Transition From School to Community Living

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The transition process by which a student with moderate to severe disabilities is prepared to leave the school setting and enter into employment and community living is legally mandated and includes provisions for occupational therapy and other related services. This transition requires a team approach in which members collaborate to determine objectives with the student and his or her family in the domains of domestic, community, recreational, and vocational living. Assessment and intervention focus on functional activities that are chronologically age-appropriate and environmentally based. This focus on real life activities is a departure from the prereadiness skills and simulations used by some occupational therapists in school systems. This literature review describes the transition from school to community living, discusses methods to increase parental participation, and provides examples of functional assessments and intervention strategies pertinent to occupational therapy practice for persons with moderate to severe disabilities.

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The education and services for children with disabilities have improved since the Education of All Handicapped Children Act of 1975 (Public Law 94-142) (U.S. Department of Education Office of Special Education and Rehabilitative Services, 1991). Yet between 50% and 75% of persons with disabilities remain unemployed (Harris, 1986; Hasazi, Gordon, & Roe, 1985; Wehman, 1992a). Nearly the same percentage of the 250,000 to 300,000 students with disabilities who have left the public schools each year had no jobs or independent living arrangements (Wehman, 1992a). These statistics suggest that transition planning for special education students deserves the attention of professionals such as school-based occupational therapists. Transition planning is the process by which a student is prepared to leave the school setting and enter into employment and community living (Wehman, 1992a). A literature search on this topic revealed little occupational therapy coverage.

Because the emphasis in transition programs is on functional daily life skills, occupational therapists' knowledge of activities of daily living, work, and leisure is applicable. The literature review, our clinical experiences, and research have led us to question whether some school system occupational therapists may be underemphasizing occupational performance areas while overemphasizing a developmental approach and sensorimotor occupational performance components (Barber, McInerney, & Struck, 1993; Spencer & Sample, 1993). This paper synthesizes some key issues for the transition process by reviewing occupational therapy and special education literature on functional activities and transition planning. The following key issues for the transition process are highlighted: federal initiatives, team efforts, parental involvement, assessment, goal setting, service characteristics, and roles for occupational therapy.

Federal Initiatives

The Office of Special Education and Rehabilitative Services (OSERS) has made vocational transition for students who have moderate to severe disabilities a national priority (Will, 1984). OSERS calls for the availability of services necessary for transition from school to work for all persons with disabilities and for a goal of sustained employment.

Additionally, the federal government has passed numerous laws concerning transition. The Education of the Handicapped Act Amendments of 1983 (Public Law 98-199) and 1986 (Public Law 99-457) mandated secondary education and transition services for youth with disabilities between the ages of 12 and 22 years and authorized funding for research on the transition process. The Carl D. Perkins Vocational Education Act of 1984 (Public Law 98–524) provided funding for vocational education and legislated that students and their parents be made
aware of vocational opportunities in the school 1 year before services are provided, or by the time the student reaches the ninth grade. The 1986 amendments to this act (Public Law 99–506) funded supported employment services in all states (Wehman, Moon, Everson, Wood, & Barcus, 1988). The Carl D. Perkins Vocational and Applied Technology Education Act of 1990 (Public Law 101–392) guaranteed full vocational education for youth with disabilities (National Information Center for Children and Youth with Disabilities [NICHCY], 1991).

In 1990, Congress passed the Education of the Handicapped Act Amendments of 1990 (Public Law 101–476), called the Individuals with Disabilities Education Act (IDEA). This law includes transition services and assistive technology as new definitions of special education services that must be included in a student’s individualized education program (IEP) (NICHCY, 1991).

The Individualized Transition Planning Team

An individualized transition planning (ITP) team is essential to establishing a comprehensive transition plan (Giangreco, 1992; Rainforth, York, & MacDonald, 1992). The team may include special educators, occupational therapists, physical therapists, speech and language pathologists, representatives from adult service agencies, a vocational rehabilitation counselor, parents, the student, and, often, an employer. With this many team members, collaboration between agencies is essential to avoid duplication of services (Wehman, 1992a).

IDEA requires formal transition planning as part of the IEP process for all 16-year-old special education students (and those at a younger age, if considered appropriate) (Code of Federal Regulations, 1992). For many students with moderate to severe disabilities, transition planning and community living experiences are needed in the elementary and middle school years even if a formal ITP team has not been developed (Spencer & Sample, 1993).

Parental Involvement

A key issue in transition planning is active involvement by parents. First, they have the legal right to be involved in the education of their children. Second, they know their children better than anyone and are a significant source of information regarding skills needed by the student (Bates, Renzaglia, & Wehman, 1981; Wehman, 1992a). Third, after completing mandatory education, the former student and his or her family are responsible for carrying out the goals of an ITP. If they are not invested in these future plans, the targeted outcomes for transition may fail.

Studies on parental involvement in ITP development (Karge, Patton, & de la Garza, 1992) and IEP conferences (Vaughn, Bos, Harrell, & Lasky, 1988) found that parents took a passive role. Vacc and colleagues (1985) had similar results. They found that academic and social functioning were the most discussed IEP topics; topics receiving relatively little attention included planning for parental involvement, learning about student preferences and future environments, and integration of the student into real life settings. These confirmed those of Lynch and Stein’s (1982) study, in which only 18% of 400 parents of students with disabilities reported participating in the development of the IEP. Additionally, Lynch and Stein found that parents of 13- to 14-year-old students participated significantly less in IEP meetings than parents of younger students. This study warrants current replication because transition planning for teenagers is legally required.

Parental input may be affected by several obstacles: logistical problems (lack of transportation, lack of child care, and inconvenient times), communication problems (language barriers and misunderstanding of terminology), inferiority feelings, and uncertainty about their child’s disability (Lynch & Stein, 1982; Turnbull & Turnbull, 1990). Parents may resist transition planning due to concerns about their child’s safety or about the questionable potential for success. They may worry about the attitudes of others, the school district’s commitment to this programming, and the quality of the program (Hanline & Halvorsen, 1989). Parents also may have difficulty accepting the change in therapy programming from remedial medical problems to developing life skills; they may have difficulty thinking about the future and seeing their children in more adult roles (Turnbull & Turnbull, 1990). Therefore, transition planning may be an emotional event for families that influences their level of participation in the ITP.

There are several ways to reduce the barriers to parental participation in ITP meetings. Parents can be given a choice about when and where to meet. They, along with their child, can help select the specific professionals to be involved in the ITP process (Turnbull & Turnbull, 1990). Depending on their wishes and abilities, they can be given a list of possible topics to prepare for discussion at the ITP meeting. A few sample topics are living arrangements, jobs, guardianship, social security benefits, sexuality, fitness, and medical access (Sample, Spencer, & Bean, 1990). Besides preparation time, parents can be given information on what services are currently available and about the need for changes in service provision. Respect for cultural preference and open communication can promote effective working relationships between all team members, including the parents.

Functional, Environmentally Referenced Assessments

Before the ITP meeting, each member of the team uses functional, environmentally referenced assessments to
determine the student's current levels of functioning relative to the previous year's IEP goals (Spencer & Sample, 1993). Dividing duties, the team evaluates the student's performance at home, in school, in the community, during recreation, and during temporary job placements (Brown et al., 1991; Spencer, Murphy, Bean, & Schelly, 1991). Functional performance, environmental demands and expectations, performance gaps, and support or training needs are noted (Spencer & Sample, 1993). Parents, teachers, and other key people are also interviewed for their input.

To determine which activities to assess within various environments, team members ask, "If the student does not learn this activity, will someone else have to do it for him or her?" (Brown et al., 1986; LaVesser & Shealey, 1986). If the answer is yes, the activity is functional and should be evaluated. For example, the ability to use a toilet is a functional skill and may be evaluated in multiple environments (e.g., school, a restaurant, a work site, a movie theater). Additional activities considered for the evaluation are those the student and parents prefer, those that reflect his or her culture, and those that influence safety or health (Brown et al., 1991; NICHCY, 1990).

After completion of the functional, environmentally referenced assessments, a discrepancy analysis is performed. This analysis determines what part of a desired skill the student can perform, what specific aspect of a skill is difficult for the student and why, and whether assistive technology could help this student.

Compared to functional, environmentally referenced assessments, standardized developmental tests often used in school system occupational therapy practice may have several shortcomings in transition programming for students with severe disabilities. Many of these assessments test isolated skills that may not be used in a student's home, community, or work (Rainforth & York, 1987), and they do not provide clear information on the student's and parent's priorities. Furthermore, because students with severe disabilities do not necessarily develop skills in the "normal" sequence (Orelove & Sobsey, 1991), an emphasis on performance components may not be appropriate. Additionally, developmental tests often lack information about a student's learning style (Falvey, 1986; Lehr, 1989).

There are six areas to examine when setting goals: (a) preference, (b) number of environments in which the skills are used, (c) number of occurrences, (d) social significance, (e) probability of skill acquisition, and (f) safety and health issues (Brown et al., 1986; Meyer, Peck, & Brown, 1991). Preference refers to the judgments of all team members, especially those of parents and students. Each person comes to the ITP meeting with opinions about what skills are most important.

Determining the number of environments in which a skill is to be used is important in prioritizing goals. For example, many special education students have been taught to sort cubes or cones by color, a prerequisite activity not usually required in many environments. In contrast, matching clothes by color is a skill used in dressing at home or in doing laundry at home or at a work placement (Brown et al., 1986; Wehman et al., 1988; Wehman, 1992a).

The more a skill is practiced throughout life, the more likely it is that the skill will be learned and used. (Billingsley, 1986; Brown et al., 1986). For example, washing dishes or loading a dishwasher may only be used in a home or vocational setting, but they are skills used several times a day for years. Therefore, these skills often will be of high priority.

Social significance refers to how a skill affects the social acceptance of the student. According to Brown and associates (1986), failing to teach the student some skills may hinder peer acceptance. For example, although a student may be instructed in ordering food from a restaurant, if he or she acts out by yelling or throwing food, he or she is less likely to be accepted by peers. However, teaching a 16-year-old how to operate an age-appropriate device, such as a switch to a radio rather than one connected to a infant's toy, may influence social acceptance by peers. Even the choice of equipment or assistive devices the student will need has social significance. For example, children and teens may reject a deltoid sling because of its appearance even though it can make eating easier.

Probability of skill acquisition is another area to be appraised when setting goals. Is the development of a skill worth the time and effort of instruction? (Brown et al., 1986; Wehman, 1992a). For example, independence in dressing may not be an appropriate goal for many students with severe physical disabilities.

When distinguishing which skills or activities are important for the student to acquire, the team must emphasize those that will assist the student in learning safety measures and that promote healthful living (Brown et al., 1986; Wehman et al., 1988; Wehman, 1992a). Because students with disabilities have typically been taught in sheltered environments, they may not have experience in dealing with environmental obstacles or potential dangers (e.g., stairs, toilets without railings, street crossing, cooking).
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Goal Setting

After completing the evaluation, the ITP team discusses
long-term transition goals. These focus on the student’s
desired life-style after the school years in terms of domes­
tic or home life, ability to function out in the community,
and leisure and vocational activities (Spencer & Sample,
1993). The student’s current levels of functioning and
needs influence the IEP goals. Each annual goal addresses
some need related to a long-term goal.

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Service Characteristics

Each annual ITP goal is accompanied by a list that identifies who will be responsible for goal attainment, who will provide consultation, what adaptations or supports are needed by the student, when the goal is to be achieved, and what environments will be used for training (Spencer & Sample, 1995). Several team members may be responsible for different aspects of the same goal. The student's responsibilities are also delineated (Ward, 1992).

A number of authors (Brown et al., 1991; Chandler, 1992; Sailor et al., 1986; Wehman, 1992a) have successfully implemented a functional life skills curriculum. Such curricula use the classroom in a regular public school or an integrated private school; nonclassroom areas such as the cafeteria, library, hallways, and playground, community areas such as parks, restaurants, work environments, and residential settings; and other age-appropriate community environments or areas in which to teach life skills. These curricula require careful planning for the needs of each student and increased time for community-based instruction as the student gets older. Students from 12 to 16 years old may spend as much as 75% of their time out of school in community-centered instruction (Brown et al., 1991; Sailor et al., 1986). The work force for community training programs can be provided by occupational therapists, speech and language pathologists, and parents and volunteers (Giangreco, York, & Rainforth, 1989). One adult to three students is the recommended ratio for effective community training and integration (Hutchins & Talarico, 1985). Examples of functional assessment and intervention activities that may be used in a life-skills curriculum are shown in Figure 1.

**Intervention Principles**

There are several key principles of intervention for effective transition services. These are

- Teach at natural times, using naturally occurring cues, reinforcers, and consequences
- Teach in natural environments
- Use real materials
- Teach all day and across environments to promote generalization
- Use partial participation (What part of a task can the student do?)
- Keep student data to determine effectiveness of intervention
- Integrate student with nondisabled peers
- Use functional activities

<table>
<thead>
<tr>
<th>Service Characteristics</th>
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<tbody>
<tr>
<td><strong>Student</strong></td>
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<tr>
<td>TB, 10 years old, autistic-like behaviors, considered to be at trainable mentally retarded level</td>
</tr>
<tr>
<td>JS, 17 years old, post brain injury, right hemiplegia with behavioral problems. Ambulates with a walker</td>
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| 
| **Domestic** |
| Picking up toys, washing dishes, making beds, dressing, grooming, eating, skills, toilet skills, sorting clothes, emptying trash (lives at home with parents) |
| Sweeping and dusting at place of residence, cooking simple meals (bowl of cereal, sandwich), operating simple machines (microwave, TV, stereo, tape recorder), putting the groceries away, caring for personal hygiene, dressing independently |

| **Community** |
| Eating meals in a restaurant, using restroom in a local restaurant, putting trash into container, giving the clerk money for an item he wants to purchase, recognizing and reading pedestrian safety signs, participating in local scout troop, going to neighbor's house for lunch |
| Using bus system to get around community; getting in and out of community stores and restaurants; negotiating stairs, curbs, and revolving doorways; simple comparative shopping; using community health facilities (physician, pharmacist); interacting courteously with public |

| **Leisure** |
| Climbing on swing set, playing simple board games, playing tag with neighbors, tumbling activities, running, playing kickball, riding bicycles, playing with age-appropriate toys |
| Watching college basketball, playing card games, listening to and recording music, going to movies with friends, playing video games |

| **Vocational** |
| Cleaning the room at the end of the day, working on a task for designated period (15–30 min), wiping tables after meals, following 2- to 4-step oral instructions, taking messages to people |
| Performing janitorial duties at local store, food stocking duties at grocery store, inventory and reshelving videos duties at video store, ticket-taking duties at local movie theater |

**Figure 1.** Examples of functional assessment and intervention activities for life-skill programs. Adapted with permission from Wehman, P., Moon, M. S., Everson, J. M., Wood, W., & Barcus, J. M. (1988). *Transition from school to work: New challenges for youth with severe disabilities.* Baltimore: Brookes.
Intervention concentrates on specific skills that help to integrate the student into the community and ensures participation in adult activities (Bellamy & Wilcox, 1982; Brown et al., 1991; Spencer, 1989; Wehman, 1992b).

Roles for Occupational Therapy

IDEA mandates that transition services address work, education, independent living, and community participation. These domains are synonymous with the occupational performance areas delineated by the American Occupational Therapy Association's (AOTA) Uniform Terminology (AOTA, 1989). Occupational therapists in transition programs can address these performance areas by providing direct or indirect therapy, consultation, and monitoring while offering services in school and community environments (Dunn, 1991; Giangreco, 1986; Giangreco, Edelman, & Dennis, 1991; Niehues, Bundy, Mattingly, & Lawlor, 1991).

Occupational therapy transition services concentrate on functional life skills programming. In Figure 2, functional activities are contrasted with less functional activity choices and simulations that may not be generalized to natural environments. Occupational therapists use the tasks of everyday living to help students develop the self-care, home management, work, school, and leisure skills necessary to live and work in their community. Occupational therapists can structure the physical environment to facilitate the learning of functional life skills. This process may lead to task or environmental modifications and the use of technological assistive devices (TADs). The physical environment may be modified to promote accessibility, work simplification, appropriate positioning of the student, the effective level of sensory stimulation, or combinations of the above.

Environmental modification often involves the use of technological assistive devices. Speech pathologists and occupational therapists frequently are the primary ITP members with expertise in assistive technology (Spencer & Sample, 1993) and often recommend equipment for students to become more integrated within their environments (Bain, 1989). Besides assessing and recommending TADs, the therapist can be responsible for instructing the student, parent, or teacher in proper use and maintenance of the equipment (Trefler, 1987).

A variety of technological aids are available to assist students with severe disabilities, including augmentative communication devices, computers, telephones, power wheelchairs, environmental control units, and adaptive aids (Mann & Lane, 1991; Vanderheiden, 1987). The same criteria used for selecting transition goals (listed above) help in prioritizing which technological aids to use.

One technological aid frequently used is the computer. Computer games are used to help improve visual perceptual skills. However, these games may not be adequate for an older student who has severe disabilities because the skills may not transfer to doing schoolwork or a job placement even though they may provide appropriate recreation. For example, skills learned in using the Muppet Learning Keys do not transfer easily to those

<table>
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<tr>
<th>Community Living Functional Activities</th>
<th>Less Functional Activities</th>
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<tbody>
<tr>
<td>Sorting silverware</td>
<td>Working with pegs and patterns</td>
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<tr>
<td>Setting table</td>
<td>Working with block designs</td>
</tr>
<tr>
<td>Clipping coupons</td>
<td>Cutting predrawn shapes</td>
</tr>
<tr>
<td>Dressing and undressing self for gym and outdoors</td>
<td>Using activities of daily living (ADL) button, lacing and zipper boards</td>
</tr>
<tr>
<td>Using money to purchase items in cafeteria, school store, fast-food restaurant, drugstore</td>
<td>Practicing simulated shopping with play money</td>
</tr>
<tr>
<td>Using real washer and dryer at home, laundermat, or in work setting</td>
<td>Using simulated washing machine</td>
</tr>
<tr>
<td>Applying telephone skills, making real business and social calls</td>
<td>Practicing telephone skills by talking to occupational therapist</td>
</tr>
<tr>
<td>Completing application for desired part-time job</td>
<td>Using simulated copies of job application</td>
</tr>
<tr>
<td>Finding a specific classified advertisement or telephone number</td>
<td>Using figure-ground worksheets (e.g., &quot;circle all the Es&quot;)</td>
</tr>
<tr>
<td>Practicing specific social skills with peers without disabilities and non-staff adults</td>
<td>Practicing social skills training with a special needs group</td>
</tr>
<tr>
<td>Using computers to do school assignments, write letters, etc.</td>
<td>Playing computer games or using visual-perceptual training programs</td>
</tr>
<tr>
<td>Practicing wheelchair mobility in school, home, and community environments</td>
<td>Practicing wheelchair mobility only in school or classroom environment</td>
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Figure 2. Contrasting activity choices for students with severe disabilities.
needed for word processing skills because the letter configuration on the Muppet Learning Keys keyboard is not similar to other computer keyboards found in work and home environments. With team input, the occupational therapist can carefully select the hardware, software, and peripherals to increase the student’s functional outcomes in multiple environments (e.g., postschool training, employment, and home management).

Ocupational therapists can also structure the temporal environment while teaching functional life skills. This allows students to work at peak performance times. Temporal cues may aid a student’s performance. For example, watches or clocks with alarms can be placed in the environment to cue students to begin, change, or end tasks. Or students may be taught when to perform a job or a self-care task according to the time of day when it is needed.

Structuring the social environment can facilitate the development of interpersonal and social skills likely to prove beneficial across many domains of adult life (NICHCY, 1993). This social structuring may include positioning the student with peers or role models who support appropriate behaviors and assisting students in determining the appropriate time and place for socialization. Besides structuring the environment, knowledge of psychosocial performance components (AOTA, 1989) helps occupational therapists teach skills such as stress management, time management, and self-management techniques. For example, if a student is having difficulty behaving in socially appropriate ways, ITP objectives may include learning appropriate greetings; knowing differences between strangers, friends, and employers and how each should be treated; or developing conversational skills appropriate for job or social settings.

When modifying environments, task analysis and adaptation can be the basis for teaching functional skills. Task analysis identifies not only all the steps necessary for successful performance of a task, but also the intellectual, psychosocial, perceptual, and motor skills required. Information gained from the analysis of a task is placed into a step-by-step learning sequence. The transition team often relies on the occupational therapist to adapt the activity or the learning sequence (Spencer & Sample, 1993). Physical and verbal cues, cue cards, or photo reminders can be used to prompt the learning of complex tasks. For example, a teenage student with mental retardation who is unable to follow verbal three-step directions may be taught feminine hygiene skills through photo cue cards and an adaptive aid.

Roles for occupational therapy in transition programming are multifaceted. Occupational therapists not only teach functional daily living skills, but also help structure the physical, temporal, and social environments. Through task analysis and adaptation, therapists help modify the student’s skills to meet environmental demands.

**Conclusion**

Transition programming for a student with moderate to severe disabilities involves an appropriate life-centered, functional school-based program, formalized plans involving the parents and the entire array of community agencies that are responsible for providing services, and multiple quality options for gainful employment or meaningful postschool training and appropriate community living arrangements. School-based occupational therapists have much to offer the transition process when they concentrate on real-life functional activities.

**Acknowledgments**

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**References**


in regular education classrooms and elsewhere. *Journal of the Association for Persons with Severe Handicaps*, 16, 39–47.


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**Coming in May:**

- Study of classroom environments
- Cumulative trauma disorders of the upper extremity
- Neurobiology of learning: Implications for treatment of adults with brain injury
- Meal preparation treatment protocol for adults with brain injury

Turn to *AJOT* for the latest information on occupational therapy treatment modalities, aids and equipment, legal and social issues, education, and research.