. Jake refused a cane for the same reason.

David, who has no apparent disability, revealed himself as disabled when he could not obtain a driver's license. He matter-of-factly approaches his professors and tells them what modifications he requires. He did not have special education services until he was 16 because his need for them was not apparent, his family moved frequently, and the educational screening programs missed him. Early on, when he was perceived as developmentally delayed rather than as visually impaired, his teachers did not know what to do with him. His father's remark was, "They hadn't had the *opportunity* to work with someone like him" [emphasis added]. This family overcame their initial feelings of protectiveness and encouraged David to discover his own limitations as well as his abilities. In David's father's words, "We decided that he would have a decision in what his goals would be. We are an advocate for higher education. We have not tried to steer him where his visual impairment would not handicap him. If he wants to do something, he will find a way. There will be some blockages that he will need to address when the time comes. I'm sure there will be a way to resolve it when the time comes."

Frances' mother was a strong advocate for her despite the picture painted by professionals of a "single mother living in the projects." She saw Frances as a person of abilities and made certain that the educational system did not deny her opportunities. Frances tends to discount her limitations and to pass them off as due to her youth rather than her visual disability: "Patients sometimes feel bad that I have a visual impairment. They feel that I'm young and want someone more experienced." Her assessment of her situation may be somewhat unrealistic, but her determination cannot be denied.

Margot's parents have been aware that she is "unusual" (Margot's mother's term) from the beginning. Her parents encouraged her toward independence, but Margot's confidence in her ability and worth springs from within herself. Margot's world view and her view of herself in the world is more than "unusual," it is phenomenal. She has taken karate lessons and arranged a cruise for herself and a friend. Most people who are deaf-blind from birth would not know karate or cruises exist, much less take advantage of those opportunities independently.

Meg appears to have been regarded as a "responsibility" more than as a "child." Her grandmother has provided care and affection for Meg, but her protective influence has been expressed in unusual ways. She supports Meg dating men who are 30 years older. Her grandmother sees Meg moving from her influence into the care of another person. Meg's conversation about work gives the impression that she is looking for a place to go until she marries.

Perspectives on disability can be positive or negative. They can also be changed. David's parents had to learn to let go. They reached this conclusion without the intervention of the "blindness professionals" and implemented their decision independently.

Vocational Outcomes

Service provision by disability group and vocational outcome. When considering the services provided relative to vocational outcome, fewer services were provided to clients with lower cognitive ability. These were also the clients who were employed in sheltered workshops. Discounting Nelson, who refused many services, the average number of services provided to clients who are not cognitively disabled was 13. The average number of services provided to clients who have cognitive disabilities was 8. The presence of a secondary disability other than cognitive, such as deaf-blindness or an emotional disturbance, did not have a similar relationship. It is not the purpose of this type of research to establish cause and effect. The services chosen may have been entirely appropriate for the clients involved. However, further research should investigate the appropriateness of any relationship between the number and type of services provided and the cognitive ability of the client. Without the provision of special funding for the deaf-blind transition program, a client like Margot might have had fewer services and been similarly directed toward a sheltered workshop.

Program differences. Because there is a housing shortage at all income levels in the city where the school administered program is located, provision of housing for their clients is a necessity. The school administered program also provides transportation as part of its transition program. Although public transportation is quite good in the area, these clients were the most disabled by secondary conditions and will probably remain dependent upon "handicapped" transportation.

The program delivered by the rehabilitation agency has poorer transportation services, but the clients in that program were not as severely disabled by secondary conditions. Housing in that area was not as difficult to locate. A higher level of functional ability of the client does appear related to more housing alternatives. This higher general functional ability also seemed to permit these clients to effectively take advantage of whatever transportation was available.

Quality of Life: Prognosis

Although it is not usual for qualitative research to predict, it seems that predictions regarding the future are in order in a study of the transition from school to work. The point of this research has been to describe the process in an effort to shed light on the outcome. Therefore, the researchers will indulge themselves in some "informed speculation."

Independence in future jobs. While it is generally recognized that the vocational rehabilitation process is time limited, it is also recognized that clients may be served over and over by some rehabilitation agencies. This may depend upon the particular eye disease, since many are slowly progressive. In addition to the changes resulting from the eye disease, there may be instances where clients need additional rehabilitation services to advance in their jobs, because of changes in the job market, or due to a need for adaptive technology to retain a position.

The probability that an employed client will need vocational assistance in the future is an issue of interest to vocational rehabilitation agencies. Some agencies and counselors feel that clients will occasionally return for additional help if they should need to locate another job. Other agencies and counselors believe that the initial pass through vocational rehabilitation should be all that is needed: the client should have all the skills necessary for upward mobility and job changes. In this study, only David, Dorothy, and Nelson seem capable of continued independence if they should need to find a new job. Given Nelson's pattern of behavior, he would be unlikely to refer himself to the agency if he lost a job. He appears to be taking advantage of free tuition provided by the agency, but little else. Although he might need agency assistance in finding a position commensurate with his abilities, he is more likely to strike his own bargains. David and Dorothy have already evidenced their ability to act as independent agents. Their job-seeking skills appear more realistic and more advanced than Nelson's. They, too, would be unlikely to seek agency assistance, but their reason would be that they have skills and contacts to function independently.

The other clients will all need help if they should lose a job. The workers in sheltered employment are entirely dependent on help from some agency. Although Frances has been competitively employed, she currently needs assistance to find a new position. Jake, too, needs significant help in finding new employment since his lay-off. Margot is competitively employed, but has the continuing services of a job coach. It is anticipated that those services will continue to decrease over time. Should she lose her job after her job coach is discontinued, it seems likely that her employer will call upon rehabilitation services to help her relocate. Diane is not yet permanently employed and will also require help in securing her first job. Her need for future assistance appears to be strongly related to a positive outcome of her therapy. She seems to have the initiative, intellect, and work skills to succeed, but has relationship problems that will require resolution before she can become truly "independent."

Client satisfaction. Clients served by both programs appeared to have had opportunities designed with their needs in mind. There was no suggestion that clients had been forced into any vocational mold or prescribed outcome. It is difficult to assess the quality of life of each client in terms of general satisfaction. The clients who wanted "more" seemed to be able to define "more" and pursue it. For example, Margot wants to travel. She will be going to Europe in the near future. She wants to be married some day. At last report she was engaged. Diane wants a permanent job and a different living environment. It seems very likely that she will have both. Nelson is very ambitious and, again, there is no doubt that he will achieve many of his goals. These clients appear to have reasonable life satisfaction.

The clients of most concern are those who have either no expressed ambitions or only very general ideas about what they want from life or from a job. These are the clients like Suzi, Mitch, Sara, and Rhonda. We are always challenged, as researchers and as program providers, with trying to put ourselves within the experience of people of very low cognitive ability. Out of the best humanitarian motives, we attempt to plan the program that seems to best meet their needs, walking the thin line between protection and independence. These particular clients appear to be in situations that will provide continued care and concern despite their vocational status. Their care is comprehensive and they do not appear to be in a personally precarious position should their employment fail.

Conclusions

It was not the purpose of this research to establish that transition programs administered by education are superior to those administered by rehabilitation or vice versa. Indeed, the two programs that participated in this study seem to be of equivalent merit. There are no glaring service gaps. Both programs are open to cooperation with other agencies. Clients and parents play a fairly substantial role in planning. Omission appears to be by client choice.

Future research should further investigate service provision to people who enter sheltered employment. In this study, the small number of services afforded these clients may be entirely due to sample selection. However, each case of sheltered employment was also associated with a secondary developmental disability. It is important for future research to determine that this relationship is not causal. The potential positive influence of job coaching with clients who are blind and developmentally disabled also merits investigation.

Although there may be more than 18 identifiable transition services, the services enumerated herein appear to constitute a basic set. Probably the most important observation is that there is no particularly identifiable set of factors which seems to lead to employment. The key to successful transition from school to work appears to be carefully selected services planned by a number of persons truly concerned with each client, a process which includes both client and parents whenever possible. Someone must take a primary responsibility for the planning, but the stronger the involvement on the parts of all participants, the more positive the outcome seems to be.

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APPENDIX A

Location __________________ Date ____________ Client _________________________

CASE RECORD/COUNSELOR INTERVIEW FORM

1. CLIENT DEMOGRAPHICS

Gender ________________________ Ethnic origin/race ____________________________

Age ____________ Age at referral _____________ Age of onset ____________________

VISION

Vision etiology ____

Secondary vision problems ____

Visual acuity: Right eye __________ Left eye __________ Both __________

Visual field restrictions: None ______ Left eye _________ Right eye __________

EDUCATION

School: Public _____: resource _______ itinerant _______ hours/week __________

Residential _____: vision _______ dev. dis. _______ other __________

Highest grade completed: _______

graduated? _______ certificate of attendance _______

Reading: braille _____ large print _____ LVA _____ reader _____ tape _____

reading grade level: __________

Mobility provided during educational program:

cane ___________ dog ___________ guide ___________ N.A.

Other <u>school</u> services:

independent living ____

on-the-job training ____

vocational training ____

supported employment/job coaching ____________________________

other ____

OTHER DISABILITIES

Developmental disability: IQ _______ test name __________

Learning disability: describe type or diagnosis ______________________

Orthopedic ____

Spinal cord ____

Neurological ____

Chronic disease ____

Other: ____

2. LIVING SITUATION

Independent __________ alone or with roommate(s) __________________

with parents __________ with other family members __________________

group home __________ other residential facility ____________________

custodial facility (state hospital, etc.) __________________________

3. VOCATIONAL INFORMATION

a. Had client had previous employment? Yes ____ No ____ What?

b. What was initial prognosis? Eligible for services?

c. IWRP initial vocational goal? Consistent with closure?

d. Salary at closure __________ Hours/week worked _______________

e. Did client receive any type of public assistance? Yes ____ No ____

at referral? __________ how much? _____________________________

during IWRP? __________ how much? __________________________

at closure? __________ how much? ____________________________

4. WHAT WERE THE CLIENT'S STRENGTHS?

DEFICITS?

Were there particular problems that had to be solved before the client could go to work?

Problem	Solved?	How?
social		
appearance		
job skills		
work skills		

transportation

living

Were any special services necessary beyond what might be considered routine for other clients?

5. TRANSITION SERVICES

a. Formal/informal? _____________ where? __________________________

b. Components: O&M _____ braille _____ self care & ind. living _____

visual aids _____ work adjustment _____ vocational training _____

on-the-job training _____ placement services _____ job development _____

other: ____

c. Who was the primary training person?

d. Comments:

6. WHAT SERVICES DID THE COUNSELOR <u>PROVIDE</u> PERSONALLY/WHAT SERVICES DID THE COUNSELLOR <u>ARRANGE</u>? (enter C or A)

counseling & guidance _____ work adjustment counseling _____

psychological testing _____ vocational testing _____ job development _____

job coaching _____ supported employment _____ job placement _____

low vision aids _____ O&M _____ transportation _____ coordination _____

follow-up services _____ other _____

7. HOW SOON WAS THE CLIENT CLOSED AFTER PLACEMENT?

8. OTHER INFLUENTIAL <u>PERSONS</u> OR <u>FACTORS</u>

APPENDIX B

Location __________________ Date ____________ Client

CLIENT DATA FORM

1. CLIENT I.D. ____

2. JOB SATISFACTION

   a. Do you like your job?

   b. Was this the job you wanted?

   c. Would you like to change jobs? Now? In the future?

   d. Are you a good worker? Why? What are your strengths on the job?

   e. What do you like best about your job?

   f. What do you like least about your job?

3. HOW WERE YOU PREPARED FOR THIS JOB?

   a. Where/how were you trained?

   b. Did someone teach you job-related/personal adjustment skills?

   (O&M _____ self-care _____ braille _____ work adjustment _____

   on-the-job training _____ visual aids & devices _____?) Where?

c. Who helped you get this job?

Did you apply yourself?

Did you interview alone?

4. HAVE YOU EVER HAD ANY PROBLEMS ON THE JOB?

What were they?

5. UNDEREMPLOYMENT???

a. Is this the "right" job for you?

b. Are you paid enough?

c. Do you get to use all of your abilities?

6. DO YOU TRAVEL

independently _____: with a cane _____ with a dog _____ NA _____

with a sighted guide _____

How do you get to work?

bus _____ walk _____ car pool _____

family member/friend _____ special van _____

other: ______________________________________

How do you travel socially?

bus _____ walk _____ car pool _____

family member/friend _____ special van _____

other: ______________________________________

7. HOW DO YOU READ?

regular print _____ braille _____ large print _____

with optical aid: ________________________________

tape _____ reader _____

APPENDIX C

Location ___________________ Date ____________ Client

EMPLOYER INTERVIEW FORM

1. PLACEMENT

    a. How was application made for this job?

    employee _____ counselor _____ job coach _____

    placement specialist _____ transition _____

    other: ____

2. WAS EMPLOYEE PREPARED FOR WORK?

    a. Were accommodations necessary? What?

    b. Who made them? Who paid?

    c. Are the accommodations satisfactory?

    d. Are additional accommodations necessary? What?

3. ASSESSMENT OF EMPLOYEE PERFORMANCE

    a. Strengths

    b. Deficits

    c. Adjustment to work demands (physical, emotional, etc.)

    d. Relationship to coworkers

e. Acceptance of supervision

f. Hygiene/personal care/appearance

g. General social skills

4. WAS COUNSELOR/AGENCY/PROGRAM HELPFUL TO YOU? IN WHAT WAY?

5. DO YOU SEE THIS EMPLOYEE AS A LONG TERM EMPLOYEE?

Are there more complicated jobs this employee might perform?

Under what conditions might this employee be promoted?

APPENDIX D

Location __________________ Date ____________ Client

TEACHER/OTHER INFLUENTIAL PERSON INTERVIEW FORM

1. WHAT WERE YOUR EXPECTATIONS REGARDING THE CLIENT?

    Likely to go to work? no ____1____2____3____4 yes
    Comments:

2. WHAT WAS YOUR ROLE WITH THE CLIENT?

3. WHAT DO/HAVE YOU SEEN TO BE THE CLIENT'S STRENGTHS?

4. WHAT WAS THE PRIMARY PROBLEM THAT NEEDED TO BE SOLVED BEFORE THE CLIENT COULD GO TO WORK?

Problem	Was it solved?	How?
social		
appearance		
job skills		
work skills		
transportation		
living situation		

5. WERE YOU INVOLVED IN JOB DEVELOPMENT/JOB PLACEMENT? HOW?

6. WERE YOU INVOLVED IN FOLLOW-UP?

7. DO YOU THINK THAT THE CLIENT IS EMPLOYED AT CAPACITY?

What other opportunities would you like to see for the client???

APPENDIX E

Location __________________ Date ____________ Client

PARENT INTERVIEW FORM

1. EXPECTATIONS

   a. Did you always expect your child to work? No___1___2___3___4Yes

   b. What kind of job did you expect?

   c. Is this job better/worse/what you expected?

   d. Could he/she do better?

2. PREPARATION

   a. How did you help your child to become work oriented?

b. Did he/she have chores? Did you have similar expectations for your other children? Did they share tasks? Was there privileged treatment?

   c. Did he/she have an allowance? Paid for chores? Manage money?

d. Did he/she have previous jobs? Student jobs? On-the-job training?

3. TO WHAT EXTENT DID YOU STRESS NORMALIZATION IN <u>BEHAVIOR</u> AND <u>APPEARANCE</u> IN YOUR CHILD'S DEVELOPMENT?

   Give examples:

4. HOW DID YOU HELP TO EQUALIZE OPPORTUNITIES FOR YOUR CHILD?

   socialization

   education

   medically

   services