Spring 5-13-2022

The Effects of a Web-Based Parent Training on Knowledge of Transition Services for Students with Disabilities

Jessica E. Watson
Georgia State University

Follow this and additional works at: https://scholarworks.gsu.edu/ltd_diss

ACCEPTANCE

This dissertation, THE EFFECTS OF A WEB-BASED PARENT TRAINING ON KNOWLEDGE OF TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES, by JESSICA WATSON, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education & Human Development, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty.

_____
Claire Donehower, Ph.D., BCBA-D
Committee Chair

_____   _____
Lauren Boden, Ph.D.   Franco Dispenza, Ph.D.
Committee Member   Committee Member

_____
Sarah Hansen, Ph.D.
Committee Member

_____
Date

_____
Brendan Calandra, Ph.D.
Chairperson, Department of Learning
Sciences

_____
Paul A. Alberto, Ph.D.
Dean, College of Education &
Human Development

AUTHOR'S STATEMENT

By presenting this dissertation as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this dissertation may be granted by the professor under whose direction it was written, by the College of Education & Human Development's Director of Graduate Studies, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without my written permission.

_____

Jessica Elizabeth Watson

NOTICE TO BORROWERS

All dissertations deposited in the Georgia State University library must be used in accordance with the stipulations prescribed by the author in the preceding statement.

The author of this dissertation is:

Jessica Elizabeth Watson
Department of Learning Sciences
College of Education & Human Development
Georgia State University

The director of this dissertation is:

Claire Donehower, PhD, BCBA-D
Department of Learning Sciences
College of Education & Human Development
Georgia State University
Atlanta, GA 30303

CURRICULUM VITAE

Jessica E. Watson

130 Glades Cove
Americus, GA, 31709
jesswatson.rf@gmail.com

EDUCATION

Ph.D.   GEORGIA STATE UNIVERSITY, Atlanta, Georgia
Anticipated   Education for Students with Exceptionalities
2022

M.Ed.   GEORGIA COLLEGE AND STATE UNIVERSITY, Milledgeville, Georgia
2016   Reading, Language and Literacy

B.S.   GEORGIA COLLEGE AND STATE UNIVERSITY, Milledgeville, Georgia
2013   Special Education General Curriculum

A.A.   YOUNG HARRIS COLLEGE, Young Harris, Georgia
2011   Religious Studies

PUBLICATIONS

Watson, J., Donehower, C., Marelle, C., Colquitt, E. [in preparation]. *The effects of a web-based parent training on knowledge of transition services for students with disabilities*.

Watson, J. & Colquitt, E. [in preparation]. *Parent training in transition planning: A systematic review*.

Watson, J., Novelli, C., & Robertson, P., Houchins, D., Viel-Ruma, K., Flores, M. [in preparation] *Supplemental guide: Special education for all teachers*. 8th Edition.

Tanner, E., **Watson, J.,** & Houchins, D. [in preparation]. *Fidelity measures in K-12 blended learning math interventions involving students with disabilities: A systematic literature review.*

Watson, J., Jimenez, E., & Tanner, E. [in review]. *What happens next? An exploratory study of teacher and parent experiences in transition planning*.

Watson, J., Jimenez, E., Marelle, C., Potts, E., & DeMarco, J. [in review]. *Implementing universal design for transition with secondary students with disabilities: A systematic review*.

PRESENTATIONS

Watson, J. (accepted). *The effects of a web-based parent training on knowledge of transition services for students with disabilities*. [Presentation]. Graduate Student Association Annual Conference, Georgia State University, Atlanta, GA, Virtual

Watson, J., (Host), Miller-Raines, S., Todd, D., Maki, A., & Williamson, R. (2021, December 9). Transition services and resources in Georgia. [webinar].

Dopson, R. (Host) & **Watson, J.** (Guest). (2021, September 7). Back to school (No.8) [Audio podcast episode]. *Womanhood & Disability*. https://anchor.fm/rasheera-dopson/episodes/Episode-8-Back-to-School-e171cma

Watson, J., Jimenez, E., Marelle, C., Potts, E., & DeMarco, J., (2021, April 22). *Implementing universal design for transition with secondary students with disabilities: A systematic review*. [Poster Presentation]. Literacy & Language Day, Georgia State University, Atlanta, GA, Virtual

Watson, J., Jimenez, E., Marelle, C., Potts, E., & DeMarco, J., (2021, April 9). *Implementing universal design for transition with secondary students with disabilities: A systematic review*. [Poster Presentation]. Graduate Student Association Annual Conference, Georgia State University, Atlanta, GA, Virtual

Tanner, E., Belden, J., **Watson, J.,** & Houchins, D., (2021, March 3-6). *Fidelity measures in K-12 blended learning math interventions involving students with disabilities* [Poster Presentation]. Council for Exceptional Children Convention and Expo, Virtual.

Watson, J., Donehower, C., & Jimenez, E. (2020, March 27). *Improving practice through practice: Using an interactive teaching lab to better supports students with diverse communication needs*. Annual Doctoral Student Association in Learning Sciences Conference, Georgia State University, Atlanta, GA, (Conference Cancelled).

PROFESSIONAL EXPERIENCE

Fall 2022	**Assistant Professor of Special Education,** Georgia Southwestern State University, Americus, GA
2020-Current	**Doctoral Fellow**, Department of Learning Sciences, College of Education and Human Development, Georgia State University, Atlanta, GA
2022	**Guest Lecturer,** *Communication Trainings and Techniques*, Seaver College, Pepperdine University, Malibu, CA
2022	**Field Experience Supervisor**, College of Education, Georgia State University, Atlanta, GA
2021	**Instructor of Record**, EXC 4020: Characteristics and Instructional Strategies for Students with Disabilities, Georgia State University, Atlanta, GA
2017-2019	**Special Education Teacher,** Tifton, Georgia
2016-2017	**General Education Teacher,** Tifton, Georgia
2014-2016	**Special Education Teacher**, Athens, Georgia
2013-2014	**Special Education Teacher**, Valdosta, Georgia

SERVICE EXPERIENCES

2021- Current	**Board Member,** Student Advisory Board for Professional Education Faculty, , Georgia State University, Atlanta, GA
2021- Current	**Mentorship Coordinator**, Department of Learning Sciences Graduate Student Association, Georgia State University, Atlanta, GA
2020- Current	**Board Member**, The Dopson Foundation, Atlanta, Georgia

HONORS, AWARDS, AND RECOGNITIONS

THE EFFECTS OF A WEB-BASED PARENT TRAINING ON KNOWLEDGE OF TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES

by

JESSICA WATSON

Under the Direction of Claire Donehower, PhD, BCBA-D

ABSTRACT

This study examined the effects of a web-based parent training program on participants' level of knowledge, empowerment, and ability to contact adult disability service providers. Parent trainings have been identified as an evidence-based practice for increasing parent knowledge of transition planning, services, and resources (Rowe et al., 2021). After completing a pre-test, participants were randomly assigned to one of two conditions: (1) Packet Only or (2) Packet Plus Training. Both groups received an electronic resource packet developed by the first author in collaboration with content experts in inclusive postsecondary education programs, vocational rehabilitation, and benefits navigation. The Packet Plus Training group received the electronic resource packet and a single session, 120-minute virtual training facilitated by researchers, content experts, individuals with disabilities, and parent advocates. Results indicated that knowledge post-test scores were slightly higher for the Packet Only group, while levels of empowerment were higher for the Packet Plus Training group. Researchers collected follow-up

data to examine the effect of the training on participants' ability to establish contact with adult service providers. Results from the follow-up data were inconclusive. Thirty-day follow-up data indicated that more participants in the Packet Plus Training group (66.67%) contacted service providers than in the Packet Only group (40%), while the forty-five-day follow-up data indicated that more parents in the Packet Only group (50%) contacted service providers. Limitations and implications for practice and research are discussed.

INDEX WORDS: Transition education, Parent Training Programs, Special Education, Intellectual Disability, Developmental Disability, Autism Spectrum Disorder

THE EFFECTS OF A WEB-BASED PARENT TRAINING ON KNOWLEDGE OF
TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES

by

JESSICA WATSON

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Philosophy

in

Education of Students with Exceptionalities

in

Department of Learning Sciences

in

the College of Education & Human Development

Georgia State University

Atlanta, GA
2022

DEDICATION

To my devoted husband, Ben. Without your sacrifice, encouragement, and endless support, I would not be here today. You recognized potential in me that I could not always see for myself and encouraged me to step out in faith to work towards this goal. You are not only my partner in parenthood, but my best friend. Thank you for always supporting my vision and mission. Thank you for the countless sacrifices that have enabled me to devote my life to this program. You are a dream.

To my wonderful children, Will and Cali. You may not remember these days, but I will continue to recognize the impact that motherhood has had on my practice as a special educator and researcher. Being your mother is the greatest gift and has radically transformed me from the inside, out.

To my parents, you have set the bar high. You have exemplified what it means to sacrifice everything for your children. Thank you for the example you have given in faith, marriage, and professional aspiration. Without your endless love and dedication to your children and grandchildren, I would not have been able to pursue my degree. I will forever cherish the years we have been able to do life together.

ACKNOWLEDGMENTS

To my advisors, Drs. Donehower and Jimenez, as well as my doctoral committee members, Drs. Dispenza, Boden, and Hansen. Thank you for supporting my vision and pushing me to think critically about sysytems of care for people with disabilities. Thank you for your relentless pursuit of excellence in teaching and research. My hope is to one day affect change as you have affected it in me.

To the team at the Center for Leadership in Disability: Susanna Miller-Raines, Darien Todd, Mark Crenshaw, Dr. Emily Graybill, Dr. Andrew Roach, and Dr. Dan Crimmins. Thank you for the opportunity to participate in GaLEND. My time in LEND freed me from the silo of my field, challenged my conceptions of interdisciplinary collaboration, and ultimately served as the catalyst for this dissertation. Your commitment to empowering individuals with disabilities is unwavering. Thank you for your willingness to partner with me in this endeavor.

To our training partners: individual advocates, parent advocates, and content experts . Thank you for your willingness to share your experiences and expertise with others. Your commitment to empowerment through knowledge fuels my own passion for working alongside the disability community. Thank you for allowing me to learn from you over the last year. I am forever grateful.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

1 THE PROBLEM

IDEA (2004) mandates parent involvement in the development and delivery of students'

Individualized Education Programs (IEP); however, upon entrance into high school a natural

developmental shift typically occurs in which students tend to increase autonomy and parent

involvement tends to gradually decrease. For students with disabilities, ongoing parent

involvement and family-school collaboration remain essential components to transition planning

throughout high school. Parent involvement, parent expectations and interagency collaboration

have been identified as predictors of postschool success for individuals with disabilities

(Mazzotti et al., 2021; Mazzotti et al., 2016; Test et al., 2009). Despite the critical nature of the

role of parents and family members in students' education, parents report a lack of knowledge of

the transition planning process (Lo & Bui, 2020). Studies have sought to examine the role of

parents in transition planning and goal setting (Harrison et al., 2017; Lo & Bui) as well as

identify barriers to parent involvement (Francis et al., 2019), yet few studies have followed

parents' and researchers' suggestions (Boone, 1992; Rowe & Test, 2010; Young et al., 2016) to

support parents in increasing their knowledge of transition planning. Parent training in transition

planning has been identified as an evidence-based practice (EBP; Rowe et al., 2021) to address

this need; however, little empirical evidence exists to examine the efficacy of such programs.

Researchers have found that parents of youth with disabilities often need support

in accessing transition-related resources, information, and services (Francis et al., 2019; Francis

et al., 2016). Within recent years, few studies have examined parent involvement in transition

planning (Francis et al.; Harrison et al., 2017; Lo & Bui, 2020; Povenmire-Kirk et al., 2018). In

their study with parents of students attending postsecondary education programs, Francis and

colleagues identified five barriers to parent participation in transition planning: (1) parent

exhaustion, (2) communication breakdown, (3) disagreement, (4) disappointment, and (5)

distrust. Parent participants also suggested six strategies to support family-school partnerships: (1) establish and align high expectations, (2) demonstrate commitment and care, (3) provide emotional support, (4) facilitate family networks, (5) provide information, and (6) collaborate with family units.

Other researchers investigated the transition planning experiences of parents of high schools with disabilities. Harrison and colleagues (2017) investigated both parent and student involvement in IEP goal development indicating the participants had little knowledge of transition goals, future plans and the daily implementation of the IEP. Lo and Bui (2020) examined the experiences of Chinese and Vietnamese parents during the transition process. Parents reported few opportunities for collaboration with school personnel and a desire to be included in planning for their children's future. Povemire-Kirk (2018) and colleagues investigated the impact of the CIRCLES model for interagency collaboration on parents, students with disabilities, and teachers. Results indicated a link between high levels of interagency collaboration and satisfaction of participants. Researchers have found that parents need information and training on the transition process and services, yet there continues to be a dearth of literature surrounding interventions to address this need.

Parent training programs have been identified as a method for increasing parent knowledge in transition planning (Boone et al., 1992; Rowe et al., 2021; Rowe & Test, 2010; Young et al., 2016); however, little empirical evidence exists to support practitioners in developing and implementing parent training programs. Francis and colleagues (2013) implemented the two-day Family Employment Awareness Training (FEAT) in which they covered a range of topics surrounding employment (i.e., transition from school to work, healthcare transition, state and federal funding streams etc.). Maintenance data from FEAT

indicated that 65% of families reported using the information received from attending the program, while 22.1% of families reported that their family member with individual support needs (ISN) gained competitive integrated employment (Francis et al., 2014). Rowe and Test used a computer-based, model-lead-test format to implement a case study training program. Results indicated a functional relation between the intervention and knowledge of transition planning.

Two parent training studies have utilized an experimental design with wait-list control (Taylor et al., 2017; Young et al., 2016). Taylor and colleagues' 30-hour, large group training sought to reduce the logistical barriers of parent involvement by providing an in-person training simultaneously with a video live-stream at a distance learning site. Results indicated large effects on knowledge and parents' comfort level with advocacy. Young and colleagues used a teacher-led, small group approach to train parents in transition planning. Results indicated that participants who received training and brochures with transition-related resources outperformed participants who only received the brochure. The results of these studies indicate that parent trainings are effective in increasing knowledge of transition planning.

Research Questions

1. Does exposure to web-based resources or web-based resources plus training increase knowledge of state transition-resources and services, as measured by percentage of responses correct on a pretest and posttest?

2. Does exposure to web-based resources or web-based resources plus training increase levels of family empowerment as measured by the Family Empowerment Scale?

3. Does either form of training lead parents to contact transition-resources and services as measured through follow-up contact after 30- and 45-days?

Purpose

The purpose of this study is to (1) increase parent knowledge of state and regional transition resources by providing training on transition to employment, independent living, postsecondary education and state and federal funding streams through the use of web-based trainings, (2) empower families with the knowledge needed to prepare and advocate for their child's transition to adulthood, (3) increase access to transition-related resources and services, and (4) alleviate gaps in services that may occur as individuals with disabilities transition from public school to adulthood. Using a web-based training format, researchers hope to reduce logistical barriers to parent participation such as childcare, pandemic-related concerns (i.e., social distancing), and locale. This study will examine the immediate effects of parent training on (1) knowledge of transition resources and services and (2) family empowerment. Researchers will measure the long-term effects of the training through follow-up contact at 30- and 45-days following the trainings.

Significance of the Study

After a thorough examination of the literature surrounding parent trainings in transition from 2010 to 2021, researchers have found that there is a paucity of literature in this field. Perhaps Boone (1992) has served as the cornerstone for the development of parent trainings as an evidence-based practice; however, few studies have been conducted in recent years (Francis et al., 2013; Francis et al., 2014; Rowe & Test, 2010; Taylor et al., 2017; Young et al., 2016). Studies have used a variety of delivery methods for implementing trainings including in person ($n = 2$; Francis et al.; Young et al.), hybrid ($n = 1$; Taylor et al.), and computer-based ($n = 1$; Rowe & Test). The proposed study will differ from existing studies in delivery method and measures used. For example, Rowe and Test utilized a computer-based, case study, model-test-lead format over the course of six weeks, while the present study will use a synchronous, web-

based training lasting approximately 120-minutes. Another notable difference from previous studies is the measurement tools used to examine the effects of parent trainings. For example, most measures were developed by the authors conducting the research study in question ($n = 9$), two studies included measures that had been previously used by other researchers ($n = 2$), and one study used a measurement tool that had been previously established as both reliable and valid (i.e., Family Empowerment Scale; Koren et al., 1992). The proposed study will build on the existing literature by combining these efforts to measure (1) parent knowledge of transition resources and services using a researcher-developed assessment, (2) family empowerment of both training groups using the Family Empowerment Scale (Koren et al., 1992), and (3) maintenance effects through follow-up contact (i.e., 30- and 45-days following the training).

Through the examination of the existing literature, additional gaps related to participant demographics have been identified. For example, participants within the existing literature have predominantly identified as White or Caucasian. We hope to address the need for increased diversity in participant demographics by offering a state-wide parent training and using a variety of recruitment methods (i.e., partnerships with disability advocacy groups, school districts, and parent mentor programs). Three out of five of the reviewed studies have specifically included parents of children with disabilities between the ages of 15 and 21; however, the Taxonomy for Transition 2.0 (Kohler et al., 2016) suggests that transition-focused planning should begin no later than age 14. The present study will invite parent participants of children ages 12-22 in hopes of decreasing the likelihood of service delivery gaps that can occur immediately after one's exit from public school. For example, some funding streams have waiting lists that are many years long. By beginning transition planning as early as 12 years old, parents may begin applying for financial support (i.e., waiver programs) immediately rather than

waiting until their son or daughter approaches graduation from high school. Another added benefit to the expansion of participant inclusion criteria is that parents will be able to learn about eligibility requirements for postsecondary education programs, which could impact their child's program of study and ultimately diploma type. Because access to inclusive postsecondary education (IPSE) programs is gradually expanding, parents may not be aware of admissions requirements and financial implications. Researchers hope that the proposed study will address these gaps in participant demographics (i.e., race and age of child).

Assumptions and Limitations

The proposed study has three assumptions. First, the principal investigator assumes that participants are interested in transition resources and services for their son or daughter with a disability. Second, it is assumed that participants are parents, guardians or a family member of a youth with intellectual disability (ID), autism spectrum disorder (ASD), developmental disability (DD), or multiple disabilities (MD) between the ages of 12 and 22. Participants will be screened for study eligibility, but we will not require proof of relationship to the child with a disability. Lastly, participants' family member for whom they are interested in attaining services for must still be enrolled in either middle or high school.

Three primary apriori limitations exist for the design of this study. Only one previous study (Young et al., 2016) has examined the effects of teacher-led parent trainings, and we had hoped to address this gap; however, given the circumstances surrounding the COVID-19 pandemic, the current study will be facilitated by researchers, licensed social workers, and content experts (i.e., vocational rehabilitation, benefits navigation specialists, and IPSE). This is considered a limitation to this study as we believe that teacher-led trainings will support family-school partnerships and increase building-level capacity for conducting future trainings. We hope to address this limitation through future studies that are teacher-led.

A second limitation is the impact of the pandemic on recruiting participants. The COVID-19 pandemic has placed unprecedented stressors on families across the nation. While some families have the ability to work from home, many do not. Many families have experienced sudden loss of childcare, exposure to illness, and financial loss. These factors may impact the ability to recruit participants in the present study. This limitation will be addressed through using a variety of recruitment methods including partnerships with parent advocacy groups, school districts, and social media. Lastly, the web-based format of this training may inhibit learning. Since the inception of the pandemic, many have become more acclimated to web-based trainings; however, limitations surrounding virtual learning still exist including the presence of distractions in the participants' distance learning environment (i.e., lack of childcare) as well as the more passive role that can be found amongst virtual learning formats. We hope to address this through using a variety of formats (i.e., didactic, expert panel, break out groups) and speakers for engaging participants.

Overview of the Study

An examination of the recent literature surrounding parent trainings suggests the need for further inquiry into parent training programs for transition planning. Therefore, we conducted a parent training study to increase knowledge of transition planning. Parent trainings used a synchronous, online delivery method. The present study utilized an experimental design with wait-list control. Participants were parents and family members of adolescents with intellectual and developmental disabilities (ID/DD) and autism spectrum disorder (ASD) between the ages of 12-22. Once recruited, participants completed two pre-tests (i.e., knowledge of transition resources/ services and FES). Participants were randomly assigned to one of two training groups (i.e., Packet Only or Packet + Training). Participants in both groups received electronic transition resources through e-mail. Participants receiving the synchronous training participated in a 120-

minute parent training led by content experts in vocational rehabilitation, independent living, funding streams, and postsecondary education. Following the training, participants completed posttests to measure levels of knowledge of transition planning as well as empowerment. To determine long term effects (i.e., contact with resources discussed in the training) of both training programs, researchers completed follow-up contact with study participants at 30- and 45-days post intervention. The goals of this study were to (1) increase parent or family knowledge of transition-related resources and services, (2) increase level of family empowerment, and (3) increase access to transition resources and services for individuals with disabilities.

2 REVIEW OF THE LITERATURE

The 1983 amendments to the Individuals with Disabilities Education Act (IDEA) required the expansion of transition services for youth with disabilities. Since that time, the field of special education has seen an enormous shift, gradually moving towards transition-focused education (Kohler & Field, 2003). Nearly forty years have passed, and practitioners and researchers alike remain increasingly concerned with the postschool outcomes of students with disabilities (Mazzotti et al., 2016). Experts in the field of transition have suggested the need for teachers to remain abreast with the existing evidence base for transition education (Rowe et al., 2021), while allowing the predictors of postschool success (Mazzotti et al., 2021) to guide special education practice. Although federal legislation has emphasized the importance of transition services (ESSA, 2015; HEOA, 2008; IDEA) and has mandated interagency collaboration between high schools and vocational rehabilitation agencies (WIOA, 2014), gaps between in-school and postschool transition services continue to exist. Parent training in transition planning (Rowe & Test, 2010; Young et al., 2016) has been suggested as an intervention to alleviate gaps in service delivery and has been identified as an evidence-based practice for secondary students with disabilities (Rowe et al.), yet little empirical evidence exists to guide practitioners in implementing parent trainings.

IDEA (2004) serves as the guiding legislation for special education practice today, particularly regarding parent involvement. While the terminology has shifted since its original inception (EHA, 1975), parent involvement continues to be a prevailing theme throughout each reauthorization that has henceforth taken place. Parent involvement is paramount to the development of the Individualized Education Program (IEP) and local education agencies are required to ensure parent participation in IEP meetings. While consistent parent involvement throughout a child's education is undoubtedly beneficial, involvement and

planning become even more crucial as students enter high school and begin preparing for transition to adulthood. IDEA (2004) mandates that the development of the transition plan occurs no later than students' sixteenth birthday. Transition plans emphasize goals and objectives that facilitate the movement from school to adulthood by addressing the areas of postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation (IDEA, 2004).

The coordination of in-school and postschool transition services is a vital component to transition planning. Multidisciplinary transition teams differ from IEP teams in that team members from transition service agencies (e.g., vocational rehabilitation and centers for independent living) should be present to facilitate the planning and coordination of postschool services with individuals and their families. The Workforce Innovation and Opportunity Act (WIOA, 2014) mandated interagency collaboration between schools and state vocational rehabilitation agencies to address the employment outcomes of young adults with disabilities. DeFur (2012) described the partnerships between families and service providers as having two purposes:

> "(a) to improve transition services and outcomes for youth with disabilities, and (b) to develop within each family the knowledge and skills needed that will be needed for families to continue in an appropriate support role for their adult son or daughter with a disability."

Without active involvement in transition planning, individuals and their families may find themselves without the information and resources needed to transition from public school into adulthood (Boone, 1992).

Parental involvement has been named a predictor of postschool success for students with disabilities (Mazzotti et al., 2016; Mazzotti et al., 2021; Test et al., 2009). While the importance of parent involvement within transition planning remains undisputed throughout the literature (Benz & Halpern, 1987; Boone, 1992; Johnson et al., 1987), the level of involvement often decreases as students transition from middle to high school and may continue decreasing throughout the high school years (Hirano & Rowe, 2016). This is often attributed to the complex interworking's of high school curricula and scheduling (Adams & Christenson, 2000) as well as a natural developmental shift towards increased autonomy (Arnett, 2013; Hirano & Rowe). Since the mid-1990s, the *Taxonomy for Transition* (Kohler, 1996; Kohler et al., 2016) has served as a model for parent involvement within the transition planning process. This model has emphasized parent empowerment through increasing knowledge of the transition process, community resources and services, federal and state funding sources and information related to disability legislation.

Building from the work of former parent involvement models (Hoover-Dempsey & Sandler, 1997; Kohler, 1996), Hirano & Rowe (2016) proposed a new theoretical model to specifically address parent involvement in secondary and transition education. The authors describe their model as being "grounded in the belief that for any parent involvement efforts to work, educators must recognize the value of parent involvement and actively work to incorporate parent contributions into education and transition planning " (p.51). This multi-tiered model describes the ways in which schools can encourage and facilitate parent involvement through school culture, interventions, and an examination of both educator and parent roles. Hirano and Rowe describe parent roles during secondary and transition education as (a) decision makers and collaborators, (b) instructors of social skills and daily living skills, (c) facilitators of self-

determination, and (d) advocates. While alignment exists between the language in parent

involvement models and IDEA (2004), there continues to be a dearth of literature surrounding

parent involvement and parent training to support transition planning.

      Legal mandates and parent involvement models continue to emphasize the critical

nature of parent and family involvement in transition planning for students with disabilities;

however, little empirical evidence exists to support practitioners in deciphering the most

effective means for facilitating involvement through parent and family trainings. Boone (1992)

conducted parent trainings prior to IEP/ Transition Plan meetings in Hawaii with 30 parents and

five teachers. Results suggested that efforts to involve parents can contribute to positive

participation outcomes in IEP meetings; however, the long-term effects (i.e., types and frequency

of transition-related services received by students with disabilities) of the training were not

measured. Murray and colleagues (2011) utilized a train-the-trainer model in which parents of

children or adults with Autism Spectrum Disorder (ASD) and professionals (i.e., teachers, speech

and language pathologists, social workers, occupational therapists, mental health counselors etc.)

participated in Project PACE, which aimed to increase parent-professional partnerships and

provide opportunities for empowerment through knowledge and access to resources and services.

Results indicated that participants increased their knowledge of the characteristics and strategies

associated with ASD and were more likely to engage in a community of collaboration amongst

service personnel and caregivers. Cavendish and Connor (2018) found that gaps exist in policy

provisions of IDEA, suggesting that educators' primary focus is compliance with regulations.

Parent participants reported primarily passive roles as recipients of information and documents.

Participants indicated that repeated emphasis on high-stakes testing was a barrier to both parent

and student involvement as students' individual strengths and interests were not at the forefront of the IEP team's agenda.

Large-scale literature reviews have sought to identify additional studies surrounding parent involvement and parent trainings (Black & Therrien, 2017; Hirano et al., 2018; Pancocha & Kingsdorf, 2021). Black and Therrien conducted a systematic review of parent trainings to support intervention implementation with school-age children with ASD. The results yielded only 15 studies published since 1987 indicating that studies that included a parent training component demonstrated moderately positive effects. This suggests that parent trainings could be a valuable component to both home- and school-based interventions for students with ASD. Hirano and colleagues conducted a meta-synthesis on parent involvement during transition planning. The results of this review indicated three broad categories of barriers to parent involvement including family, school and adult services. Family barriers were identified as (1) stress and lack of resources and (2) lack of cultural capital affecting self-efficacy. School barriers were identified as (1) racism and discrimination, (2) schools prevent families from being empowered, and (3) poor transition programming. Adult service barriers included (1) low expectations and deficits-based views of students, (2) lack of viable postschool outcomes, (3) difficulty navigating the adult system, and (4) lack of respect and value of caregivers. Pancocha and Kingsdorf (2021) conducted a systematic review of studies addressing pyramidal training programs (i.e., train-the-trainer) published between January 1980 and February 2020. Researchers identified only nine studies in which parents participated as both trainers and trainees; however, results indicated that the effectiveness of most of the parent training studies were difficult to measure because outcomes were not consistently reported. The results of previous reviews indicate a need to further evaluate the literature surrounding parent training for

increasing knowledge in transition planning. Therefore, the purpose of the present review is to (a) identify the characteristics of parent trainings within the existing literature, (b) identify the measures used to determine the effects of parent trainings, (c) identify the topics and subtopic being addressed within transition-related parent trainings. The research questions are as follows:

1. How are researchers describing the characteristics (i.e., delivery method, format, and duration) of parent trainings in transition?

2. What measurement tools are being used to determine the level of efficacy in parent trainings?

3. Which subtopics are being addressed within parent trainings in transition?

Method

Selection Procedures

Authors followed PRISMA guidelines (Moher et al., 2009) to ensure the rigor of this systematic review. We conducted a systematic review using database searches (i.e., Eric EBSCO and APA PsycInfo) and a hand-search for peer-reviewed journals in special education transition (i.e*., Career Development and Transition of Exceptional Individuals, Education and Treatment in Autism and Developmental Disability, Exceptional Children, Remedial and Special Education, and Research and Practice for Persons with Severe Disabilities*) from January 2010 to July 2021. These dates were selected in order to identify trends in publication in response to landmark legislation that has passed within the last eleven years (i.e., ESSA, 2015; WIOA 2014) as well as special education researcher's potential response to Rowe & Test's (2010) suggestions for additional parent training studies. The following search terms were used: f*amily-school partnerships or parent training or parent education or parent involvement or parent engagement AND special education or disability AND collab* or transition planning or person-centered*

planning or family-centered care. Figure 2.1 illustrates the process followed as well as the results for each phase within the selection process.

Inclusion/ Exclusion Criteria

Following PRISMA's (Moher et al., 2009) four-phase process for systematic review, we first identified articles by reviewing titles. Then we screened articles by reviewing each abstract to ensure that the topic of the article was related to parent trainings in transition planning. Next, articles were assessed for eligibility through full-text review. Articles included in this review were coded, data was extracted and analyzed.

Identification

Initial database searches yielded 316 articles. Results from both the database search and hand search were used to identify articles by reviewing each title. Titles had to contain one or more of the following terms: family-school partnerships or family-school engagement or parent training or parent education or parent involvement or parent engagement or collab* with families or collab* with parents or transition plan* or person-centered planning or family-centered care or transition strategies or parent voice or parent program* or parent-professional partner* or family empowerment or father involve* or mother involve* or parent participation or parent knowledge or home-school comm*. We identified 156 articles. After duplicates were removed ($n = 29$), 127 articles remained for screening.

Figure 2.1

Procedures Followed for Article Selection
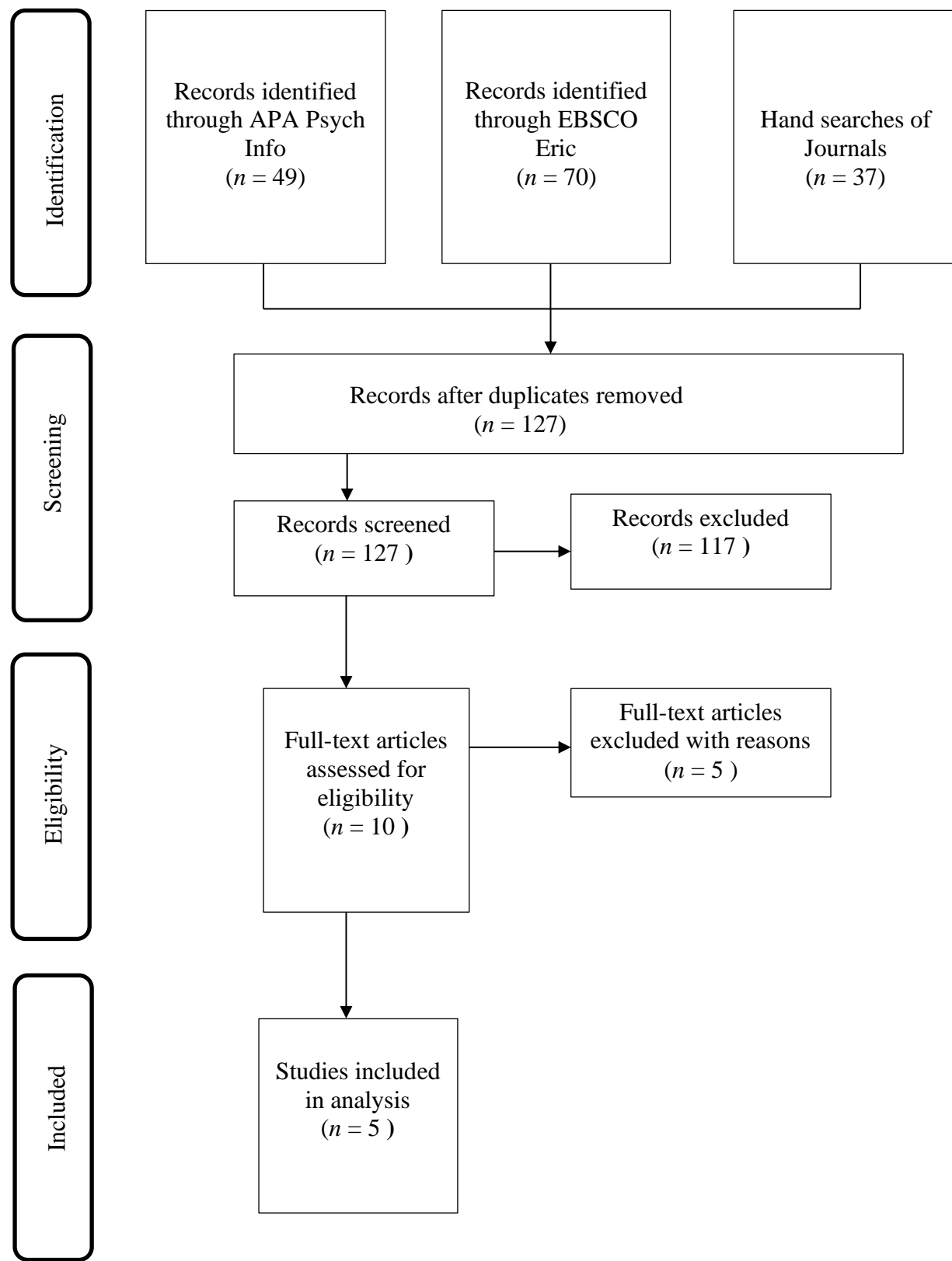
Note. Adapted from Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med, 6*(7), e100097.doi:10.1371/journal.pmed1000097

Screening

Next, we screened each article through the review of the abstracts and 117 articles were excluded. Articles had to meet the following criteria: (a) published in a peer-reviewed journal, (b) original research, (c) uses group design, single-case design, or mixed-methods research design, (d) published between January 2010 and July 2021, (e) conducted in the United States, (f) written in English, (g) includes parent participants who have children or adults with disabilities ages 14 and up, and (h) the topic of the study must be parent training in transition. We used NTACT's (2020) operational definition of parent training in transition to ensure the studies identified were in alignment with previous reviews that identified parent training in transition as an evidence-based practice (Rowe et al., 2021). As defined by NTACT (2020), parent training in transition includes studies in which,

"Parents were trained using different methods (face-to-face/brochure, computer-aided instruction, and face-to-face) to increase their knowledge of transition requirements (writing goals, determining service, and agency supports) (Boone, 1992; Rowe & Test 2010, Young et al. 2016). Training refers to a unit of education or instruction with a relatively low parent-to- teacher ratio, in which a single topic or a small section of a broad topic is studied for a given period of time. http://thefreedictionary.com/module . [includes] Parents of youth with ID, SLD, ASD, MD."

Eligibility

Then we reviewed the full text of the remaining articles ($n = 10$). Five articles were excluded and coded for reasons for exclusion. The reasons for exclusion were as follows: (a) practitioner piece with no original research ($n = 1$), (b) conducted internationally ($n = 2$), (c) training topic was not transition (i.e., parent advocacy and enhancing parent-educator collaboration; $n = 2$). Five articles were included in the final analysis.

Inter-rater reliability for Article Selection

The second author, acted as the reviewer for inter-rater reliability (IRR) on all four phases of the article selection process. Prior to conducting IRR, the reviewer participated in a 90-minute training via videoconferencing with the first author. During the training, the reviewer was provided with a protocol for initial searches, article identification, and article screening. The first author explained the step-by-step process for the first three steps of article steps of article selection. The reviewer asked several questions throughout for clarification purposes. Following the completion of IRR, the authors met to discuss the results. Agreement for article selection was calculated by the number of agreements divided by the number of potential agreements for each phase. The mean level of agreement across phases was calculated and determined to be at 89% (*Range* = 67 - 100%). Any disagreements were discussed and resolved.

Coding

Five articles were found to meet the inclusion criteria set a priori. Once the final articles had been identified, the articles were coded by the following variables: (a) delivery method (i.e., in-person, computer-based), (b) format (i.e., didactic, small group, expert panel), (c) duration, (d) measurement tool(s) used, (e) topic of training, and (f) subtopics addressed in trainings. Researchers reviewed the full text of each article and coded for the above variables using a computerized spreadsheet program.

Inter-rater Reliability for Article Coding

The second author also served as the reviewer for article doing. The reviewer participated in a second, 60-minute training in which the first author thoroughly described the coding process and provided a coding protocol to ensure procedural fidelity. The first author

reviewed the above variables for coding then provided the reviewer with an article to practice coding. The author provided codes from the article and the reviewer had to indicate which variable the code fit. The reviewer demonstrated 100% mastery during this training and asked questions for clarification on training format and measurement tools. The reviewer then independently coded 100% of the included articles. Agreement was calculated by the total number of agreements divided by the total possible agreements. The authors reviewed the coding results and were at 100% agreement. There were no disagreements reported across coding of the articles.

Results

Five studies were included in the final analysis in this review. Included studies utilized single-case design ($n = 1$), experimental group design ($n = 2$), and mixed-methods ($n = 2$). Consistent with the findings of other reviews, we that found a paucity of literature surrounding parent trainings (Black & Therrien, 2017; Mazzotti et al., 2021). Given the status of this intervention as an evidence-based practice, researchers were interested in the (a) characteristics of trainings (i.e., delivery method, format, and duration), (b) measurement tools being used to determine efficacy of the intervention, (c) identifying variation in topics within parent trainings (i.e., employment, postsecondary education, independent living etc.). The purpose of this review was to identify the existing literature within parent trainings in transition and identify next steps for research in this area. Table 2.1 provides a summary of the included articles within this review.

Training Characteristics

The studies included in the final analysis utilized a variety of training delivery methods. Delivery methods for training included in-person only (Francis et al., 2013; Francis et al., 2014; Young et al., 2016), computer-based (Rowe & Test, 2010), and a hybrid model (i.e., in-person and simultaneous, live-streaming through distance learning sites; Taylor et al., 2017). Consistent with the variation in research design were variations in training format. Three out of the five studies implemented the intervention with larger groups (Francis et al.; Francis et al.; Taylor et al.). The studies in reference utilized didactic instruction, small group activities, presentations from content experts (i.e., representatives from vocational rehabilitation agencies), opportunities for networking and connecting with community resources, case studies, group discussions, and the sharing of positive experiences of individuals with disabilities. A notable component of the large-group studies included the sharing of resources with study participants and transition planning support. For example, participants in FEAT (Francis et al.; Francis et al.,) received over 150 supplemental curricular materials provided by the Beach Center on Disability at the University of Kansas and their partner, Families Together Inc. Likewise, participants in the VAP-T (Taylor et al.) training completed planning tools to identify next steps to support their son or daughter in obtaining services along with a handout containing resources pertaining to each of the topics covered during the training. Young and colleagues implemented parent training with small groups of parents (i.e., 5-6 parents per group). Participants were provided with a brochure that described in-school transition services as well as community-based transition services. Rowe and Test's computer-based training equipped parents using case studies following a model-lead-test format.

Table2.1

Summary of Results from Included Articles

References	Topic(s)	Sub-topic(S)	Measures	Delivery Method	Format	Duration
Francis et al. (2013)	Employment awareness	Employment options, family role, transition, support resources, systems navigation, services, benefits, and programs, other funding and information, anti-discrimination laws, youth sessions	Researcher-designed questionnaire of knowledge ratings	In-person	lecture, individual and small group activities in the mornings, presentations, networking opportunities with representatives from employment resource organizations and with local community employers and	2-day workshop
Francis et al. (2014)	Employment awareness	Employment options, family role, transition, support resources, systems navigation, services, benefits, and programs, other funding and information, anti-discrimination laws, youth sessions	FEAT follow-up survey & FEAT interview protocol of use of resources/ services from the FEAT training	In-person	lecture, individual and small group activities in the mornings, presentations, networking opportunities with representatives from employment resource organizations and with local community employers and entrepreneurs	2-day workshop

References	Topic(s)	Sub-topic(S)	Measures	Delivery Method	Format	Duration
Rowe & Test (2010	Transition Planning	post-secondary goals, transition services, and postsecondary transition service providers	39-point, researcher-developed transition planning probe	Computer-based intervention	Model-lead-test format using case studies with recorded oral responses	1 day a week for 6 weeks
Taylor et al. (2017)	Adult disability, services, rules, procedures	person-centered thinking, secondary education, post-secondary education, financial support, employment, Medicaid, future planning, medical services, and advocacy.	1) 25- multiple choice pre/posttest about adult disability services; 2) Advocacy Skills & Comfort; 3) Family Empowerment (FES)	In-person and simultaneous live streaming at distance sites	Didactic instruction, family sharing activities, case studies and group discussions. Facilitated by a licensed clinical social worker and content experts	30-hour training over 12 weeks
Young et al. (2016)	Transition Planning	Vocational rehabilitation, social-security income, state-based employment supports program, the department of health's division of services for people with disabilities, guardianship, a state-funded parent center for children with YWD, the independent living center, the department of workforce services, university and college disability resource centers and a local community college's school of applied tec.	1) knowledge on services and resources shared during training pre/post-test, 2) 30-day follow up phone case	In-person small groups of 5-6 parents	Didactic and small group	One time, 60-minute training

The duration of parent training programs also varied. Francis and colleagues (2013; Francis et al., 2015) conducted a two-day workshop led by members of the Beach Center on Disability and Families Together Inc. Rowe and Test (2010) developed their computer-based, case study intervention which required parents to complete instructional sessions on transition planning once a week for six weeks. Taylor and colleagues' (2017) 30-hour parent training program was perhaps spread out over the longest period, lasting 12 weeks. Young and colleagues' (2016) study was the only parent training program implemented by special education teachers for one 60-minute session.

Measures

We were interested in the tools being used to measure the efficacy of parent trainings in transition. Researchers found that a majority of the measures used were developed by the authors conducting the research study in question ($n = 9$). Some studies included measures that had been previously used by other researchers ($n = 2$), and one measurement tool that had been previously established as both reliable and valid. In their mixed-methods study, Francis and colleagues (2013) used a researcher-designed questionnaire within their pre/post design. The questionnaire included two questions using an open-ended response and Likert-scale response (i.e., "What do you feel are the employment options for individuals with disabilities?" and "How do you rate your knowledge of transition services?"). Variations existed in the researchers' data collections methods surrounding the use of matched and unmatched responses. Researchers attributed to the variation to the shared responsibilities of host-training sites.

Francis and colleagues (2015) conducted a follow up study from the Family Employment Awareness Training (FEAT; Francis et al., 2013) to determine participants' ability to apply the knowledge gained from FEAT. Researchers collected both qualitative and quantitative data

utilizing survey data and interviews. The survey tool was researcher-developed and administered in both English and Spanish. Researchers did not provide information pertaining to the delivery method (i.e., web-based, paper, or in-person) of the survey. Francis and colleagues also conducted 13 semi-structured interviews with families of individuals with disabilities who had participated in FEAT. Interviews were collected both in-person ($n = 7$) and through the telephone ($n = 6$). Two interviewers conducted the interviews to ensure protocols for consent, recording and notetaking were adhered to. Questions were related to their experience in FEAT as well as their employment-related experience since the training.

Rowe & Test (2010) developed a computer-based intervention for parent trainings utilizing a multiple-probe design across content areas (i.e., postsecondary goals, postsecondary transition providers, and secondary transition services) with four parents of individuals with intellectual disabilities. The 21-question probe used to measure participants' progress during the intervention was a 39-point research-developed transition planning probe. Participants read a case study then answered questions related to the content areas. Each case study was different but the questions provided in the probes remained the same. Researchers also used two methods for assessing the social validity of the intervention including a questionnaire and interview data. The questionnaire was a 22-item asking participants to report on the ease of use of the intervention, clarity of information provided, and feedback pertaining to the practice activities used within the case study. Researchers also interviewed each participant individually to gather information on their view of the importance of the effects of the intervention. Five interview questions required a Likert-scale response about the level of understanding of the content taught during the intervention. The remaining questions were open-ended related to how parents had used or planned to use the content.

Taylor and colleagues (2017) utilized an experimental group design with wait-list control. Researchers used three measures to assess the efficacy of the parent training. Researchers measured (a) parent knowledge, (b) advocacy skills and comfort, and (c) parental empowerment. During this study, researchers were piloting a parent training program for transition adapted from Burke and colleagues' (2016) Volunteer Advocacy Program (VAP). Taylor and colleagues used a 25-questionnaire adapted measure from VAP (Burke et al.) to measure parent knowledge about the adult disabilities service system. Questions were presented using a multiple-choice format (i.e., "During the trial work period, how long can an individual with a disability work without receiving any cut to their SSDI benefits?"; "How can you apply for a housing voucher?"). Researchers also measured parents' advocacy skills and comfort using a ten-item questionnaire also adapted from Burke et al. Using a five-point, Likert-scale questionnaire questions reported the extent to which they were comfortable in their knowledge of adult disability services (i.e., "How knowledgeable do you think you are about your rights in the adult service system?") and their comfort level in advocating for the services and supports needed by their child (i.e., "How able are you to assert yourself in trying to get services and/or supports for your child?"). Researchers used the Family Empowerment Scale (FES; Koren et al., 1992) to measure the extent to which families feel empowered across three dimensions: family, service system, and larger community and political environment. The FES has been previously established for validity and reliability.

The final study included in this review also utilized an experimental, group design with wait-list control. Young and colleagues (2016) compared the effects of two different methods for information and resource sharing (i.e., brochure and brochure plus training) with parents of transition-age students with disabilities. Researchers used two measures to determine the effects

of each of the conditions including knowledge tests and a 30-day follow-up phone call.

Knowledge tests were researcher-developed and administered as both the pre- and post-tests.

Knowledges tests were based on the content of the brochures and included ten open-ended

questions including five questions related to the services provided by the school district and five

questions related to the services provided by community agencies. Researchers were also

interested in how parents used the information received during each of the conditions.

Researchers measured these effects by calling each participant thirty days after either receiving

the brochure and/or participating in the training. Participants were asked whether they had made

contact with one of the community service agencies and "yes" responses were verified.

Participants were also asked "to what extent was the training useful?"

Topics

All studies within this review focused on parent trainings in transition. Within the

Taxonomy for Transition 2.0 (Kohler et al., 2016), researchers have identified the essential

components to effective transition planning and programming (i.e., student-focused planning,

family engagement, program structures, interagency collaboration, and student development).

Consistent with these domains, the studies included in this review were host to a range of similar

topics. Topics included employment, postsecondary resources, postsecondary goals,

postsecondary transition service providers, transition services, guardianship, parent resources,

medical services, person-centered thinking and advocacy. Overlap exists amongst the

terminology used to describe each of the topics and sub-topics; however, the language presented

here represents the original descriptions presented by the study authors. Table 1 provides a list of

the studies included in this review along with the topics and sub-topics covered within the

trainings.

Discussion

The results of this review are consistent with the findings of other reviews, which have found a dearth of literature surrounding parent trainings in transition (Black & Therrien, 2017; Mazzotti et al., 2021). Despite the need for further empirical evidence, Rowe and colleagues (2021) have identified parent trainings in transition as an evidence-based practice for improving postschool outcomes for secondary students with disabilities. The results of this study led to four implications for future research.

Implications for Future Research

First, careful thought should be given to the modality of delivery for parents of youth and young adults with disabilities. We found that great variation exists in the delivery method and format for parent trainings. Combined with efforts for measuring social validity or intervention acceptability and feasibility, researchers could identify the methods parents found most beneficial for increasing their knowledge of transition planning as well as the delivery method that provided the most accessibility to trainings. Taylor and colleagues (2017) found that 12 sessions were difficult for parents to commit to. Furthermore, the VAP-T offered both in-person and distance learning sites, but researchers found that participants who engaged in-person trainings reported more opportunities for engaging with parents and professionals with similar lived experiences. Although logistical challenges may exist for facilitating accessible in-person trainings, future training developers should consider reducing logistical barriers to parent participation (i.e., childcare, small group sessions for young adults with disabilities focused on building self-determination and self-advocacy skills).

Efforts should be made to understand the culture and needs of communities to support the development of trainings that are culturally relevant. For example, in Boone's (1992) study, during parent trainings, researchers attempted to follow the social customs of the local ethnic groups by acknowledging the interdependent nature of Hawaiian family structures by providing both a light meal and childcare. Parents were not only able to bring their children to the trainings but were encouraged to do so. The reduction of logistical barriers for parents has the potential to increase parent participation and facilitate positive family-school partnerships. Future research should include efforts to increase access to parent trainings by exploring different delivery methods and training formats that are both culturally relevant and reduces logistical barriers which may impede access to knowledge and resources.

Second, future research should also consider investigating the effects of educator-facilitated parent trainings. In our review, we found that only one study (Young et al., 2016) was facilitated by special education teachers. Kohler and colleagues' (2016) transition framework, the Taxonomy for Transition 2.0, highlights the importance of family engagement suggesting the need for increasing family involvement, empowerment and preparation. By partnering with schools to develop and facilitate educator-led parent trainings, researchers may be able to address educators' psychological barriers that can act as additional barriers to family-school partnerships, increase building-level capacity for developing and improving partnerships, and simultaneously provide educator professional development. Researchers have found that educators working with families of children with disabilities may often experience psychological barriers such as negative attitudes that may inherently discourage parent participation (Boone, 1992; Hoover-Dempsey et al., 1987). Future research should consider measuring the effects of educator-led trainings on reducing psychological barriers and improving teacher efficacy in IEP meetings.

Another potential benefit to educator-facilitated trainings is to increase building-level capacity for improving family-school partnerships. Barth (1990) described the need for teachers to have opportunities for leadership and active problem solving to facilitate meaningful change in schools. By engaging teachers in developing and facilitating trainings, researchers may find that teachers report increased levels of empowerment, efficacy and positive attitudes towards facilitating family-school partnerships. Taylor and colleagues' (2017) parent trainings were led by a licensed social worker but facilitated interagency collaboration through the use of expert panels and guest speakers. Educator-led parent trainings may provide opportunities for simultaneous professional development with content experts (i.e., social workers clinical rehabilitation counselors, behavioral health counselors etc.) supporting teachers as they strive to stay abreast with eligibility requirements of local and state transition services. Researchers should consider exploring the long-term effects of educator developed and led parent trainings.

A third suggestion for future research is investigation into the long-term effects of parent trainings on increasing access to transition-related services for individuals with disabilities. While all of the studies included in this review utilized a maintenance or follow-up component, only Francis and colleagues (2015) investigated the long-term effects (i.e., 1-2 years post training) of parent training on accessing resources related to competitive employment. Researchers used surveys and semi-structured interviews to learn more about families' and individuals' employment related experiences since attending the training. Young and colleagues (2016) used a 30-day follow-up phone call to determine if parents had accessed any of transition-related resources after attending their training. Future research should consider measuring the effects of different training formats (i.e., brochure, brochure plus training, Young et al. 2016), brochure plus computer-based training) at different intervals of time (i.e., 30-days, 60-days, 90-

days, 180-days, 365-days). This may assist researchers and practitioners in identifying the most effective way to present information and resources to families while also providing guidance on family needs for technical assistance and on-going support.

One final suggestion is for future researchers and practitioners to intentionally select topics to be addressed during trainings according to the needs of the community as well as in alignment with the predictors of postschool outcomes for individuals with disabilities (Mazzotti et al., 2021; Mazzotti et al., 2016; Test et al., 2009). The studies included within this review addressed a myriad of transition-related topics (i.e., employment, healthcare transition, postsecondary education, postsecondary transition services). With consideration to the duration, delivery and format of parent trainings, researchers may want to consider the use of a needs assessment in identifying the topics to be addressed in parent trainings. For example, the Quality Indicators of Transition, Second Edition (QI-2) has been established as a valid and reliable method for assessing the needs of transition programs and is accessible online for schools and districts (Morningstar et al., 2015). Researchers may consider utilizing this assessment as a starting point for identifying topics to be addressed during parent trainings as well as evaluating their transition program.

Limitations

The results of this review should be considered in light of three primary limitations. First, the article selection process used in this review was limited to two database searches and five peer-reviewed journals. It is possible that the small number of database searches could have contributed to additional eligible articles. It is also noted that transition education is closely related to the field of vocational rehabilitation and future reviews may want to consider

handsearching prominent journals within that field. A second limitation surrounds the research design of the included articles. The articles in our review were limited to studies utilizing mixed-methods, group, or single-case design. It is possible that additional parent training studies may have been identified through the expansion of the inclusion criteria for research design (i.e., qualitative, case study, action research) as well as unpublished dissertations. Lastly, the articles in this review only included studies that addressed parent training in transition planning; however, a wealth of information has been generated regarding parent trainings in special education to improve outcomes in other areas (i.e., early intervention with children with ASD and improving IEP participation). By examining all parent training programs in special education, researchers may be able to glean information that can inform the development and implementation of parent trainings for transition.

In conclusion, the results of this review indicate that a dearth of empirical evidence exists for parent trainings in transition. As an evidence-based practice, future research should seek to identify effective models for parent trainings in transition in an effort to increase the postschool outcomes of students with disabilities.

3 METHODOLOGY

Conceptual Framework

Since the 1970s, Transformative Learning Theory (TLT) has been applied to adult learning. Transformative Learning Theory (TLT) is a process in which individuals construct meaning when "new learning and experiences contradict prior learning and experiences" (Alfred et al., 2013, p.133). Originating in constructivism, TLT has been described as a ten-phase process embedded within four main components: experience, critical reflection, reflective discourse, and action. In TLT, new learning experiences serve as the catalyst for transformative learning as the "disorienting dilemma" that propels critical reflection. Critical reflection may result in changes in frame of reference, habit of mind and point of view. As learners begin to engage in critical reflection, they are freed from the "uncritical acceptance of others' purposes, values, and beliefs" (p.134), resulting in reflective discourse and later action. While transition education as a whole may find its roots in causal agency theory (Shogren et al., 2015) and social-cognitive theory (Gibbons et al., 2015), it is proposed that TLT might be an effective theoretical framework for approaching the development and implementation of parent training programs. Parent training for increasing knowledge of transition services has been identified as an evidence-based practice for improving the postschool outcomes of students with disabilities (Rowe et al., 2021). Throughout the course of this paper, we will discuss the four main components of TLT and its application to the existing literature in parent training programs.

Experience and the Disorienting Dilemma

Transformative Learning Theory emphasizes the importance of the individual *experience* in the construction of knowledge. For adults, learning occurs through both informal and formal experiences but is often propelled through a disorienting dilemma. Examples of disorienting dilemmas may include the death or loss of a loved one, major life transitions such as

marriage, divorce, job changes, moving, or war (Alfred et al., 2013) . As the first component to

TLT, new experiences often serve as the spearhead for a transformative learning experience.

Mereoiu and colleagues (2016) have compared parenting a child with a disability to that of a life

altering experience which may affect the ways in which parents construct meaning. Researchers

in transition education have emphasized the importance of the individual perspective as it applies

to parents (Francis et al., 2019; Francis et al., 2016; Hume et al., 2018; Lo & Bui, 2020; Rabren

et al., 2016) as well as individual advocates (Agran et al., 2017; Collier et al., 2017; Gibbons et

al., 2015; Pham et al., 2020). Thoma and colleagues (2009) suggested that multiple perspectives

be considered as one of four guiding principles to the proposed conceptual framework of

Universal Design for Transition. Alfred and colleagues describe three types of meaning structure

that might be affected by one's experiences including *frame of reference, habit of mind, and*

points of view, resulting in what might be considered as critical reflection.

Critical Reflection

Critical reflection is the second component to Transformative Learning Theory.

Critical reflection occurs after one is confronted with a new experience that differs from prior

knowledge, causing one to carefully evaluate one's perceptions, beliefs, and values. Alfred and

colleagues (2013) describe the reflective process as emancipatory. Parents have reported that a

child's disability diagnosis and negative relationships with educators and service providers have

resulted in lower expectations for their child's future aspirations (Lo & Bui, 2020); however,

Taylor and colleagues (2017) sought to facilitate emancipatory learning for parents and

caregivers of individuals with disabilities through the course of the Volunteer Advocacy Program

for Transition (VAP-T). Through the implementation of this training, researchers sought to

empower families through increasing knowledge of adult disability services. Results from this

study indicated significant differences in both knowledge, comfort level with advocacy, and

overall empowerment. Francis and colleagues (2013) sought to address parents' expectations

surrounding employment outcomes for their young adult children with disabilities through the

implementation of a two-day training program. Parents reported that a critical evaluation of their

previously held expectations along with the new knowledge gained from the training resulted in

a shift of expectations from dismal to positive. Critical reflection may be ongoing as one

evaluates their previously held beliefs and values as they relate to new learning experiences;

however, this often precedes the third component of transformative learning: reflective

discourse.

Reflective Discourse

Reflective discourse provides opportunities to continue self-assessing one's

assumptions while exploring options for applying new learning by identifying next steps (Alfred

et al., 2013). In parent education, reflective discourse may occur when parents or family

members collaborate with different service providers to explore "new" options for the future that

previously seemed out of reach. Researchers have examined the effects of parent education on

leadership and self-advocacy skills (Schuh et al., 2017; Taylor et al., 2017.) Schuh and

colleagues examined the effectiveness of parent training programs on "clarity of vision" for the

application of leadership and advocacy skills in a multi-year, statewide parent training program.

In connection to critical discourse, "clarity of vision" is described as parents' ability to make

meaning from the new experiences and knowledge gleaned from the parent training program.

Researchers found significant differences amongst all three immediate measures; however,

results from maintenance data were even more significant (Schuh et al.). Results indicated that

parents who participated in their leadership programs continued to demonstrate the training

target skills as evident through appointment to leadership roles across local, state, and national

levels, which inevitably might be described as the final component to TLT: *action*.

Action

   Action is the fourth component to Transformative Learning Theory. During the action phase, learners act upon their next steps in response to their new knowledge and experiences. Koren and colleagues (1992) described action, or the way in which empowerment is expressed, as being one of two dimensions of the Family Empowerment Scale (FES), a validated measure for assessing levels of empowerment in families of individuals with disabilities. This measure has been used to assess family members' levels of empowerment across three different levels: (1) family, (2) service system, and (3) community/ political. Researchers have examined the effectiveness of parent training programs by measuring the actions that follow parents' new knowledge and experiences including parent engagement (Boone et al., 1992), parents' attitudes towards the IEP and value of team planning (Mereoiu et al., 2016), parents' engagement in advocacy efforts (Schuh et al., 2017; Taylor et al., 2017), and ability to follow-up with adult disability service providers (Francis et al., 2014; Young et al., 2016). Young and colleagues (2016) conducted a randomized control trial with wait-list control to compare the effects of two training programs. Researchers measured both the immediate effects on knowledge acquisition as well as the ability to act on that new knowledge as measured by follow-up contact with disability service providers. Similarly, Francis and colleagues (2014) examined the longitudinal effects of the Family Employment Awareness Training (FEAT) through following up with training participants one and two years following the training. Both studies sought to examine how parents constructed meaning from participating in different training programs as measured by the application of knowledge through the ability to contact services and resources. It is through TLT, that researchers have examined the immediate and long-term outcomes of different adult learning programs including parent trainings.

Summary of Application

As one considers the development and implementation of parent training programs in transition planning, the four components (i.e., experience, critical reflection, critical discourse, and action) of Transformative Learning Theory (TLT) provide a theoretical framework for practical application. With the understanding that adult learners bring a wealth of prior experiences, beliefs and values to any learning experience, training developers may find that initial opportunities for self-reflection and assessment may serve as a starting point for transformative learning. As training participants engage in new experiences, researchers might expect that participants' prior beliefs and experiences may conflict with new knowledge and experiences. With a foundation in TLT, training facilitators can prepare for critical reflection by responding to participants' questions and critiques in a way that supports empowerment and informed decision making. In cooperation with one another, critical discourse and action are essential to ensuring that adult participants are supported as they construct meaning from their new experiences. To address this, training facilitators should consider the practical ways in which they provide parents with support for navigating next steps. Through the application of Transformative Learning Theory, training participants may experience freedom from previously held uncritical beliefs and expectations for their child's future. It is through this lens that we propose a parent training model that seeks to empower parents and family members through knowledge of adult disability services.

Table 3.1

Participant Demographic Information

	Overall - M (SD) or % (n)	Packet Only - M (SD) or % (n)	Packet Plus Training - M (SD) or % (n)
Parent	18	9	9
Race			
White	12 (67%)	7 (78%)	5 (56%)
Hispanic	1 (6%)	0 (0%)	1 (11%)
Multiple	2 (11%)	1 (11%)	1 (11%)
African American	2 (6%)	1 (11%)	1 (11%)
Did not report	1 (6%)	0 (0%)	1 (11%)
Sex			
Female	17 (94%)	9 (100%)	8 (89%)
Male	1 (6%)	0 (0%)	1 (11%)
Age	49.06 (6.41)	51.11(3.76)	47 (7.98)
Education			
High School or Less	0 (0%)	0 (0%)	0
Some College	3 (17%)	0 (0%)	3 (33%)
Bachelor's Degree	8 (44%)	4 (44%)	4 (44%)
Post Bachelor's	7 (39%)	5(56%)	2 (22%)
Married			
Yes	17 (94%)	9 (100%)	8 (89%)
No	1 (6%)	0 (0%)	1(11%)
Locale			
Rural	3 (17%)	2 (22%)	1 (11%)
Suburban	13 (67%)	6 (67%)	7 (78%)
Urban	2 (11%)	1 (11%)	1 (11%)
Youth			
Disability Type			
Intellectual Disability	3 (17%)	2 (22%)	1 (11%)
Developmental Disability	1 (6%)	0 (0%)	1 (11%)
Autism Spectrum Disorder	9 (50%)	3 (33%)	6 (67%)
Intellectual Disability/ Developmental Disability	1 (6%)	1 (11%)	0 (0%)
Intellectual Disability/ Autism Spectrum Disorder	1 (6%)	1 (11%)	0 (0%
Developmental Disability/ Autism Spectrum Disorder	1 (6%)	1 (11%)	0 (0%)
Intellectual Disability/ Developmental Disability/ Autism Spectrum Disorder	2 (11%)	1 (11%)	1 (11%)
Age	16.06 (2.69)	14.89 (2.62)	17.22 (2.33)
School Type			
Public	15 (78%)	6 (67%)	9 (100%)
Private	0 (0%)	0 (0%)	0 (0%)
Charter	2 (11%)	2 (22%)	0 (0%)
Alternative	0 (0%)	0 (0%)	0 (0%)
Homebased Education Provided by Public Schools	1 (6%)	1 (11%)	0 (0%)
Current Services Received			
Yes	1 (6%)	0 (0%)	1 (11%)
No	16 (94%)	9 (100%)	8 (89%)

Participants

A total of 18 parents and guardians of young adults with disabilities participated in this study. Participants were randomly assigned to either the Packet Only group ($n = 9$) or the Packet Plus Training group ($n = 9$). To be eligible to participate in this study, young adult children had to be between the ages of 12 and 22, still enrolled in public school, and receive special education services under the disability categories of intellectual disability, developmental disability or autism spectrum disorder. Individuals who experienced co-occurring disabilities with one of the aforementioned disabilities were included in this study. It was important that all parents and young adult children resided within one southeastern state because the resources and services shared in the electronic resource packet and training session were state specific and applied to individuals diagnosed with low-incidence disabilities and support needs. Only one parent or family member from a single-family unit was permitted to participate in the study and served as the primary respondent completing different forms (i.e., pre-test, post-test, and follow-up contact). The other parent or family member could attend either of the trainings but was not included in the data collection or analysis. Participant demographics are presented in Table 3.1.

Participant Recruitment

Researchers partnered with disability advocacy groups (i.e., Center for Leadership in Disability and the Georgia Interagency Transition Council, Georgia Department of Education Parent Mentor Programs) and disability service agencies (i.e., Georgia Vocational Rehabilitation Agency, Bobby Dodd Institute, and the Georgia Inclusive Postsecondary Education Consortium) to recruit parents for the study. Researchers also contacted over 30 school districts from across the state to invite parents to participate in the study. Researchers also advertised the study using social media platforms. Researchers used snowball recruitment methods (Dillman et al., 2014) to invite parents to participate in the study. Partner agencies sent out a formal letter describing the

study with web-links to participant interest forms. Participant interest forms were an electronic

form (i.e., Qualtrics) in which potential participants ($n = 143$) answered screening questions and

provided their contact information. Of the individuals screened, 43 parents and guardians

completed the informed consent to participate in this study. Of these, 27 participants completed

the pre-tests and were randomly assigned to either the Packet Only group ($n = 14$) or the Packet

Plus Training Group ($n = 13$). Participants were able to withdraw from the study at any time. A

total of 9 participants withdrew from the study although no formal notice was given. A

withdrawal from the study was considered when participants either did not attend the training (n

$= 4$) or attended the training but did not complete the post-tests ($n = 5$) following multiple

attempts to contact. The Packet Plus Training session was available to anyone who wanted to

attend, regardless of participation in the research component.

Instruments

Electronic Resource Development

Participants in both training groups were provided with an electronic resource packet

developed by the researcher in collaboration with content experts and advocates. Given that

researchers (Harrison et al., 2017; Kohler, 1996; Kohler et al., 2016) have repeatedly emphasized

the importance of interagency collaboration amongst transition-service personnel and families,

the researcher sought to facilitate interagency collaboration in the planning and development of

this resource guide. The development of the electronic transition-resource packet was informed

by (1) content experts (i.e., vocational rehabilitation and employment, benefits navigation and

inclusive postsecondary education programs), (2) parents of children and adults with disabilities,

and (3) the existing literature. Authors partnered with content experts in vocational rehabilitation,

independent living, state and federal funding streams, and postsecondary programs to identify

resources and services that will support individuals with disabilities as they prepare for the transition from high school to adulthood.

The selection of topics presented within the resource packet was informed by the existing literature as well as the available resources. For example, the five most recent studies conducted on parent training programs in transition have covered a variety of topics ranging from employment to healthcare transition and expanding even to transition goal writing. Differing from Young and colleagues' (2016) study that primarily addressed school and local community resources, the resources presented in our packet primarily addressed state resources due to the nature of a state-wide training program. As shown in Appendix A, the 31-page electronic resource packet included the following areas: (1) overview of postsecondary education programs (i.e., eligibility, admission requirements, financial planning and support), (2) overview of vocational rehabilitation and competitive integrated employment (Francis et al., 2013; Young et al.), (3) benefits navigation of state and federal funding streams to support individuals with support needs (i.e., waiver programs, Social Security Income; Francis et al., Taylor et al., Young et al.), (4) application for services through state agencies, (5) a template of an action plan for accessing resources and services. The goal of the electronic resource packet was to provide forms and documents needed to access resources in a central location. Because of the nature of a web-based training format, the electronic resource packet was intended to simulate "handouts" that might have been administered if the trainings were conducted in-person.

Training Development

The parent training program (PTP) was conducted using an online, synchronous delivery method (i.e., Zoom Pro). The development of the PTP was informed by the content within the electronic-resource packet. The researcher collaborated with content experts and parent mentors to develop a PTP that (1) provides information about transition-related resources

and services, (2) empowers parents to make informed choices about transition planning, (3) increases access to resources and services for individuals with disabilities, (4) highlights the perspectives of families and individuals with disabilities who have been positively impacted by access to services and resources, and (5) provides families with guidance for describing an action plan for accessing services and resources. Informed by Transformative Learning Theory (TLT), researchers sought to develop a training that incorporated the four components of the framework (i.e., promoting active learning through new experiences, critical reflection, discourse and an action plan for using new knowledge) whilst in virtual learning. Researchers used the following formats to promote engagement with training participants: (a) didactic (i.e., content experts will speak on their areas of expertise), (b) question and answer session, (c) expert panel (i.e., experience sharing from families and individuals with disabilities guided by questions presented by the first author), and (d) small group discussion (i.e., training participants will be broken into groups by age category and will discuss next steps and questions pertaining to the training).

Other literature has emphasized the need for parent empowerment and leadership opportunities (Kohler et al., 2003). To ensure that our training demonstrated a person-centered approach, the researcher met with members of the advocate panel (i.e., three dyads made up of parents and self-advocates and one self-advocate) to conduct semi-structured interviews. During each interview, the researcher asked the following questions: (1) What do you think parents and family members need to know as they begin transition planning?, (2) What information do you wish you would have had when you began your transition journey?, and (3) What training formats do you find most engaging? The goal of these interviews was to ensure that the training content and format demonstrated a person-centered approach by remaining relevant to the needs of the individuals, parents and family members of people with disabilities.

Measures

Researchers used four different measures to determine the effects of the PTP including (1) a researcher-developed pre/post-test of knowledge of transition planning, (2) the Family Empowerment Scale (FES; Koren et al., 1992), (3) follow-up contact questionnaire or phone call, and (4) satisfaction questionnaire. The researcher developed and used a procedural fidelity checklist to ensure the conditions of each group were implemented as described.

Assessment of Knowledge of Transition Planning

The researcher developed the assessment of knowledge of transition planning. This assessment served as the primary measure used to determine the efficacy of the training programs presented (i.e., electronic resource packet or electronic resource packet plus PTP). This assessment included 12 questions related to the content in the electronic resource packet and served as both the pre- and post-tests. As shown in Appendix B, the measure provided a variety of question formats including true and false ($n = 2$), select all that apply ($n = 3$), multiple choice ($n = 7$). The first author utilized member checking as a validation technique to ensure that the questions presented in the assessment were aligned with the content described in the resource packet. The assessment was reviewed by content experts facilitating the PTP as well as approved by the university Institutional Review Board (IRB).

Family Empowerment Scale

The Family Empowerment Scale (FES; Koren et al., 1992) is a 34-item questionnaire designed to assess levels of empowerment in parents and caretakers of children with emotional disabilities; however, in their study, Taylor and colleagues (2017) used the FES to measure the effects of the Volunteer Advocacy Program- Transition (VAP-T) on parents of youth with ASD. The development of the FES was informed by a two-dimensional conceptual framework for empowerment addressing (1) empowerment of families with respect to service systems, larger communities, and political climate and (2) demonstrations or expressions of

empowerment. The FES has been determined to be a valid and reliable measure of empowerment with Cronbach's alpha coefficient ranging from .87 to .88 indicating that these coefficients are substantial. This assessment tool, provided in Appendix C, includes three subscales including family, service systems, and community/ political. The FES was administered to all participants before and after participating in the training.

Follow-Up Contact

A primary goal of the PTP was to increase access to transition-related services and resources. To measure the long-term effects of the training, researchers conducted a follow-up contact at 30- and 45-days following the intervention. Researchers contacted each of the participants to determine if they had contact with any of the service providers discussed during the trainings. The initial contact with participants took place through e-mail. Participants received an e-mail with a link to an electronic questionnaire. As shown in Appendix D, the follow-up contact form asked the following questions: (1) Did you contact one of the following services by MM/ DD/ YYYY?, (2) If "yes" was selected, select the service provider you met with, (3) Since the training date of MM/ DD/ YYYY, has your child obtained employment?, (4) Does your child plan to attend an inclusive postsecondary education plan within the next 12-months? (5) Please select the month and year your child plans to enroll in an inclusive postsecondary education program, and (6) Which inclusive postsecondary education program does your child plan to attend? Participants who did not complete the electronic questionnaire received a follow-up e-mail five days after receiving the initial e-mail. Participants who did not complete the questionnaire following the second attempted contact were contacted using the telephone number indicated on the participant intake form. Participants in both groups will participate in follow-up contact at 30- and 45-days following the intervention.

Participant Satisfaction Questionnaire

Following the completion of the trainings, participants completed an 18-question satisfaction questionnaire to measure participant responsiveness (Ennett et al., 2011; Kemp, 2016) and intervention acceptability. Researchers referred to previously used social validity measures to inform the design of the questionnaire (Rowe & Test, 2010). As demonstrated in Appendix E, the questionnaire used a five-point, Likert scale (i.e., 1= strongly agree….. 5 = strongly agree) to survey participants' response to the following training elements: delivery method, delivery format, duration of training, and training content.

Procedural Integrity

A researcher-developed observer checklist was used to measure treatment fidelity (i.e., adherence, differentiation, quality, program adaptation, and contamination). The fidelity checklist can be found in Appendix F. An independent observer attended both training sessions (i.e., Packet Only and Packet Plus Training) and determined whether the procedures for each condition were followed. The checklist used a dichotomous scoring protocol (i.e., *1 = yes, 0 = no*). The score for each training session was calculated by summing the total amount of agreements then dividing by the total possible amount agreements.

Procedures

Study participants completed the informed consent and participant intake forms. Intake forms included pertinent information such as name, e-mail address and phone number for follow-up contact. Participants were then assigned a participant identification number to ensure confidentiality throughout the duration of the study. Participants' identification numbers were used to ensure all assessment data could be matched. Participants then completed a pre-test that addressed (1) knowledge of transition services and resources and (2) self-reported levels of empowerment through the FES (Koren et al., 1992). Using a statistical software program (i.e., SPSS), participants were randomly assigned to one of two training groups: (a) electronic

resource packet (Packet Only) or (b) electronic resource packet plus training (Packet Plus Training). According to the conditions assigned, participants received one of two types of training. Procedures for each of the training groups are described below.

Packet Only

The researcher offered Packet Only participants the opportunity to meet synchronously using video livestreaming. The purpose of this meeting was to provide participants with the opportunity to ask any questions pertaining to the procedures for accessing the electronic resources, logistical questions about the study, or future training opportunities. This virtual meeting was not mandatory for participants who were assigned to the Packet Only group; however, the researchers wanted to provide participants with an opportunity to ask questions, provide comments, or voice concerns. Participants met with the researcher for approximately 20-minutes. The first author answered question about the study (i.e., When will participants have access to the full training program?), opening or accessing the electronic resource packet (i.e., Can I share this packet with my support group?), or technology-related questions for completing the posttest (i.e., Can you provide a QR code for accessing the assessment in addition to a link?). Approximately three hours before the meeting, Packet Only participants ($n = 9$) received the electronic resource packet through e-mail. The full electronic resource packet can be found in Appendix G. After reviewing the packet, participants completed the post-tests measuring for knowledge and empowerment (FES; Koren et al., 1992) using an electronic questionnaire. Researchers then contacted the Packet Only participants at 30- and 45-days post intervention for follow-up. Following their participation in this study, Packet Only participants will have the opportunity to participate in a synchronous, live training session. The data from the second PTP is not included in this study.

Packet Plus Training

Participants in the Packet Plus Training group ($n = 9$) attended a single, 120-minute training session. The Packet Plus Training session took place using a synchronous online delivery method (i.e., Zoom Pro). This training was a state-wide training, open to anyone who might benefit from the information being presented, regardless of participation in the research component. Because of the snowball recruitment method used, participation in the training was expanded beyond parents to educators, adult disability service providers, advocacy groups, and higher education faculty, although these different participant types were not included in the preliminary data collected from this session. There were 156 individuals registered for the training. Of those, 87 attended the training.

The training session was facilitated by the researcher in partnership with content experts across different transition domains (i.e., vocational rehabilitation, inclusive postsecondary education and benefits navigation). Participants in the Packet Plus Training group received the electronic resource packet through e-mail approximately three hours prior to the training session. During the training, the lead author introduced each of the content experts and provided an agenda for the training. Figure 3.1 provides the training agenda used. Content experts in vocational rehabilitation, benefits navigation and postsecondary education used didactic instruction (i.e., presentations with question-and-answer periods) to describe their area and the impact on transition planning. Each content expert provided tangible ways for participants to access resources and provided a question-answer period.

Figure 3.1

Training Agenda

<div style="text-align: center;">

Transition Parent Training

December 9, 2021

</div>

6:00	Begin
6:02 - 6:04	Welcome & Introductions
6:05 - 6:25	Inclusive Postsecondary Education
6:25 - 6:45	Vocational Rehabilitation
6:45 - 7:05	Benefits Navigation
7:05 - 7:25	Independent Living Resources
7:25 - 7:35	Break
7:36	Introduce Advocate Panel
7:38 -7:55	Advocate Panel
7:55 - 8:10	Breakout Groups
8:10 - 8:15	Closing Remarks

Following a brief break, the researcher introduced an advocate panel made up of three parents and four individuals with disabilities who have experienced positive postschool outcomes because of access to transition-related resources and services. The panelists' discussion was guided by semi-structured questions provided by the first author. Questions included: (1) What do you wish you would have known as you (or your adolescent) began the transition planning process? (2) What supports have you found beneficial throughout this process? and (3) What is your biggest piece of advice for parents/ individuals who are facing adversity in acquiring resources? Training participants also had the opportunity to pose questions to the

panelists by either unmuting their microphone or typing their comment in the chat-box. The first author facilitated this discussion and relayed questions from the chat to the panelists.

Participants were then divided up randomly into virtual break out groups. Break out groups were facilitated by two parent advocates, one benefits navigation specialist who is also a parent of an adult with autism, one individual with a disability who is also a licensed clinical rehabilitation counselor, one licensed social worker and expert in inclusive postsecondary education. Each break out group facilitator was provided with three questions to generate discussion amongst groups. The questions included: (1) What questions do you still have about transition services and resources? (2) What has been your experience in accessing resources and services? (3) What supports might be beneficial as you navigate transition planning? During breakout groups, facilitators directed participants' attention to the electronic resource packet containing an Action Plan for accessing services. The Action Plan graphic organizers are presented in Appendix H. Participants engaged in discussion for approximately 15-minutes. The first author was able to virtually move between groups throughout this time. When participants returned to the larger group, first author delivered closing remarks.

Participants received the post-test and electronic resource packet through e-mail. Following the completion of the training, participants completed their post-tests. Participants were also contacted for follow-up at 30- and 45-days post intervention.

Data Analysis

The following methods were used to analyze data collected throughout the study: analysis of covariance (ANCOVA) of pre- and post-tests, logistic regression to determine preliminary predictors of contact with service providers, and descriptive statistics for follow-up contact and treatment fidelity, feasibility, acceptability.

Analysis of Group Differences

Researchers used analysis of covariance (ANCOVA) to determine the presence of group differences (i.e., Packet Only and Packet Plus Training). The dependent variables were (1) knowledge of transition planning, resources, and services and (2) family empowerment. Pre - and post- test scores were calculated for each measure. The use of ANCOVA paired with random assignment allowed researchers to adjust for initial differences between groups, have more statistical control, and increase the level of statistical power.

Multiple Regression

Researchers used multiple regression analyses to determine (1) if a correlation exists between participants' level of knowledge and empowerment and (2) if levels of knowledge and empowerment can predict participants' future contact of services.

Follow-Up Contact

Researchers will report the descriptive statistics from the follow-up data. Researchers will report the frequency distributions for the data collected at 30- and 45-days post intervention for both groups.

Fidelity, Feasibility, and Acceptability

A researcher-developed observer checklist was used to measure fidelity (i.e., adherence, differentiation, quality, program adaptation, and contamination). An independent observer attended both training sessions (i.e., Packet Only and Packet Plus Training) and determined whether the procedures for each condition were followed. The checklist used a dichotomous scoring protocol (i.e., 1 = yes, 0 = no). The score for each training session was calculated by summing the total amount of agreements then dividing by the total possible amount agreements.

Feasibility was measured by the level of attrition within each group. For the present study, attrition was defined as participants who began the study but did not complete it.

For example, parents in the PPT group were removed from final analyses. Another example would be parents in the PO group who completed the pre-test but did not complete the post-test. The level of attrition was calculated by determining the difference in participants who completed the pretest minus the number of participants who completed the training and posttest.

Acceptability was measured using a researcher-developed, Likert-scale. Following the training, participants will complete an electronic survey using a five-point scale (e.g., *5 = highly satisfied, 4 = satisfied, 3 = neutral, 2 = dissatisfied, 1 = highly dissatisfied*) related to satisfaction, accessibility of training, and relevance of training content.

Expectations

The researchers defined three apriori expectations aligned with the research questions and the acceptability measures. The expectations were as follows: (1) Participants in the Packet Plus Training group will outperform participants in the Packet Only group in levels of knowledge and levels of empowerment, (2) participants with higher levels of knowledge are more likely to begin contacting adult disability services by the 30- and 45-day post intervention mark, and (3) participants will report that a web-based training on transition planning was beneficial to navigating adult disability services.

4 RESULTS

Knowledge Assessment

Descriptive statistics were calculated on the pre- and post-assessment data for

each group. Initially, the Packet Only group ($M = 5.33$) scored higher than the Packet Plus

Training ($M = 4.00$) group on their pre-test but these differences were not statistically significant

($p = 0.665$). On the knowledge post assessment, both groups increased their levels of knowledge

of transition resources and services, while the Packet Only group ($M = 7.55$) demonstrated higher

levels of knowledge than the Packet Plus Training group ($M = 6.11$). Mean gain scores were

also calculated according to group assignment. Mean gains scores for the Packet Plus Training

group were 2.11, while the Packet Only group was slightly higher at 2.17. Means and standard

deviations are presented in Table 4.1.

Table 4.1

Mean Scores and Standard Deviations by Training Type

Training Type	Knowledge of Transition Resources & Services		Family Empowerment Scale	
	Pre *M (SD)*	Post *M (SD)*	Pre *M (SD)*	Post *M (SD)*
Packet Only	5.33 (1.58)	7.55 (1.67)	111.78 (17.23)	114.56 (13.64)
Packet Plus Training	4.00 (2.12)	6.11 (1.62)	113.22 (20.04)	118 (16.26)

Note. $N = 18$. M = Mean, SD = Standard Deviation

An analysis of covariance (ANCOVA) was conducted to determine if there were significant differences in levels of knowledge amongst the two groups (i.e., Packet Only and Packet Plus Training). The assumption of equal regression slopes was tested and found tenable, $F(1, 14) = 0.310$, $p = 0.587$. As demonstrated in Table 4.2, the ANCOVA indicated that there were no significant differences based on group assignment, $F(1, 15) = 1.617$, $p = 0.223$; however, these results indicated large effects (Cohen's $d = 0.88$, Glass's *delta* = 0.866, Hedge's $g = 0.88$) .

Table 4.2

ANCOVA Summary for Knowledge Assessment

Source	SS	df	MS	F Value	p
Pre	6.00	1	6.00	2.44	.140
Group	4.00	1	4.00	1.62	.223
Error	37.11	15	2.47		

Family Empowerment Scale

Descriptive statistics were calculated on the Family Empowerment Scale (FES;

Note. $N = 18$. ANCOVA = analysis of covariance

pre-test were slightly higher for the Packet Plus Training group ($M = 113.22$), but the difference was not statistically significant from the Packet Only group ($p = 0.493$). Both groups demonstrated an increase in levels of empowerment following the training received. Mean gain scores indicated that the Packet Plus Training group increased by 4.78 points in comparison to the Packet Only group which only increased by 2.78 points., with a difference of 2.00.

The Packet Plus Training group had higher levels of empowerment than the comparison group. An analysis of covariance (ANCOVA) was also used to determine if levels of empowerment differed significantly due to group assignment. The assumption of equal regression slopes was tested and found tenable $F(1,14) = 0.116$, $p = 0.738$. As shown in Table 4.3, the ANCOVA indicated that the groups did not experience significant differences in levels

Table 4.3

s using three

ANCOVA Summary for Family Empowerment Scale

$= 0.229$).

Source	SS	df	MS	F Value	p
Pre	2274.07	1	2274.07	25.68	< .001
Group	28.60	1	28.60	.323	.578
Error	1328.15	15	88.54		

Follow-Up Contact

Researchers were interested in how participants applied the new knowledge

Note. $N = 18$. ANCOVA = analysis of covariance

and 45-day follow-up questionnaire to all participants. Table 4.4 provides the summary of data from this measure.

30-day Follow-Up

Thirty-days following the training program, participants ($N = 12$) responded to a follow-up questionnaire. Four participants (66.67%) in the Packet Plus Training group reported contact with adult disability service providers, compared to the Packet Only group in which only two participants (40%) reported contact. None of the participants reported that their child

obtained employment since attending the training. Additionally, none of the participants reported plans to attend an inclusive post-secondary education program within the next twelve months.

Researchers used binary logistic regression to determine if post-test scores on the knowledge assessment or on the FES could serve as predictors of participants' ability to contact adult disability service providers 30-days after the training. Results yielded that neither post-test scores of knowledge ($p = 0.741$) nor empowerment ($p = 0.356$) could be indicated as predictors of whether or not a parent would conduct follow-up contact.

Table 4.4

Summary of Data from Follow-Up Contact

	30-Day		45-Day	
	Packet Only	Packet Plus Training	Packet Only	Packet Plus Training
Questions on Questionnaire	n (%)	n (%)	n (%)	n (%)
	6	6	4	3
Contacted at least one adult disability service provider since training	2 (40%)	4 (66.67%)	2 (50%)	0 (0%)
Obtained Employment since training	0 (0%)	0 (0%)	1 (25%)	0 (0%)
Plans to attend inclusive post-secondary education program in next 12-months	0 (0%)	0 (0%)	0 (0%)	0 (0%)

45-day Follow-Up

Forty-five-days following the training program, researchers administered another follow-up questionnaire. Fewer participants ($n = 7$) responded to the researchers' attempts to conduct follow-up contact than during the 30-day data collection. Two (50%) participants in the

Packet Only group reported contact with at least one adult disability service provider, while

none of the participants in the Packet Plus Training group contacted adult disability service

providers. One participant in the Packet Only group reported that their child had obtained

employment since the attending the training. There were no participants who reported plans to

attend an inclusive post-secondary education program in the next twelve-months.

Researchers also used binary logistic regression to determine if levels of

knowledge or empowerment could be identified as potential predictors of contact with adult

disability service providers 45-days following the training. Results indicated that neither levels

of knowledge ($p = .703$) nor empowerment ($p = .915$) could be identified as predictors of future

contact.

Satisfaction Questionnaire

Participants in the Packet Plus Training group ($n = 9$) completed an 18-question

satisfaction questionnaire to measure acceptability of the 120-minute training session. As shown

in Appendix E, the questionnaire asked participants to identify the extent to which they agreed or

disagreed with the provided statements using a five-point, Likert scale (i.e., *1 = strongly*

disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). The

statements addressed four domains of the training: delivery method, delivery format, duration of

training, and training content. A summary of the descriptive statistics is presented in Table 4.5.

Delivery Method

Participants reported the extent to which they agreed or disagreed with five

statements related to the delivery method of the training. The purpose of these statements was to

gather feedback on the implications of a web-based modality for convenience. Overall,

participants mostly agreed that a virtual training session was convenient for their schedule;

however, most participants reported that future trainings should provide a hybrid option (i.e.,

virtual and/ or in-person). Most participants reported that virtual training programs reduced

barriers to participation.

Table 4.5

Means and Standard Deviations from Satisfaction Questionnaire

	M	SD
Delivery Method		
Participating in a virtual training session was convenient for my schedule.	3.88	0.99
Future trainings should be in-person.	3.67	0.71
Future trainings should offer a hybrid model for participants (i.e., virtual and in-person).	4.00	0.50
I was able to access a computer and internet to participate in the training without issue.	4.44	0.88
I prefer participating in virtual trainings rather than in-person trainings.	3.11	1.17
Virtual training programs reduce barriers (i.e., childcare and transportation) to my participation.	3.78	0.83
Delivery Format		
I found it helpful to hear from different professionals from multiple service agencies.	4.33	0.87
I enjoyed hearing the perspectives of other parents and individuals with disabilities.	4.25	0.89
I would like more time for discussing during breakout groups.	3.50	0.76
Duration of Training		
Participating in a single session training is most convenient for my family's schedule.	3.11	1.17
Future trainings should take place over the course of multiple days.	3.67	0.87
Future trainings should occur over one day but last approximately 6-8 hours.	2.44	1.01
The training was rushed.	3.22	0.97
The training was too long.	2.67	0.71
I needed more time to pose questions to presenters and members of the advocate panel.	3.00	0.53
Training Content		
The content covered in this training was helpful to my understanding of transition-related services and resources in the state of Georgia.	4.22	0.67
The content covered in this training will help me to navigate accessing services for my family members with a disability.	4.22	0.67
When I am more knowledgeable about the services and resources available for my family member, I feel hopeful about the future.	4.44	0.73

Note. N = 9. The scale used for the satisfaction questionnaire was as follows: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree.

Delivery Format

Participants reported the extent to which they agreed or disagreed with three

statements related to the delivery format of the training. With the purpose of being participant-

centered, the training utilized a variety of training formats (i.e., didactic, discussion panel, large

and small group discussions) to promote engagement amongst participants. Overall, participants

positively reported on the delivery format of the training. Most participants reported that it was

helpful to hear from different professionals across transition domains (i.e., vocational

rehabilitation / employment, benefits navigation, and postsecondary education). Similarly, most

participants reported that the panel discussion was enjoyable. Fewer participants reported

needing more time during breakout group sessions.

Duration of Training

Researchers were interested in participants' feedback regarding the duration of the

training. Other researchers have incorporated similar single session trainings (Young et al.,

2016), while others have facilitated trainings over multiple sessions (Francis et al., 2013; Rowe

& Test et al., 2010; Taylor et al., 2017). Participants reported the extent to which they agreed or

disagreed with six statements related to the training duration. Responses to this domain were

more neutral than the previous domains. Participants neither agreed nor disagreed to the single

session training being most convenient to family schedules. More participants agreed that

trainings should take place over the course of multiple days. Few participants agreed that the

training should take place over the course of a single session lasting 6-8 hours. Overall,

participants were primarily neutral in their reports of the training being rushed or needing more

time to pose questions to the advocate panel. Most participants disagreed with the statement "the

training was too long."

Training Content

Researchers were interested in participants' response to the content presented

during the training. Participants reported the extent to which they agreed or disagreed with three

statements related to training content. Most participants agreed that the content was helpful to

increasing understanding of available services and resources. Similarly, most participants agreed

that the training was helpful to navigating services for their family member with a disability.

Participants reported that they feel more hopeful about the future as they become more

knowledgeable about available resources and services.

Procedural Fidelity

An independent observer attended both the Packet Only session as well as the

Packet Plus Training session. The independent observer was provided with a researcher-

developed observer checklist designed to measure for adherence, differentiation, contamination,

program modifications, quality and responsiveness. As shown in Appendix F, the checklist used

a dichotomous scoring scale (i.e., *0 = no , yes =1*) along with one open-ended question (i.e.,

What were the participants' response to the intervention?). Areas that were not addressed were

coded as "Not Applicable." The completed checklist for each session was scored by summing

the total number of "yesses." The score was then divided by the total number of possible

procedures, resulting in a percentage. The overall scores were as follows. Researchers

implemented the Packet Only procedures with 100% fidelity. Researchers implemented the

Packet Plus Training procedures with 93.75% fidelity, noting that this was not implemented with

100% fidelity due to the unexpected absence of one of the presenting content experts.

Feasibility

Feasibility was measured by the level of attrition within each group. For the

present study, attrition was defined as participants who began the study but did not complete it.

The level of attrition was calculated by determining the difference in participants who completed

the pretest minus the number of participants who completed the training and posttest. Both

groups experienced high levels of attrition. The Packet Only group originally had 14 participants

who completed the informed consent and pre-test. Five participants in the Packet Only group did

not complete the post-test. The Packet Plus Training group originally had 13 participants who

completed the informed consent and pre-test. Four participants did not complete the post-test.

Participants that stopped participating in the study ($n = 9$) did not give notice to the researcher

but stopped responding to correspondence from the researcher after multiple attempts. The high

levels of attrition (33.33%) contributed to the smaller sample size than the researchers had

originally anticipated.

5 DISCUSSION

The purpose of this study was to examine the effects of a web-based parent training program on parents' knowledge of transition resources and services, level of empowerment, and ability to establish contact with adult disability service providers. Rowe and colleagues (2021) identified parent training programs for transition planning as an evidence-based practice with three existing studies (Boone et al., 1992; Rowe & Test, 2010; Young et al., 2016) that have met the quality indicators for being methodologically sound. The present study sought to contribute to the existing literature by designing and implementing a single-session, web-based parent training program that used a randomized control trial (RCT) design with wait list control. The results of this study were inconclusive yet yield two overarching findings for the implementation of future parent training programs.

Impact of a Web-Based Training

Our first finding evaluates the impact of the parent training program within the scope of the three measures used by researchers (i.e., knowledge of resources and services, Family Empowerment Scale (FES; Koren et al., 1992), and ability to establish contact with adult disability service providers). Researchers collaborated with content experts to design and administer a curriculum-based measure to evaluate participants' knowledge of the content covered during the trainings. While both groups' post-test scores demonstrated an increase in knowledge, results indicated that participants in the Packet Only ($M = 7.55$) group outperformed the Packet Plus Training ($M = 6.11$) group; however, these differences were not statistically significant. These results might be compared to two of the most recent studies (Taylor et al., 2017; Young et al., 2016) utilizing a similar design. In their study, Taylor and colleagues examined the effects of the twelve-session, Volunteer Advocacy Program- Transition (VAP-T) implemented in two different delivery formats (i.e., distance sites and in-person) in comparison

to a control group, which received no trainings at all. The VAP-T was facilitated by a licensed social worker in collaboration with university personnel. Participants in both training groups outperformed that of the control group, which did not receive any training; however, they did not find significant differences amongst the participant groups. In contrast, Young and colleagues conducted a teacher facilitated, single-session, in-person training using random assignment. Their results indicated that participants in the Brochure Plus Training group significantly outperformed the Brochure Only group. While these results may seem inconclusive at first glance, we believe that findings from the current study indicate that access to a brochure or resource packet may be beneficial, if not sufficient, for some parents and family members. Other parents and family members may need direct interaction with content experts, special education case managers, and adult disability service providers. While our results should be interpreted with caution due to the small sample size, it is important to consider the participant demographics of the aforementioned studies in light of their results. For example, Taylor and colleagues', who also did not yield statistically significant ($p = 0.10$) differences across any of their measures nor groups, described their treatment groups as having high levels of education with 80% having a bachelor's degree or higher. Young and colleagues did not report their participants' education level but instead indicated that all participants were from low- and middle-income backgrounds. Their findings indicated significant differences between the two groups ($p = 0.001$)

Given the findings of the present study as well as the existing evidence base, researchers and special education practitioners should consider the demographic characteristics of training participants when determining the delivery format (i.e., packet only, in-person, distance site, hybrid etc.) of future trainings. Additional considerations should be given to the

locale (i.e., urban, rural, and suburban) and the context of local communities (i.e., resource availability) when designing and implementing future trainings. Previous literature has identified the needs of families of individuals with disabilities as being complex with many barriers to parent participation in transition planning (Boone, 1992; Lo & Bui, 2020). In addition to the existing literature, researchers and practitioners should maintain an understanding of the practical implications of parenting with the recognition of individual differences and need. Training developers may find that a "grass roots" approach that incorporates both accessibility (i.e., addressing barriers to participation) and participant choice (i.e., delivery format and topics of interest) may be more beneficial than large-scale training methods that provide a brief overview of a myriad of topics during a single session.

Researchers were interested in the effects of the training program on parent level of empowerment. One of the aims of this study was to facilitate transformative learning for parents that (1) provided new information, (2) modeled critical discourse, (3) encouraged critical reflection, and (4) prompted action and informed choice making. The Family Empowerment Scale (FES; Koren et al., 1992) was used to measure parents' level of empowerment before and after the trainings. In the present study, the results from the FES (Koren et al.) contrasted with the knowledge assessment data. While both groups increased their levels of empowerment, we found that the Packet Plus Training group ($M = 4.78$) outperformed the Packet Only group ($M = 2.78$). These results might be compared to that of Taylor and colleagues (2017) who found that parents in their intervention groups experienced higher levels of empowerment than their control group. Our findings suggest that parents may experience higher levels of empowerment if they participate in a live training (i.e., in-person, web-based, distance sites, or hybrid) that provides opportunity for interaction with a training facilitator and other participants. Future training

developers should consider the implications of both studies when determining the delivery format of future trainings as well as the short and long-term goals of each training.

Establishing Feasibility & Acceptability of a Web-Based Training Model

Our second finding surrounded establishing the feasibility and acceptability of a state-wide, web-based training program. Given the pandemic-related barriers to in-person gatherings, a goal of this study was to design and implement a fully web-based training program that would ease concerns related to social distancing, increase the likelihood of recruiting participants, and expand access to the training to regions of that state in which resources are limited. To examine the feasibility of this training model, we measured level of attrition amongst participants. Results indicated that the level of attrition was surprisingly high (33.33%) across both groups. Nine participants stopped participating in the study and did not complete post-tests. Furthermore, researchers found that it was exceedingly difficult to conduct follow-up contact with participants at the 30- ($n = 12$) and 45-day ($n = 7$) time intervals. Despite researchers' multiple attempts to contact participants, participation gradually decreased. While it is important to recognize barriers to parent participation (i.e., scheduling conflicts, full voicemails, too many email requests for participation), our findings suggest that the high levels of attrition may be attributed to the web-based nature of this training program. Due to the lack of face-to-face interaction and personal rapport with the researcher, parents may have experienced a disconnect to the overarching goal of the study (i.e., increase families' access to transition resources and services).

Most of the existing parent training literature presents studies in which university personnel serve as the training facilitators (Francis et al., 2013; Francis et al., 2014; Rowe & Test, 2010; Taylor et al.., 2016); however, Young and colleagues (2016), whose results were of both statistical and practical significance, facilitated a training program in-schools and led by teachers. Given the results of the present study in accordance with the previous literature, it is

suggested that researchers should prioritize building rapport with the communities in which they seek to conduct research. Researchers should also consider the importance of facilitating parent training programs in-schools with special educators as the lead facilitators. The benefits of facilitating educator-led trainings are twofold. First, educators who work closely with students with disabilities and their families have an established rapport with families and communities that is not easily matched by researchers from universities. Second, by facilitating educator-led trainings, researchers can support schools in establishing district-level capacity for improving school partnerships with families of students with disabilities that is both meaningful and lasting. While it is recognized that a fully web-based training program was both practical and necessary given the pandemic-related concerns of today's time, future researchers should consider establishing relationships with parents through schools and communities prior to inviting them to participate in future trainings, despite the delivery format.

The purpose of facilitating our parent training program was to empower parents of individuals with disabilities through increasing their knowledge of transition resources and services in one southeastern state. To better understand how the needs of parents were being met by our training program, we administered an 18-question satisfaction questionnaire to measure the acceptability of our training program model. In general, the response from participants was very positive. Because of the high levels of attrition and concerns surrounding a fully web-based program, we were especially interested in participants' feedback related to the delivery method and duration of the training. Participants reported that they would like to see a hybrid model (i.e., in-person and virtual) offered for future parent training programs ($M = 4.00$, $SD = 0.50$) and neither agreed nor disagreed that trainings should be offered only in-person ($M = 3.67$, $SD = 0.71$) nor virtually ($M = 3.11$, $SD = 1.17$). These findings suggest that future training developers

consider providing options for various delivery formats given the context of each local community. Although the pandemic era has allowed for many shifts towards virtual learning and webinars, we caution future researchers to consider resource availability related to computer and internet access, understanding that there are still many communities without widespread access to these resources and could limit families from low-income backgrounds from participating in future trainings.

Limitations

The findings of this study should be interpreted in light of several limitations. The first and undoubtably a paramount limitation of this study is the small sample size (*n* = 18). Despite multiple avenues for participant recruitment (i.e., partnerships with local school districts, state department of education, disability advocacy groups, family support groups, and social media), the final data analysis included only 18 participants. Initially, 43 parents and guardians completed the informed consent to participate in this study, and 27 participants completed the pre-tests and were randomly assigned to either of the groups. Given the *apriori* power analysis, the resulting sample size indicates that this is an underpowered study and results should be interpreted as preliminary.

A second limitation of this study is related to the participant demographics. Table 2 presents the demographic information for each group. Participants of this study were mostly white (67%), with high levels of education (83%) and from suburban areas (67%). Because this participant group is not representative of the state's demographics, the results of the present study may not be generalizable to more diverse groups from other locales. The web-based nature of this study serves as a third limitation and could have affected both demographics and sample size. Because reliable computer and internet access may be unavailable for individuals from low-income backgrounds or rural communities, the web-based format could have limited participants

from these backgrounds from participating in this study. A fourth and final limitation surrounds the knowledge assessment administered to participants. Although this curriculum-based assessment was developed in collaboration with content experts, it is a researcher-developed assessment and has not been tested for reliability or validity.

Implications for Future Research

Rowe and colleagues (2021) identified parent training programs as an evidence-based practice (EBP) for increasing parents' knowledge of transition resources and services. The results of their systematic review revealed only three methodologically sound, parent training studies (Boone et al., 1992; Rowe & Test, 2010; Young et al., 2016) indicating a dearth of literature in this area. Based on Rowe and colleagues' findings, the previous literature, and the preliminary results of this study, researchers should continue to develop and examine the effects of parent training programs. Our results indicated parents' need for choice in training format (i.e., in-person, web-based, hybrid). Future studies should consider continuing to use a RCT design to examine the effects of the same training presented in multiple formats. Researchers should consider partnering with local school districts to conduct future studies. Partnering with local school districts has several potential benefits. First, schools and special education case managers work closely with families with disabilities daily and are more likely to assist with recruiting participants. Second, because parent trainings have been identified as an EBP within the field of transition, special educators should be encouraged to facilitate such trainings to build lasting capacity in schools.

Future research should consider a multi-level approach to parent trainings. The first level being the effects of training teachers to facilitate parent trainings using a train-the-trainer model. Researchers should consider measuring teachers' empowerment, self-efficacy, and knowledge of transition resources and services. This would allow researchers to understand how

teachers' work with families may shift when provided with opportunities for leadership through facilitating trainings. A second level to school-based parent training programs would be to measure the effects of educator-led parent trainings in comparison to the existing literature. Because few educator-led trainings for transition planning have been studied and published, it is suggested that we should compare the effects of these trainings on parents' knowledge and empowerment. This would contribute to the extremely limited literature (Young et al., 2016) in this area, while also building an understanding for how teachers can facilitate better relationships with families through the sharing of transition-related information and resources. It is also noted that an added benefit of educator-led training programs is that educators would remain abreast with the most up to date information concerning local and state transition-resources. It is our hope that an open stream of communication from content experts to educators then to families would improve individuals' access to adult disability services by reducing service delivery gaps that often occur upon graduation from high school.

REFERENCES

Adams, K. S., & Christenson, S. L. (2000). Trust and the family-school relationship: An examination of parent-teacher differences in elementary and secondary grades. *Journal of School Psychology, 38*, 447-497.

Agran, M., Achola, E., Nixon, C. A., Wojcik, A., Cain, I., Thoma, C., Austin, K. M., & Tamura, R. B. (2017). Participation of students with intellectual and developmental disabilities in extracurricular activities: Does inclusion end at 3:00? *Education and Training in Autism and Developmental Disabilities, 52*(1), 3-12.

https://www.proquest.com/docview/1868189303?accountid=11226

Alfred, M.V., Cherrstrom, C.A., Robinson, P.A., & Friday, A.R. (2013). Transformative learning theory. In B.J. Irby, G. Brown, R. Lara-Alecio, & S. Jackson (Eds.) *The handbook of educational theories* (pp.133-147). Information Age Publishing.

Arnett, J. (2013). *Adolescence and emerging adulthood: A cultural approach.* Boston: Pearson.

Avendano, S. M., & Choo, E. (2020). Building collaborative relationships with parents: A checklist for promoting success. *TEACHING Exceptional Children, 52*(4), 250-260.

Barth, R.S. (1990). Improving schools from within: Teachers, parents, and principals can make the differences. Jossey-Bass.

Benz, M. R., & Halpern, A. S. (1987). Transition services for secondary students with mild disabilities: A statewide perspective. *Exceptional Children, 53*, 507-514.

Black, M. E., & Therrien, W. J. (2017). Parent training programs for school-age children with autism: A systematic review. *Remedial and Special Education, 39*(4), 243-256.

Boone, R. (1992). Involving culturally diverse parents in transition planning. *Career Development for Exceptional Individuals, 15*(2), 205-221.

Burke, M.M., Goldman, S.E., Hart, M.S., & Hodapp, R.M. (2016). Evaluating the efficacy of a

    special education advocacy training program. *Journal of Policy and Practice in*

    Intellectual Disabilities. doi:10.1111/jppi.12183.

Cavendish, W., & Connor, D. (2018). Toward authentic IEPs and transition plans: Student,

    parent, and teacher perspectives. *Learning Disability Quarterly, 41*(1), 32-43.

Collier, M., Griffin, M. M., & Yonghua Wei. (2017). Learning from students about transition

    needs: Identifying gaps in knowledge and experience. *Journal of Vocational*

    Rehabilitation, 46(1), 1–10. https://doi.org/10.3233/JVR-160837

deFur, S. (2012). Parents as collaborators: Building partnerships with school- and community-

    based providers. *TEACHING Exceptional Children, 44*(3), 58-67.

Dillman, D. A., Smyth, J. D., Christian, L. M., & Dillman, D. A. (2009). *Internet, mail, and*

    mixed-mode surveys: The Tailored Design Method. Wiley & Sons.

Education of the Handicapped Act, 20 U.S.C. §1001 (2015).

Ennett, S. T., Haws, S., Ringwalt, C. L., Vincus, A. A., Hanley, S., Bowling, J. M., & Rohrbach,

    L. A. (2011). Evidence-based practice in school substance use prevention: Fidelity of

    implementation under real-world conditions. *Health Education Research, 26*(2), 361-371.

Every Student Succeeds Act of 2015, 114 U.S.C. § 1177 (2015).

Francis, G. L., April, R., & Reed, A. S. (2019). Barriers and supports to parent involvement and

    collaboration during transition to adulthood. *Career Development and Transition for*

    Exceptional Individuals, 42(4), 235-245. http://dx.doi.org/10.1177/2165143418813912

Francis, G. L., Gross, J. M., Turnbull, A. P., & Turnbull, H. R. (2014). An exploratory investigation into family perspectives after the family employment awareness training. *Career Development and Transition for Exceptional Individuals, 38*(2), 68-77.

Francis, G., Gross, J. M., Turnbull, R., & Parent-Johnson, W. (2013). Evaluating the effectiveness of the family employment awareness training in kansas: A pilot study. *Research and Practice for Persons with Severe Disabilities, 38*(1), 44-57.

Francis, G. L., Hill, C., Blue-Banning, M., Turnbull, A. P., & Haines, S. J. (2016). Culture in inclusive chools: Parental perspectives on trusting family-professional partnerships. *Education and Training in Autism and Developmental Disabilities*, *51*(3), 281-293. https://www.proquest.com/docview/1812277127?accountid=11226

Gibbons, M. M., Hyfantis, J., Cihak, D. F., Wright, R., & Mynatt, B. (2015). A social-cognitive exploration of the career and college understanding of young adults with intellectual disabilities. *Professional School Counseling, 19*(1), 80–91.

Glazemakers, I., & Deboutte, D. (2013). Modifying the 'positive parenting program' for parents with intellectual disabilities. *Journal of Intellectual Disability Research, 57*(7), 616-626. Higher Education Opportunity Act, 20 U.S.C. § 1001. 2008

Harrison, J. R., State, T. M., Wills, H. P., Custer, B. A., & Miller, E. (2017). Transition goals for youth with social, emotional, and behavioral problems: Parent and student knowledge. *Preventing School Failure, 61*(3), 248–257. https://10.1080/1045988X.2016.1266596

Hirano, K. A., & Rowe, D. A. (2016). A conceptual model for parent involvement in secondary special education. *Journal of Disability Policy Studies, 27*(1), 43-53.

Hirano, K. A., Rowe, D. A., Lindstrom, L., & Chan, P. (2018). Systematic barriers to family involvement in transition planning for youth with disabilities: A qualitative metasynthesis. *Journal of Child and Family Studies, 27*(11), 3440-3456.

Hoover-Dempsey, K. V., & Sandler, H. M. (1997). Why do parents become involved in their children's education? *Review of Educational Research, 67*, 3-42.

Hume, K., Dykstra Steinbrenner, J., Sideris, J., Smith, L., Kucharczyk, S., & Szidon, K. (2018). Multi-informant assessment of transition-related skills and skill importance in adolescents with autism spectrum disorder. *The International Journal of Research & Practice, 22*(1), 40–50. https://doi.org/10.1177/1362361317722029

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Johnson, D. R., Bruininks, R. H., & Thurlow, M. L. (1987). Meeting the challenge of transition service planning through improved interagency cooperation. *Early Childhood Education Journal, 53*, 522-530.

Kohler, P. D. (1996). *Taxonomy for transition programming.* Champaign: University of Illinois.

Kohler, P. D., & Field, S. (2003). Transition-focused education: foundation for the future. *Journal of Special Education, 37*(3), 174-183.

Kohler, P. D., Gothberg, J. E., Fowler, C., & Coyle, J. (2016). Taxonomy for transition programming 2.0: A model for planning, organizing, and evaluating transition education, services, and programs.

Koren, P. E., DeChillo, N. & Friesen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology, 37*(4), 305-321.

Lo, L., & Bui, O. (2020). Transition planning: Voices of chinese and vietnamese parents of youth with autism and intellectual disabilities. *Career Development and Transition for Exceptional Individuals, 43*(2), 89-100. http://dx.doi.org/10.1177/2165143419899938

Mazzotti, V. L., Rowe, D. A., Kwiatek, S., Voggt, A., Chang, W., Fowler, C. H., . . . Test, D. W. (2021). Secondary transition predictors of postschool success: An update to the research base. *Career Development and Transition for Exceptional Individuals, 44*(1), 47-64.

Mazzotti, V. L., Rowe, D. A., Sinclair, J., Poppen, M., Woods, W. E., & Shearer, M. L. (2016). Predictors of post-schoo success: A systematic review of NLTS2 Secondary Analyses. *Career Development and Transition for Exceptional Individuals, 39*(4), 196-215.

Mereoiu, M., Abercrombie, S., & Murray , M. M. (2016). Structured intervention as a tool to shift views of parent-professional partnerships: Impact on attitudes toward the IEP. *Exceptionality Education International, 26*(1), 36-52.

Moher, D., Liberati, A., Tetzlaff J. Altman, D.G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. PLoS, 6(7), e100097.doi:10.1371/journal.pmed100097

Morningstar, M., Lee, H., Lattin, D., & Murray, A. (2015). An evaluation of the technical adequacy of a revised measure of quality indicators of transition. *The Career Development Quarterly*.

Murray , M. M., Ackerman-Spain, K., William, E. U., & Ryley, A. T. (2011). Knowledge is power: Empowering the autism community through parent-professional training. *The School Community Journal, 21*(1), 19-36.

Pancocha, K., & Kingsdorf, S. (2021). A review of the components, outcomes, and cultural

    responsiveness of the pyramidal parent training literature. *Child & Family Behavior*

    Therapy, 43(2), 55-85.

Pham, Y. K., Hirano, K. A., Lindstrom, L., & DeGarmo, D. S. (2020). Future aspirations of

    young women with disabilities: An examination of social cognitive career theory. *Career*

    Development and Transition for Exceptional Individuals, 43(3), 169-179.

    http://dx.doi.org/10.1177/2165143420920168

Rabren, K., & Evans, A. M. (2016). A consensual qualitative analysis of parental concerns and

    strategies for transition. *Journal of Vocational Rehabilitation, 44(*3), 307–321.

    https://doi.org/10.3233/JVR-160801

Rowe, D. A., & Test, D. W. (2010). The effects of computer-based instruction on the transition

    planning process knowledge of parents of students with disabilities. *Research and*

    Practice for Persons with Severe Disabilities, 35(3-4), 102-115.

Rowe, D. A., Mazzotti, V. L., Fowler, C. H., Test, D. W., Mitchell, V. J., Clark, K. A., . . . Dean,

    C. (2021). Updating the secondary transition research base: Evidence- and research-

    based practices in functional skills. *Career Development and Transition for Exceptional*

    Individuals, 44(1), 28-46.

Schuh, M., Hagner, D., Dillon, A., & Dixon, B. (2017). Policy change through parent and

    consumer leadership education. *Journal of Disability Policy Studies, 27*(4), 234-242.

Shogren, K.A., Wehmeyer, M.L., Palmer, S.B., Forber-Pratt, A.J. (2015). Causal agency theory:

    Reconceptualizing a functional model of self-determination. *Education and Training in*

    Autism and Developmental Disabilities, 50(3), 251-263.

Taylor, J.L., Hodapp, R.M., Burke, M.M., Waitz-Kudla, S.N., Rabideau, C. (2017). Training parents of youth with autism spectrum disorder to advocate for adult disability services: results from a pilot randomized controlled trial. *Journal of Autism and Developmental Disorders, 47*(3), 846-857.

Test, D.W., Mazzotti, V.L., Mustain, A.L., Fowler, C.H., Kortering L., & Kohler, P., (2009). Evidence based secondary transition predictors for improving postschool outcomes for students with disabilities. *Career Development for Exceptional Individuals*, *32*(3), 160–181. https://doi.10.1177/0885728809346960

Thoma, C.A., Bartholomew, C., & Scott, L.A., (2009). *Universal design for transition: A roadmap for planning and instruction*. Baltimore, MD: Paul H. Brookes. Workforce Innovation and Opportunity Act, 29 U.S.C. § 3101. 2014

Yildiz, G., & Cavkayatar, A. (2020). Effecitiveness of the parent training program for supporting the the preparation of individuals with intellectual disability for adulthood on mother's quality of life perceptions. *Education and Training in Autism and Developmental Disabilities, 55*(2), 201-214.

Young, J., Morgan, R. L., Callow-Heusser, C. A., & Lindstrom, L. (2016). The effects of parent training on knowledge of transition services for students with disabilities. *Career Development and Transition for Exceptional Individuals, 39*(2), 79-87.

APPENDICES

Appendix A
Electronic Resource Packet

Transition Services & Resources in Georgia
December 2021

Table of Contents

A special thanks to our partners across agencies, parent advocates and self-advocates.
Without your knowledge and experience, this program would not be possible.
Thank you for your willingness to serve alongside the disability community.

Inclusive Postsecondary Education Programs

What are Inclusive Postsecondary Education programs (IPSE)?

- Federal funding for IPSE programs has been provided by the Higher Education Opportunity Act
- Certificate-based programs to promote career readiness for individuals with intellectual and developmental disabilities (I/DD)
- Programs are in inclusive settings offering peer mentoring and many opportunities for participation in extracurricular activities.
- Programs of study vary by college or university
- Admission requirements vary by program. Please visit individual program websites to learn more about admissions requirements.
- Some schools offer scholarships or are qualified for Pell Grants to assist in costs.
- GVRA may also support other services for a college-bound student.
- On-campus housing is available in many Georgia programs.

Who is eligible to enroll in IPSE programs?

- Individuals with intellectual and developmental disabilities (I/DD), autism spectrum disorder, or co-existing disabilities that includes an intellectual disability
- Typically, students are required to have an Individualized Education Plan (IEP) and sometimes placement in Vocational Rehabilitation
- Check out this website to guide you in determining if your family member is eligible for admission to an IPSE program.

How do I learn more about IPSE programs?

- **Middle and High School Supports:**
    - Let your child's special education teacher/case manager know you are interested in IPSE programs.
    - Contact your child's guidance counselor
    - Communicate and collaborate with the vocational rehabilitation counselor working with your child.
    - Make sure IEP team members know that you would like to consider IPSE programs as a part of your child's Transition Plan
    - Contact IPSE program directors and schedule college visits
    - Explore parent webinar series on IPSE
- **Web-Based Resources:**
    - http://www.gaipsec.org/
    - https://www.sepsea.org/
    - https://thinkcollege.net/
    - https://thinkcollege.net/family-resources
    - http://www.gaipsec.org/parent-webinar-series.html

Facts about IPSE from the Georgia Inclusive Postsecondary Education Consortium:

- 119 Students were enrolled in Georgia IPSE programs during the 2020 - 2021 academic year
- 54% of IPSE graduates are employed
- 8 programs are available during the 2021 - 2022 academic year
- Georgia College in Milledgeville will open a new program during the 2022 - 2023 academic year
- 88% of students in IPSE programs graduate from their program
- Over 300 IPSE programs throughout the United States
- $500,000 from the state supports students and programming for Georgia IPSE programs
- Funding is provided by the Higher Education Opportunity Act

Georgia IPSE programs operating in 2021-2022:

1. Kennesaw State University Academy for Inclusive Learning
2. EXCEL Program at Georgia Tech
3. Destination Dawgs at University of Georgia
4. Eagle Academy at Georgia Southern University
5. IDEAL Program at Georgia State University
6. East Georgia State College CHOICE program
7. Goals Program at Columbus State University
8. LEAP Program at Albany Technical College

Employment Services & Vocational Rehabilitation

What is vocational rehabilitation?

- Provides Pre-Employment Transition Services (Pre-Ets) for eligible students
- Assist students with identifying career interests to be further explored through VR services and transition services
- Available statewide to all students with disabilities in need of such services, regardless of whether a student has applied for VR services
- May begin once a student requests or is recommended for one or more pre-employment transition services and documentation of a disability (e.g., IEP, transition plan, school psychological, or other medical documentation of a disability) is provided to the VR agency.
- Must be provided or arranged in collaboration with local education agencies (LEA; i.e., schools)

What legislation guides vocational rehabilitation services?

- The Workforce Innovation and Opportunity Act
  - Requires VR agencies to reserve and expend not less than 15% of the federal allotment to provide, or arrange for the provision of pre-employment transition services for students with disabilities transitioning from school to postsecondary education programs and employment
  - Requires VR agencies to coordinate the provision of pre-employment transition services with local educational agencies (LEAs; i.e., schools)

Who is eligible for vocational rehabilitation?

- **In-school youth**
  - Ages 14-22
  - English language learners
  - Individuals with a disability as documented through an IEP or psychological evaluation
  - Offender
  - Homeless
  - Runaway
  - Foster care or aged out of the foster care system
  - Pregnant or parenting
  - A person who requires additional assistance to enter or complete an educational program or to secure and hold employment

- **Out of School youth**
  - Ages 16-24
  - Individuals with a disability
  - School dropout
  - Within the age of compulsory attendance but has not attended for at least the most recent complete school year calendar quarters
  - Holds a secondary school diploma or recognized equivalent and is low-income and lacks basic skills or is an English language learner
  - Subject to the juvenile or adult justice system
  - Homeless, runaway, in foster care, or aged out of the foster care system
  - Eligible for assistance under the Social Security Act
  - Pregnant or parenting
  - A person from a low-income who requires additional assistance to enter or complete an educational program or to secure and hold employment

Who should I contact if I am interested in services for my child?

- Special education case managers for students in special education
- School counselors for students not in special education

Vocational Rehabilitation
Helping Students Move Towards Success

Did You Know?

Students with a disability between the ages of 14 and 22 are eligible to receive specialized Pre-Employment Transition Services (Pre-ETS) through their local school system. Pre-ETS (which are coordinated in partnership between the local Vocational Rehabilitation (VR) office, the local school system, students and their families) help students make the jump to what's next, whether that be a career or post-secondary education.

Pre-ETS are career focused services that include:

- Job Exploration Counseling: Exploring the world of work and career choices
- Work-Based Learning Activities: Engaging in work experience
- Workplace Readiness Training: Preparing students for workplace expectations
- Self-Advocacy Instruction: Helping the students learn more about themselves, their barriers to employment, and how to more confidently interact in the world
- ...y Options: Exploring options for students seeking ...er education and training

Employment and Independence for Georgians with Disabilities

(844) FOR-GVRA / (844) 367-4872
wecare@gvs.ga.gov

FACTS

GVRA clients with job placements earn 24% more on average than minimum wage.
GVRA serves tens of thousands of Georgians every year.
Employers who hire individuals with disabilities report increased profitability.

HOW IT WORKS

Trained certified counselors and other professionals provide services to help eligible
persons with disabilities prepare for, start and maintain competitive employment.

SERVICE AREAS

With offices statewide, we are available to assist individuals with disabilities and employers across Georgia. Where you see GVRA, you find a range of services available to
those who qualify.

WHO CAN BE A CLIENT?

Your disability must be permanent and affect your ability to work. Each person's situation is considered individually. Contact your local office for additional information. You can find your local office at: https://gvs.georgia.gov/

SERVICES, INDIVIDUALIZED TO CLIENT NEEDS, MAY INCLUDE:

- Counseling and Guidance
- Post-Secondary Support
- Supported Employment
- Work Readiness Training

- Assistive Work Technology
- Vocational Training
- Skills Assessment
- Job Placement Support

♦ TO GET YOU WORKING ♦

The Purpose of Vocational Rehabilitation Services is to: "Assist People with Disabilities to Work"

Who can apply for Vocational Rehabilitation Services?

You can apply for vocational rehabilitation services if you have a physical, mental or emotional disability that interferes with your ability to work and you need vocational rehabilitation services to work.

Applying for Services

You will meet with a counselor and fill out an application for the VR Program. You and your counselor will get documentation of your disability to determine if you qualify.

How do I Qualify?

You may qualify for vocational rehabilitation services if you have a permanent disability, which is substantially affecting your ability to work. Your counselor will let you know as soon as possible if you qualify.

WORK NEEDS ASSESSMENT

You and your counselor will make choices about available services you will need to reach your employment goals. Your counselor may schedule you for tests to find out what services you need.

WORK PLAN

You and your counselor will develop a work plan that lists your responsibilities and the services you may receive.

VOCATIONAL SERVICES

Services will be based on your individual needs for the purpose of working.

Closure

Your case may be closed after you have been employed successfully for 90 days.

Services after Closure

You can request additional services after your case is closed if they are needed to keep you working.

How long will this take?

The length of time is different for each person depending on the services needed to go to work.

YOUR RESPONSIBILITIES

VR will help you go to work but we need your help in this effort as well. Below are some of these responsibilities.

- **Keep appointments & stay in contact with your vocational counselor**

- **Give honest & complete information**

- **Tell your vocational counselor about changes in your situation**

- **Help develop your work plan & work hard to complete it**

- **Do what's in your work plan and any amendments (changes) to it**

- **Use other benefits**

- **Get written approval before expecting the VR Program to pay**

**GEORGIA VOCATIONAL
REHABILITATION AGENCY**

WE OFFER

- Counseling and Guidance
- Postsecondary Support
- Supported Employment
- Work Readiness Training
- Job Placement Assistance
- Assistive Work Technology

FACTS

- GVRA clients with job placements earn 24% more on average than minimum wage.
- GVRA serves tens of thousands of Georgians every year.
- Employers want to hire people with disabilities to meet their workforce demands and enhance their bottom line.

CONTACT

Website:

https://gvs.georgia.gov/

Phone:

(844) FOR-GVRA

(+1 844-367-4872)

Email:

GVRA
**GEORGIA VOCATIONAL
REHABILITATION AGENCY**

Succeed

Read this testimonial from our client:

When Cole Allen was in high school, sometimes his friends would go places his power chair—and as a result, he himself—couldn't. At Roosevelt Warm Springs (RWS) though, this wasn't a problem. At RWS, Cole became involved in the student council and jumped on other leadership opportunities, and his peers noticed. "I learned that I had leadership skills, and it felt good to know that," Cole said. Cole knows the importance of community and a strong support system because that's exactly what he found when he arrived at RWS several years ago.

Being drawn to the field of engineering at a young age, Cole had learned about computer-aided drafting (CAD)—and the blueprints such a system produces—when he was in high school. With the knowledge he gained at RWS and the CNC certification that came with it, Cole could navigate every part of the part replacement process, from design to product.

After graduating in June of 2017, Cole set his sights on finding a job, and with his hometown of Carrollton being home to the world's largest copper wire manufacturer, Southwire, its was a natural landing place for his skill set. He was hired in late 2018, and after Southwire made several modifications to ensure Cole's workspace was accessible, he began work there in January of this year. Cole is the first to tell you he's not done setting and achieving his goals. "I never want to stop learning," he said. "We learn so much every day, but we may not know it. But it's true."
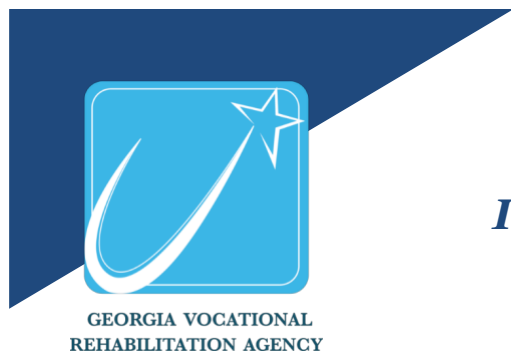
Building Career and Independent Living Skills For *Individuals With Autism Spectrum Disorders*

GEORGIA VOCATIONAL REHABILITATION AGENCY

What is Autism Spectrum Disorder? (ASD)

People with Autism Spectrum Disorder may have a range of skills, abilities and unique communication and behavioral needs. ASD is a developmental disability. It includes these conditions which were once individually diagnosed: Autism, Asperger's Syndrome, Pervasive Developmental Disorder Not Otherwise Specified

What does ASD look like?

Possible Traits of ASD:

- Negative reaction to being touched
- Repeating words or behaviors
- Trouble with changes
- Avoidance of eye contact

- Preferring solitude
- Strong memory recall
- In children, lack of interest in "make-believe" games

Services available through Georgia Vocational Rehabilitation Agency

GVRA has more than 40 local offices available to serve clients with all disabilities, including people with ASD. Highly-skilled, trained teams of professionals, including Certified Rehabilitation Counselors (CRCs), offer services that include:

- Counseling and Guidance
- Postsecondary Support
- Supported Employment
- Work Readiness Training

- Job Placement Assistance
- Assistive Work Technology
- Vocational Training
- On-the-Job Training

OTHER RESOURCES

Parents can learn more from the Georgia Department of Education or contact your local board of education to have your child evaluated.

FACTS

- You can't SEE an Autism Spectrum Disorder
- Youth with ASD are often in the gifted range in many academic subjects.

CONTACT

Website: https://gvs.georgia.gov/

Phone:
(844) FOR-GVRA
(+1 844-367-4872)

Email: wecare@gvs.ga.gov

Georgia Organizations

• Early Childhood Technical Assistance Center (ECTA)
ectacenter.org

• Emory Autism Center
http://psychiatry.emory.edu/programs/autism/index.html

• Autism Speaks
autismspeaks.org

• The Autism Foundation of Georgia
autismfoundationofga.org

• The ARC's Autism Now Center
autismnow.org

• Marcus Autism Center
marcus.org

• Autism Society of Georgia
autismsocietyga.org

State and Federal Funding Streams
Medicaid Waiver Programs

What is a Medicaid Waiver?
- According to the Department of Behavioral Health and Developmental Disability (DBHDD; 2021), "a Medicaid waiver is money that may be used to pay for services for a person with intellectual, developmental, or physical disabilities. These services can take place in the person's home or the community. "
- Over 12,000 Georgians are served through the Now & COMP waiver program

Medicaid Waiver Programs Serving Adolescents and Young Adults:
- New Options Waiver (NOW) & Comprehensive Supports Waiver Program (COMP)
  - Provides home and community-based services and support for people with intellectual or developmental disabilities
  - **Eligibility**:
    - Individuals with a diagnosis of intellectual disability before age 18 and/ or a closely related developmental disability (i.e., cerebral palsy, epilepsy, or autism before age 22)
    - Have significant deficits in adaptive functioning
    - Require the level of care provided in an intermediate care facility for people with intellectual disabilities
  - **Examples of services:**
    - Supportive employment
    - Residential services
    - Specialized medical equipment and supplies
    - Vehicle adaptation
    - Behavior support services

- **Independent Care Waiver Program (ICWP)**
  - Offers services to adults between the ages of 21 and 64 with severe physical disabilities or traumatic brain injury
  - **Eligibility:**
    - Based on either a nursing facility or hospital level of care
  - **Examples of services:**
    - Personal support
    - Home health services
    - Specialized medical equipment and supplies
    - Counseling
    - Emergency response systems
    - Home modifications

- **Georgia Pediatric Program (GAPP)**
  - o Provides home and community-based services to children who are medically fragile with multiple system diagnoses
  - o Examples of services:
    - Nursing services
    - Personal care support
    - Daily living

When should I apply for Medicaid Waiver programs?

- As soon as possible! There are thousands of Georgians waiting for access to Medicaid Waiver funding.
- The earlier you begin planning, the better.
- The supports received through the Medicaid Waiver are individualized.
- Completing applications early and planning for the future is an essential component to ensuring that individuals with disabilities have the resources they need to receive home and community-based supports throughout their lifespan.
- Applying early reduces the likelihood of service delivery gaps upon life transitions such as graduating high school or the death of a caregiver.

What does the application process look like?

- Complete the application packet
- Attach all necessary documents (see checklist provided in this packet)
- Submit your application via **mail**, **fax, or in-person**
- A staff member from DBHDD will review your application and confirm that it is complete.
- DBHDD will determine eligibility through a psychologist's review and a possible interview.
- DBHDD staff will contact the applicant within 14 business days of receiving an application.

Anna.Maki@bobbydodd.org 404-809-2957

Benefits Navigation Checklist

Department of Education (IDEA)
- IEP Considerations:
    - Speech Therapy, Occupational Therapy, Physical Therapy/ Adaptive PE
    - Least restrictive environment
    - Behavior Intervention Plan
    - Transition Planning starts at age 14

Department of Health (Olmstead Decision)
- Department of Behavioral Health and Developmental Disabilities (DBHDD)
    www.dbhdd.ga.gov
    - Family Support Services
    - Respite
    - NOW/COMP planning list
    - Other Waivers (ICWP, CCSP, SOURCE)
    - Competitive Integrated Employment
    - Behavioral Health Support
        - Georgia Crisis Access Line **1-800-715-4225**

Department of Labor (WIOA)
- Georgia Vocational Rehabilitation Agency (GVRA)
    - Youth aged 14-24 is a priority group; the Intake process may include psych eval
    - Supported vs. Customized employment
    - Post-Secondary Inclusion
    - Warm Springs/Cave Springs

Social Security Administration
- Supplemental Security Income (SSI)
    - Needs-based/Means-tested
    - Medicaid
        - Katie Beckett Deeming Waiver
- Social Security Disability Insurance (SSDI)
    - Entitlement based on eligible work record (parent's work record as CDB)
    - Medicare
- Work Incentive Planning and Assistance (WIPA)

Other Future Planning
- General Estate Planning
- Guardianship
- Supplemental Needs Trust (First and/or Third Party)
    o Georgia Community Trust
- ABLE Account
- Letter of Intent
- Life Care Planning

Timeline Considerations

Infancy and Childhood:
- Babies Can't-Wait – initial service (infancy through age 3)
- Apply for Family Support Services at age 3 (after aging out of Babies Can't-Wait)
- Apply for SSI if the family is financially eligible
- Apply for Deeming Waiver (formerly Katie Beckett Deeming Waiver) if Medicaid is needed but the family is financially ineligible for SSI
    o If denied Deeming Waiver then apply for Champions for Children for additional services (similar to Family Support Services)
- Apply for Georgia Pediatric Program (GAPP) if skilled nursing is needed)
- Apply for NOW/COMP Medicaid Waiver (secure placement on Planning List)

Transition to Adulthood
- Apply for GVRA services (as early as 14)
- Apply for Social Security (SSI) the month following 18th birthday
- If on Deeming Waiver, use summary of SSI application to extend KB benefits until age 19 or SSI approval (whichever comes first)
- GAPP transitions into CCSP (can still maintain status on NOW/COMP)
- Continue Family Support Services (until NOW/COMP awarded)
- Increase advocacy for waiver services
    o Determination of Need with Planning List Navigator annually
    o Document behavioral supports
- Determine decision-making support needed:
    o Guardianship, Power of Attorney, Facilitated Decision-Making
- Protect Medicaid assets with a Supplemental Needs Trust
- Set up an ABLE account (supports independence and serves as pass-through account for SNT)

Independent Care Waiver Program

Overview

The Independent Care Waiver Program (ICWP) offers services that help a limited number of adult Medicaid members with physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services are also available for persons with traumatic brain injuries (TBI). The program operates through the Georgia Department of Community Health (DCH) under a Home- and Community-Based Waiver (1915c) granted by the Centers for Medicare & Medicaid Services (CMS).

Eligibility Criteria

The Independent Care Waiver is designed for eligible Medicaid members with severe physical disabilities who are between the ages of 21 and 64 when they apply and when services are started and who meet the criteria below. They must:

- Be capable of managing their own services (individuals with a TBI do not have to meet this criteria);
- Have a severe physical impairment and/or TBI that substantially limits one or more activities of daily living and requires the assistance of another individual;
- Do not have a primary diagnosis of a mental disorder (mental retardation/mental illness)
- Be medically stable but at risk of placement in a hospital or nursing facility if community-based support services are not available; and
- Be safely placed in a home or community setting.

Services Provided

- Members are offered case management, personal support, adult day health, home-care services, emergency response, respite, specialized medical equipment and supplies, counseling and/or home modification appropriate to their needs. Alternative Living Services (ALS) are offered in a residential setting for those who qualify.

- Participants and their families, their case managers and providers work together to establish a plan of care. The plan assesses the individual's present circumstances, strengths, needs, goals, services requires, available providers and projected budget. Funds must be available for the plan to be approved by the DCH Division of Medical Assistance Plans.

Other factors also help determine whether eligible applicants can receive waiver services, including currently residing in a hospital or nursing facility, length of time on the waiting list, ability to live independently, and the estimated cost of care (based on the projected care plan).

Individuals who are considering nursing home or other institutional care may be eligible for home- and community-based services as an alternative through Georgia's Medicaid waiver program.

To qualify for the waiver programs, individuals must meet the criteria for Medicaid payment in an institution and certain other criteria as outlined above.

Applicants are then offered the choice between community-based services or institutional care as long as the community services do not cost more than the institutional care.

How to Apply for ICWP

To apply for ICWP, contact Alliant Health Solutions at 888-6697195. Alliant will complete a screening by asking potential members questions over the phone. If screening requirements are met, Alliant will have the potential member submit an application. After receiving the application, Alliant will schedule an in-person assessment. Based on the information provided, applicants may be eligible for ICWP and approved to receive services as funding becomes available.

FACT SHEET

New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)

Overview

The New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual disabilities (ID) or developmental disabilities (DD) through the Georgia Department of Community Health (DCH) Division of Medical Assistance Plans. A diagnosis of developmental disability includes intellectual disability or other closely related conditions, such as cerebral palsy, epilepsy, autism or neurological problems. These disabilities require a level of care provided in an intermediate-care facility (ICF) for people diagnosed with ID/DD. There are more than 12,000 people with developmental disabilities who are served by the NOW/COMP programs in Georgia.

Purpose

The NOW waiver program offers services and supports to individuals to enable them to remain living in their own or family home and participate or live independently in the community.

Goals for participants in the NOW program, which serves individuals with less intensive needs than those in the COMP program, include:

- Avoiding the need for more intensive services.
- Increasing independence and quality of life of individuals with ID/DD.
- Increasing the flexibility of service planning and delivery to meet exact individual needs.
- Providing the opportunity for all participants to elect to direct their services to the extent that they choose.
- Ensuring the health, safety and welfare of NOW participants.

NOW/COMP Waiver Program Services

- Adult Occupational Therapy Services
- Adult Physical Therapy Services
- Adult Speech and Language Therapy Services
- Behavioral Supports Consultation Services
- Community Access Services
- Community Guide Services
- Community Living Support Services
- Community Residential Alternative Services (COMP only)
- Environmental Accessibility Adaptation Services
- Financial Support Services
- Individual Directed Goods and Services
- Natural Support Training Services
- Pre-vocational Services
- Respite Services
- Specialized Medical Equipment
- Specialized Medical Supplies
- Support Coordination Services
- Supported Employment Services
- Transportation Services
- Vehicle Adaption Services

\

FACT SHEET

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

An Overview of New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)

The COMP waiver program, which serves individuals with more intensive needs, primarily provides residential care for individuals with ID/DD. These individuals require comprehensive and intensive services and need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community.

Goals for participants in the COMP program include:

- Avoiding the need for institutional placement.
- Increasing independence and quality of life of individuals with ID/DD who have intensive or comprehensive support needs.
- Facilitating the transition of institutionalized individuals to community living.
- Offering opportunities statewide for participant direction by waiver participants who have intensive or comprehensive support needs.
- Ensuring the health, safety and welfare of COMP program participants.

Eligibility

Individuals who meet the level of care that would be required in an intermediate-care facility for people with intellectual disabilities (ICF-ID) may be eligible for home- and community-based services as an alternative through Georgia's Medicaid NOW and COMP waiver programs.

To qualify for these waiver programs and be offered the choice of community-based services instead of institutional care, the individual must first meet the criteria for Medicaid payment in an institution and certain other criteria.

Specific qualifications:

- Are categorically eligible Medicaid recipients; and
- Have a diagnosis of an intellectual disability and/or a closely related condition; and
- Are currently receiving the level of care provided in an ICF-ID that is reimbursable under the State Plan, and for whom home- and community-based services are determined to be an appropriate alternative; or,
- Are likely to require the level of care provided in an ICF-ID that would be reimbursable under the State Plan in the absence of home- and community-based services that are determined to be an appropriate alternative.

For More Information

Visit the DCH website at www.dch.georgia.gov/aging-special-populations.

An Overview of the Georgia Pediatric Program (GAPP)

Overview

The Georgia Pediatric Program (GAPP) of the Georgia Department of Community Health (DCH) serves eligible children under 21 years of age who are medically fragile and in need of medically necessary skilled nursing care and/or medically necessary personal care support.

Eligible members should currently be receiving physician-ordered services to be considered eligible for this program.

GAPP Members Served

At the end of July, 2017, 815 children were receiving medically necessary in-home services through the GAPP Program. All services require prior authorization and requests must be submitted through a Medicaid approved GAPP Nursing Agency.

For More Information

Contact the GAPP Program Specialist at 404-657-7882.

DBHDD

Application for Intellectual/Developmental Disabilities Services

If you need assistance completing this application, please contact your local Intake and Evaluation Office.

I.   GENERAL INFORMATION (APPLICANT)

Name: _____
　　　　　First　　　　　　　　　　　　　　　　Middle　　　　　　　　　　　　　Last

Address: _____
　　　　　Street Address   (Apartment Number if Applicable)

_____
　　　City　　　　　　　　　　　　　　County　　　　　　　　　　　State　　　　　　Zip Code

Mailing Address (if different) _____

Telephone Number: _____   Marital Status: S M D W   Sex: _____
　　　　　　　　　Area Code

Birthdate: _____ /_____ /_____   Medicare # _____

Social Security # _____-_____-_____ Medicaid #_____

PRIMARY CONTACT: _____

Address: _____

_____
City　　　　　　　　　　　　　　County　　　　　　　　　　State　　　　　Zip Code

Relationship to Applicant: _____ Telephone Number: _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Area Code

Email: _____

LEGAL STATUS OF APPLICANT: ___Minor ___Competent ___Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
　　　　　Street Address   (Apartment Number if Applicable)

_____
　　　City　　　　　　　　　　　　　　County　　　　　　　　　　　State　　　　　　Zip Code

Relationship to Applicant: _____ Telephone Number: _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Area Code

Email: _____

DBHDD

Instructions for Intellectual/Developmental Disabilities Services Application

Please use this guide to help you through the application process. Check off each step as it is completed. Call your field office (listed below) if you need assistance.

	1. Complete the two-page Application for Intellectual/Developmental Disabilities Services.
	2. Please submit copies of the following documents along with the application:
	a. Psychological report that includes IQ score, assessment of Autism Spectrum Disorder (if applicable), and adaptive skills testing, preferably completed prior to the age of 18 for a person with intellectual disability or 22 for a person with a closely-related condition
	b. Proof of citizenship (birth certificate, passport, or permanent resident card)
	c. Copy of Social Security card or Social Security number
	d. Copy of Medicaid and/or Medicare card
	e. Copy of Social Security benefit information
	f. Copy of guardianship documents (if applicable)
	g. Copy of reports describing the disability completed by schools attended or by other service agencies (e.g., IEP)
	h. Authorization for Release of Information (requires signature) if you would like us to request records from a particular agency
	i. Notice of Privacy Practices (requires signature)
	3. Return the application and requested documents to your regional field office.

Once we have determined that a completed application packet has been received by our office, we will contact you and/or your family participant/representative to schedule a screening assessment meeting within 14 business days.

Region 1 Field Office
Intake & Evaluation Unit
1230 Bald Ridge Marina Road
Suite 800
Cumming, GA 30041
678-947-2818 or 877-217-4462
Fax: 678-947-2817

Region 2 Field Office
Intake & Evaluation Unit
3405 Mike Padgett Hwy, Bldg 3
Augusta, GA 30906
706-792-7741 or 877-551-4897
Fax: 706-792-7740

Region 3 Field Office
Intake & Evaluation Unit
3073 Panthersville Rd, Bldg 10
Decatur, GA 30034
404-244-5050 or 404-244-5056
Fax: 404-244-5179

Region 4 Field Office
Intake & Evaluation Unit
P.O. Box 1378
Thomasville, GA 31799-1378
229-225-5099 or 877-683-8557
Fax: 229-227-2918

Region 5 Field Office
Intake & Evaluation Unit
1915 Eisenhower Drive, Bldg 7
Savannah, GA 31406
912-303-1649 or 800-348-3503
Fax: 912-351-6309

Region 6 Field Office
Intake & Evaluation Unit
3000 Schatulga Road, Bldg 4
Columbus, GA 31907-2435
706-565-7835 or 877-565-8040
Fax: 706-565-3565

II.   ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia's Developmental Disabilities services, you must be:
   a.   Medicaid eligible
   b.   Have an intellectual disability since birth or before age 18, or another closely-related condition since birth or before age 22, which requires similar services to those needed by people with an intellectual disability.
   c.   Be at risk for going into an institution for people with an intellectual disability, if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application.

III.   SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

_____

_____

_____

_____

_____

IV.   COMPLETED BY:

Name: _____ Date: _____

Relationship: ____Applicant   ____Guardian   ____Other: _____

Printed Name: _____

What is the best way to contact you?_____

When this application is received, it will be stamped with a date. Once we have determined that a completed application packet has been received by our office, we will contact you and/or your family participant/representative to schedule a screening assessment meeting within 14 business days.

Return this application in the envelope provided.

DBHDD

Counties Covered by Regional Field Offices

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Banks	Baldwin	Clayton	Baker	Appling	Butts
Bartow	Barrow	DeKalb	Ben Hill	Atkinson	Carroll
Catoosa	Bibb	Fulton	Berrien	Bacon	Chattahoochee
Chattooga	Burke	Gwinnett	Brooks	Bleckley	Clay
Cherokee	Clarke	Newton	Calhoun	Brantley	Coweta
Cobb	Columbia	Rockdale	Colquitt	Bryan	Crawford
Dade	Elbert		Cook	Bulloch	Crisp
Dawson	Emanuel		Decatur	Camden	Dooly
Douglas	Glascock		Dougherty	Candler	Fayette
Fannis	Greene		Early	Charlton	Harris
Floyd	Hancock		Echols	Chatham	Heard
Forsyth	Jackson		Grady	Clinch	Henry
Franklin	Jasper		Irwin	Coffee	Houston
Gilmer	Jefferson		Miller	Dodge	Lamar
Gordon	Jenkins		Lanier	Effingham	Macon
Habersham	Jones		Lee	Evans	Marion
Hall	Lincoln		Lowndes	Glynn	Meriwether
Haralson	Madison		Mitchell	Jeff Davis	Muscogee
Hart	McDuffie		Seminole	Johnson	Peach
Lumpkin	Monroe		Terrell	Laurens	Pike
Murray	Morgan		Thomas	Liberty	Quitman
Paulding	Oglethorpe		Tift	Long	Randolph
Pickens	Oconee		Turner	McIntosh	Schley
Polk	Putnam		Worth	Montgomery	Spalding
Rabun	Richmond			Pierce	Stewart
Stephens	Screven			Pulaski	Sumter
Towns	Taliaferro			Tattnall	Talbot
Union	Twiggs			Telfair	Taylor
Walker	Walton			Toombs	Troup
White	Warren			Treutlen	Upson
Whitfield	Washington			Ware	Webster
	Wilkes			Wayne	
	Wilkinson			Wheeler	
				Wilcox	

20 Powerful Strategies to
Prepare Your Child for Inclusive Post-Secondary Education

Created by Karla Wade, Ph.D.
Club College Bound

Make sure your child is a regular attendee at an overnight, sleep-away camp.	Have your child become comfortable with electronic communication, including email and attachments.	Empower your child to manage a schedule using a cell phone (calendar, timers, reminders, etc.)	Strategize a system for independent medication management	Help your child practice talking about disability characteristics, best learning styles, and needs.
Sign up for a drama or improv group	Have your child call and make appointments for a doctor/ dentist/ advisor	Give your child a budget for clothing. Step back from the selection process.	Support choice-making.	Start a saving program for college.
Build expectations for post-secondary life (working, living independently)	Open a bank account with your child. Give your child the debit card and train responsible use of money.	Let your child fail and talk through making a different choice next time.	Help your child become comfortable with downtime and using time constructively.	Use public transportation even if you don't live on the bus line.
Encourage moderation strategies around food and money.	Fill your life with interest other than the social/ sports/ activity schedule of your child (i.e., get your own life)	Support your child in volunteering for a cause or organization. (Excellent work experience!)	Dignify your child's desires with high expectations.	Use family Support dollars to pay for inclusive camping experiences and extend that use for PSE.

Action Plan

Below you will find an Action Plan that can be used to reflect on the new knowledge you have gained from this training. The Action Plan has been designed as a template to guide you as you determine the services and resources needed to support your adolescent as he/she/they transition to adulthood. There are two diagrams below. Please consider working with your adolescent to create an Action Plan outlining the next steps given the knowledge you've received from this training. We encourage families to support their child's autonomy through building self-determination and self-advocacy skills.

What services do you think your adolescent might benefit from? Why?

Service Type	When should you begin applying for services?	What are your next steps for supporting your adolescent in accessing transition services?	How might this service impact your adolescent's future independence?
Postsecondary Education			
Vocational Rehabilitation			
State & Federal Funding Streams			
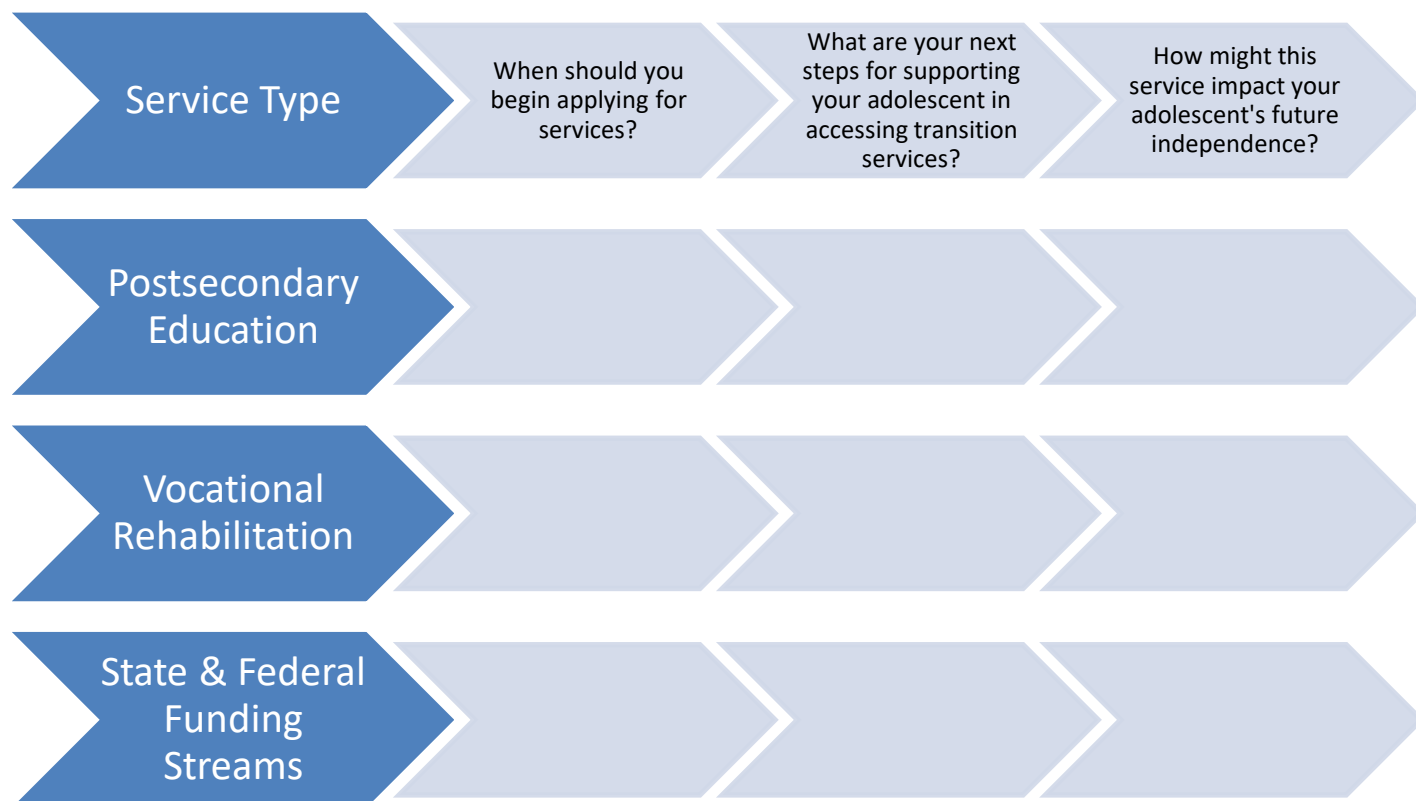
Planning for the Future
Goal Setting

	Goal 1	Goal 2	What services or supports do I need to achieve this goal?
Independent Living			
Employment			
Education			
Community Involvement			
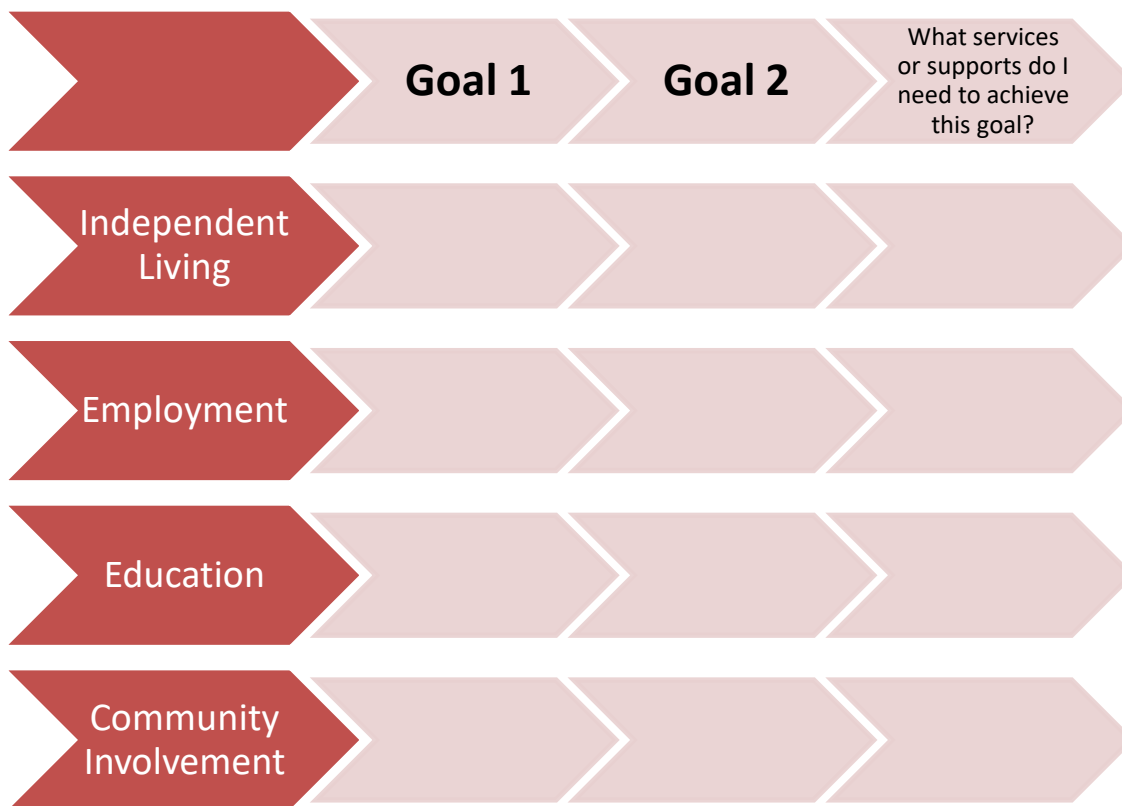
Appendix B
Knowledge Assessment

1) What is an inclusive postsecondary education (IPSE) program?

   a. Degree seeking program at private colleges and universities serving students with learning disabilities only.
   b. Degree seeking program at colleges and universities serving students with intellectual disabilities and autism spectrum disorder.
   c. Certificate based program private colleges and universities serving students with learning disabilities only.
   d. Certificate based program at colleges and universities serving students with intellectual disabilities and autism spectrum disorder.

2) *Select all that apply.* Who is eligible to apply for admission to inclusive postsecondary education programs?

   a. individuals with learning disabilities
   b. individuals with autism spectrum disorder
   c. individuals with intellectual disabilities
   d. individuals with co-existing or multiple disabilities that includes an intellectual disability

3) Which legal mandate has provided federal funding for inclusive postsecondary education programs?
   a. Every Student Succeeds Act
   b. Workforce Innovation and Opportunity Act
   c. Higher Education Opportunity Act
   d. Individuals with Disabilities Education Act
   e. Americans with Disabilities Act

4) How many inclusive postsecondary education programs are operating during the 2021 - 2022 Academic Year?

a. Nine
b. Six
c. Seven
d. Eight

5) Which agency can provide support for families in identifying independent living options and/or modifying their existing home to maintain or increase individual independence?

    a. the ARC of Georgia
    b. Disability Link
    c. Special Pops
    d. Habitat for Humanity

6) Which state agency provides pre-employment training skills (Pre-ETS) instruction to individuals with disabilities?

a. Georgia Vocational Rehabilitation Agency
b. Statewide Independent Living Council
c. Department of Behavioral Heath and Disability
d. Department of Public Health and Human Services

7) *Select all that apply.* Which legal mandate(s) requires interagency collaboration between schools, vocational rehabilitation counselors, and other adult disability agencies for high school students with disabilities?

    a. Every Student Succeeds Act
    b. Workforce Innovation and Opportunity Act
    c. Higher Education Opportunity Act
    d. Individuals with Disabilities Education Act
    e. Americans with Disabilities Act

8) *True or False*. High school students with intellectual disabilities ages 14 and up should receive out-of-school services only from the state vocational rehabilitation agency.

9) Who should you contact first if you would like your child to receive in-school vocational rehabilitation services?
    a. Other parents
    b. School and district-level administrators
    c. the state agency corporate office
    d. Special education case manager or counselor if not in special education

10) Which state agency is responsible for intake and evaluation of Medicaid Waiver programs?

a. Georgia Vocational Rehabilitation Agency
b. Statewide Independent Living Council
c. Department of Behavioral Health and Disability
d. Department of Public Health and Human Services

11) *True or False*. Transition Planning should begin before a child turns 16 years of age.

Appendix C

Family Empowerment Scale

Koren, P. E., DeChillo, N. & Friesen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology, 37*(4), 305-321.

	Not True At All **1**	Mostly Not True **2**	Somewhat True **3**	Mostly True **4**	Very True **5**
1. I feel that I have a right to approve all services my child receives.	1	2	3	4	5
2. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
3. I feel I can have a part in improving services for children in my community.	1	2	3	4	5
4. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
5. I know the steps to take when I am concerned my child is receiving poor services.	1	2	3	4	5
6. I make sure that professionals understand my opinions about what services my child needs.	1	2	3	4	5
7. I know what to do when problems arise with my child.	1	2	3	4	5
8. I get in touch with my legislators when important bills or issues concerning children are pending.	1	2	3	4	5
9. I feel my family life is under control.	1	2	3	4	5
10. I understand how the service system for children is organized.	1	2	3	4	5
11. I am able to make good decisions about what services my child needs.	1	2	3	4	5
12. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5

	1	2	3	4	5
13. I make sure I stay in regular contact with professionals who are proving services to my child.	1	2	3	4	5
14. I have ideas about the ideal service system for children.	1	2	3	4	5
15. I help other families get the services they need.	1	2	3	4	5
16. I am able to get information to help me better understand my child.	1	2	3	4	5
17. I believe that other parents and I can have influence on services for children.	1	2	3	4	5
18. My opinion is just as important as professionals' opinions in deciding what services my child needs.	1	2	3	4	5
19. I tell people in agencies and government how services for children can be improved.	1	2	3	4	5
20. I believe I can solve problems with my child when they happen.	1	2	3	4	5
21. I know how to get agency administrators or legislators to listen to me.	1	2	3	4	5
22. I know what services my child needs.	1	2	3	4	5
23. I know what the rights of parents and children are under the special education laws.	1	2	3	4	5
24. I feel that my knowledge and experience as a parent can be used to improve services for children and families.	1	2	3	4	5
25. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
26. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
27. When necessary, I take the initiative in looking for services for my child and family.	1	2	3	4	5

28. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5
29. I have a good understanding of the services system that my child is involved in.	1	2	3	4	5
30. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5
31. I have a good understanding of my child's disorders.	1	2	3	4	5
32. I feel I am a good parent.	1	2	3	4	5

Appendix D
Follow-Up Survey, Maintenance Data Collection

The following questions will be used to assess participants' ability to follow-up with services and resources discussed during the training program. Participants will receive an e-mail with a link to this electronic form. Participants who do not respond by completing the form within 48 hours will be contacted via phone. The same questions will be used during the phone call. The phone call will be facilitated by the Student P.I.

1. Did you contact one of the following services by MM/ DD/ YYYY (date will reflect the increment of time we are measuring (i.e., 30-, 45-)?

Department of Behavioral Health and Disability
Georgia Vocational Rehabilitation Agency
Bobby Dodd Institute
Disability Link
Georgia State University's Center for Leadership in Disability
Parent 2 Parent of Georgia
The ARC of Georgia
Statewide Independent Living Council
Georgia Independent Loving Network
Any inclusive postsecondary education program

a. Yes
b. No

*Skip Logic, if participant selects "no," question will skip to #3. If participant selects "yes," the participant will be able to see the following questions.

2. Select all that apply. Select the service(s) you have been in contact with.

Department of Behavioral Health and Disability
Georgia Vocational Rehabilitation Agency
Bobby Dodd Institute
Disability Link
Georgia State University's Center for Leadership in Disability
Parent 2 Parent of Georgia
The ARC of Georgia
Statewide Independent Living Council
Georgia Independent Loving Network
Any inclusive postsecondary education program

3. Since the training date of MM/ DD/ YYYY, has your child obtained employment?

a. Yes
b. No

4. Does your child plan to attend an inclusive postsecondary education plan within the next 12-months?

a. Yes
b. No

*Skip Logic, if participant selects "no," questionnaire will end. If participant selects "yes," the participant will be able to see the following questions.

5. Please select the month and year your child plans to enroll in an inclusive postsecondary education program.

*Skip Logic, if participant does not answer the question, the survey will end. If participant selects any answer, the following question will be presented.

6. Which inclusive postsecondary education program does your child plan to attend?

Kennesaw State University Academy for Inclusive Learning
East Georgia State College Choice Program
EXCEL Program at Georgia Tech
GOALS Program at Columbus State University
Destination Dawgs at University of Georgia
LEAP Program at Albany Technical College
EAGLE Academy at Georgia Southern University
Georgia College & State University's New Program Opening in 2022
Georgia State University's IDEAL Program

Appendix E
Participant Satisfaction Questionnaire

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
Delivery Method					
Participating in a virtual training session was convenient for my schedule.	**1**	**2**	**3**	**4**	**5**
Future trainings should be in-person.	**1**	**2**	**3**	**4**	**5**
Future trainings should offer a hybrid model for participants (i.e., virtual and in-person)	**1**	**2**	**3**	**4**	**5**
I was able to access a computer and internet to participate in the training without issue.	**1**	**2**	**3**	**4**	**5**
I prefer participating in virtual trainings rather than in-person trainings.	**1**	**2**	**3**	**4**	**5**
Virtual training programs reduce barriers (i.e., childcare and transportation) to my participation.	**1**	**2**	**3**	**4**	**5**

Delivery Format					
I found it helpful to hear from different professionals from multiple service agencies.	**1**	**2**	**3**	**4**	**5**
I enjoyed hearing the perspectives of other parents and individuals with disabilities.	**1**	**2**	**3**	**4**	**5**
I would like more time for discussing during breakout groups.	**1**	**2**	**3**	**4**	**5**
Duration of Training					
Participating in a single session training is most convenient for my family's schedule.	**1**	**2**	**3**	**4**	**5**
Future trainings should take place over the course of multiple days.	**1**	**2**	**3**	**4**	**5**
Future trainings should occur over one day but last approximately 6-8 hours.	**1**	**2**	**3**	**4**	**5**
The training was rushed.	**1**	**2**	**3**	**4**	**5**
The training was too long.	**1**	**2**	**3**	**4**	**5**

I needed more time to pose questions to presenters and members of the advocate panel.	**1**	**2**	**3**	**4**	**5**
Training Content					
The content covered in this training was helpful to my understanding of transition-related services and resources in the state of Georgia.	**1**	**2**	**3**	**4**	**5**
The content covered in this training will help me to navigate accessing services for my family members with a disability.	**1**	**2**	**3**	**4**	**5**
When I am more knowledgeable about the services and resources available for my family member, I feel hopeful about the future.	**1**	**2**	**3**	**4**	**5**

Appendix F
Procedural Fidelity Checklist

**Packet Only
Procedural Fidelity**

Date:	Start Time:	Stop Time:
Observer Name:		

Adherence, Differentiation, & Contamination			
Greet participants and thank them for their participation in the study	Yes	No	NA
Review steps for accessing electronic resource packet.	Yes	No	NA
Answer questions only related to accessing the electronic resource packet	Yes	No	NA
Review steps for accessing post-assessment	Yes	No	NA
Answer questions only related to accessing post-assessment	Yes	No	NA
Review next steps procedures (follow-up contact at 30- and 45-days, option to participate in Spring training, eligibility to win Amazon gift card)	Yes	No	NA
Thank participants for participating in the study.	Yes	No	NA
Program Modifications			
Were any changes made to the intervention that were outside of the plan?	Yes	No	NA
Notes			
Quality & Responsiveness			
What were the participants' response to the intervention?			
Notes			

Packet + Training
Procedural Fidelity

Date:	Start Time:	Stop Time:
Observer Name:		

Adherence, Differentiation, & Contamination			
Greet all training participants and thank them for their participation in the training	Yes	No	NA
Review training agenda, thank partners, & introduce content presenters	Yes	No	NA
Presentation on IPSE (Susanna Miller-Raines & Darien Todd)	Yes	No	NA
Presentation on GVRA & Employment (Rebecca Williamson)	Yes	No	NA
Presentation on Benefits Navigation (Anna Maki)	Yes	No	NA
Presentation on disAbility Link (William Thomas)	Yes	No	NA
Participants will receive a 10-minute break	Yes	No	NA
Introduce advocate panel and give directions to training participants	Yes	No	NA
Set the environment for panel discussion as positive, open, and supportive (i.e., feel free to unmute to ask questions, post questions in the chat)	Yes	No	NA
Advocate Panel will share experiences & JW will moderate	Yes	No	NA
Provides link for electronic resource packet in chat	Yes	No	NA
Gives directions for breakout groups (i.e., discuss resources of interest and next steps)	Yes	No	NA
Check in with each breakout group at least once	Yes	No	NA
Provide instructions for the satisfaction questionnaire.	Yes	No	NA
Thank participants and remind them that there will be a raffle for participating in today's training.	Yes	No	NA

Program Modifications	
Were any changes made to the intervention that were outside of the plan?	Yes No NA
Notes	
Quality & Responsiveness	
What were the participants' response to the intervention?	
Notes:	