Justin Bieber

Transition IEP Case Study

Justin is a 16 year old male with severe multiple intellectual and physical disabilities. He receives specially designed instruction with an alternate curriculum in a self-contained setting throughout the school day. He receives the following related services: occupational therapy, physical therapy, and nursing care. Justin’s medical needs require the assistance of a nurse daily. He has a tracheotomy and uses a ventilator with oxygen to breathe. He is fed through a G-tube. He also has a severe seizure disorder which has resulted in a dependence on medication and 24-hour supervision.

Justin is an inquisitive individual. He stays awake and alert throughout most of the school day and seems to always want to be a part of the conversations that take place around him. He enjoys receiving verbal and tactile attention from his peers and teachers. He is tolerant of position changes on a mat table and allows hand-over-hand assistance to participate in activities. He is also able to activate a variety of devices (i.e., radio, computer) using a switch with assistance.

Justin has limited functional communication skills. His primary mode of communication is facial gestures. He offers a smile when he enjoys an activity and is content with his current state and a blank stare when he is displeased or wants to discontinue an activity. Attempts to use augmentative communication devices have been unsuccessful; however, he is beginning to use a prerecorded switch during class activities with a moderate level of physical prompts.

Justin relies on a manual wheel chair to navigate his surroundings. He requires assistance to maneuver his wheel chair in and out of classrooms and in small spaces. He is able to push his chair using one hand but takes a long time to get from point A to point B. He requires a 2-person lift or mechanical device for all transfers. He has limited fine motor skills and requires handover-hand assistance for all activities. He is dependent on a personal care attendant to care for all of his personal care needs (i.e., toileting, brushing teeth, combing hair).
Personal Preference Indicators
A Guide for Planning

Preferences Choices Self-determination

Center for Learning and Leadership, University Center for Excellence in Developmental Disabilities Education, Research and Service, University of Oklahoma Health Sciences Center
The Personal Preference Indicators were developed by the Center for Learning and Leadership/UCE specifically to support our work with self-advocates, families, professionals and our academic and community colleagues. If you would like additional copies please contact the Center for Learning and Leadership Headquarters Office in Oklahoma City. The information in this booklet is updated each year. Please contact the Center for Interdisciplinary Learning and Leadership dissemination (publications) coordinator if you would like additional copies. Phone 405-271-4500 and press “0” to have your call directed.

If you use material in this booklet a suggested citation follows:


The Center for Interdisciplinary Learning and Leadership/UCE is a collaborative initiative of the University of Oklahoma Health Sciences Center with support from the U.S. Administration for Developmental Disabilities grant number 90DD034101.

Acknowledgment

This booklet was originally produced by Jan Moss for Training Oklahoma Providers of Service (TOPS) a U.S. Department of Education funded project #H029G60186, Center for Interdisciplinary Learning and Leadership, University of Oklahoma Health Sciences Center, College of Medicine and may be reproduced for educational purposes only.

The University of Oklahoma is an equal opportunity institution.

Center for Learning and Leadership
is an Academic Partnership with:

East Central University, Ada
University of Oklahoma Health Sciences Center – Graduate and Professional Schools
University of Tulsa

This publication, printed by The Center for Learning and Leadership, is issued by the University of Oklahoma. Copies have been prepared and distributed at no cost to the taxpayers of the State of Oklahoma. Director, V.N. Williams, Ph.D.

© 2006, Center for Learning and Leadership . University Center for Excellence . College of Medicine 05/02—01/06
Personal Preference Indicators
The purpose of this index is to assist you in planning with and for a person with a developmental disability.

The Personal Preference Indicators are not checklists, but are a guide to accessing information about the person's preference. The items listed are intended to be used as cues or prompts to remind you about important subjects to bring up in your informal talks with the person. These informal conversations can give you a base line of preferences from which to begin planning.

Change is often frightening for persons with developmental disabilities, and most of us resist doing things that frighten us. So, beginning to plan, utilizing the preference indicators can be an essential accommodation. Understanding a person's preferences is critical to developing an individualized plan. A plan that uses what the person knows about his or her likes and dislikes is a more personalized approach to making any changes or choices and constructively involves the individual in decision making about his or her life.

Using the following domain areas in informal conversations with the person, or with someone who knows and has a positive relationship with the person, over a period of time will assist everyone in getting to know each other better. If used by any member of the interdisciplinary team in their interaction with the person, these indicators have the potential to unfold a picture of the person which will show where to begin planning in a considerate, appropriate and positive manner.

Included are:

D Preference indicators which identify the person's "favorites,"
D Emotion indicators which focus on the person's "feelings,"
D Socialization indicators to highlight the person's "social world" and relationships,
D Self-Determination indicators which focuses on "choices" the person makes,
D Physical indicators which center on the person's "body clock."
D Health indicators to be considered that focus on the person's "health"
D How does the person view his "role" in the family, community?

Following the physical indicators are two additional domain topics that may need input from other people who are with the person on a regular basis. The first is health. We add just a note of extra caution here. When talking about the health indicators you may learn about information that should not be discussed casually with others, by you or the person. As people move into adult life, understanding the concept of privacy is important. The final domain area is about family roles. Here we suggest keeping in mind that this may be an area that is changing. The person is probably becoming more involved in school, community life, a work setting, or a growing social network that includes, but also reaches beyond the immediate family.
Preference Indicators

FAVORITES

What are the person's favorites? Do you know why? How can you tell? Any other things?

- outside
- inside
- friend
- structure
- non-structure
- daytime
- nighttime
- foods
- music
- words
- being alone
- being sung to
- movement
- color
- toys
- Touch, smooth, rough, etc.
- clothes
- place to go
- animals
- games
- smells
- sounds
- activities
- tv show
- time of day

Who are the person's favorite people?

Mom, Dad, Selena

Do you know why? How can you tell?

Justin smiles and makes small noises when those people get close

What are the person's favorite things about himself or herself?
Justin likes to push himself in the wheel chair.
Emotion Indicators

F·E·L·I·O·G·S

What calms the person? Do you know why? How can you tell? Anything else?

- holding
- rocking
- smells/odors
- being sung to
- colors
- **being talked to**
- **music**
- lights
- **laughter**
- animals (which ones?)
- playing (alone? with others?)
- other???

What makes the person happy? How do you know?

- **outdoors**
- games
- a special place
- **indoors**
- visiting
- **music/sounds**
- food
- playing (alone? with others?)
- toys (which ones?)
- other???

What motivates the person? How can you tell?

- free time
- **animals**
- kind of privileges?
- playtime
- **food**
- tv
- toys
- colors
- a particular person?
- **money**
- **music**
- sounds
- other
What does the person dislike? How can you tell?

- noise
- foods
- certain tastes
- rushing
- smells
- being alone
- eating
- rules
- other?
- Tactile (touch, rough, soft)
- crowds

What does the person fear? How can you tell?

- sounds
- slipping/falling
- animals
- crowds
- adults
- water
- movement
- other children/youth
- falling
- darkness
- colors
- lights/brightness

What does the use as a coping mechanism? How do you know?

- safe person
- body movement (rocks or twirls)
- withdrawal (lack of eye contact)
- familiar object (toy or blanket)
- safe place
- hyperactivity
- oral stimulation (hand to mouth)
- other?
Socialization Indicators

1. How does the person communicate on his/her own? Facial Gestures
2. Does the person have a nickname? If so, what is it? “the biebs”
3. How accurately does the person relate information to you and to others? Facial gestures
4. Does the person have a sense of humor? Yes.
5. How does the person show affection? smiling
6. Does the person prefer to be alone or do activities alone or with someone? If with someone, who? Do activities with peers mainly Selena
7. How would you describe the person’s relationship with his/her peers? He smiles and attends to his peers when they are around.
8. Does the person request to be with or visit someone, relative, friend, etc.? No.
9. Does the person have a concept about being very cautious with strangers? Yes, he will withdraw his attention or his face will show discontent.
10. Does the person respond to facial expressions? Which ones? How? He will smile when friends smiles.
11. Does the person use facial expressions to communicate? Which ones? What do they mean? Yes Justin show happiness, disgust, sadness, joy, and discontent with facial expression.
Does the person make choices? If not, why?

- food
  - mealtime
  - restaurant

- bedtime
  - bedroom decor
  - night light
  - time to arise

- smells
- sounds
- activities
- tv show
- time of day

- dressing
  - clothing preference

- music
  - soft
  - loud

- activities
  - chores
  - exercise
  - private time
  - free time
  - hobbies

- sports
  - tv
  - sporting events
  - participation

- direct care staff
- equipment
- medication
- therapies
- refer to other preferences

- Other?
Physical Indicators

**Body Clock**

What is the person's best functioning time? How can you tell?

- morning
- afternoon
- mid-morning
- evening

Preference for rising?

- early
- late

Preference for eating?

- indifferent
- shows hunger

Preference for working?

- morning
- afternoon
- mid-morning
- evening

Preference for going to bed?

- afternoon
- evening
- nighttime

When does the person tire?

- mid-morning
- afternoon
- evening

If the person takes regular medication(s), what time of day does he/she take them and what are the effects? Justin takes seizure medication daily, but he still needs 24 hour medical supervision.

Do they plan activities to coincide with his/her body clock? Explain.

Justin is an early riser and goes to bed early so activities are planned for the morning hours.
What information about the person’s health do you have available?

- frequently ill?
- affected by allergies?
- well most of the time?
- susceptible to infections?

Headaches          frequent
Stomachache        frequent
Seizures           frequent
Fevers             frequent

How do you know when the person feels bad? Good?

Justin will withdraw his eye contact and show he is not content with his facial expression.

How does the person feel about going to the doctor? He does not show a preference.
How is the person involved with family?

- some
- not at all
- hierarchy, etc.

Who are the caregivers for the person? Who is relief to the primary caregivers?

Mom and Dad are his primary care givers. He also has three Nurses that tend to his needs throughout the day.

How is the person included in choice making? How often? Why or why not?

He will use a switch board with physical prompts to show choice, But mainly relies on facial expressions. He does not make many Choices at this time, but we are trying to create more opportunities.

What kind of discipline is used by caregivers? Time out, redirection, other...? (If none, why not?)

Positive reinforcement is given through preferred activities and Peers for participating in class activities, conversations, making Choices. Verbal praise and tactile reinforcement is given for Completing tasks like using switch, mobility attempts, and Participation in decision making.
Family Role Indicators

ROOLE INDICATOORS

continued

How does the person conceptualize the future? Next year? 5 years? 10 years?
We do not know.

What are your greatest concerns or worries for the person? Why?

- educational
- medical
- housing
- financial
- employment
- other?

NOTES:

ACKNOWLEDGEMENT:

This article was produced by Jan Moss for Training Oklahoma Providers of Service (TOPS) a U.S. Department of Education funded project #H02G640186, Center for Learning and Leadership/UCE, University of Oklahoma Health Sciences Center, College of Medicine and may be reproduced for educational purposes only.

References:
- Dunst, Carl J., Ph.D., Puckett Institute, Smokey Mountain Research Institute, New Decade, New Innovations, New Practices.

© 2006, Center for Learning and Leadership . University Center for Excellence . College of Medicine 05/02–01/06
Personal Preference Indicators

10
Enderle-Severson Transition Rating Scale – Form S-Parent Form
(Transition assessment for learners with severe/multiple impairments (SMI))

ESTR-S

Learner Information

Name Justin Bieber Parent/Guardian Jeremy Bieber / Patti Mallette
School/Agency Norman Primary Disability MD
Secondary Disability
Grade 11 Birth Date 03/01/00 Age 16 Gender M
Evaluators
Name Patti Mallette Title Mother
Name Jeremy Bieber Title Father
Name George Feeny Title Teacher
Date of Evaluation 1/20/17 Anticipated Date of Graduation 5/27/19

Adaptive Behavior
Results of nationally normed, technically adequate measure:

Vineland Adaptive Behavior Scale

Other description of adaptive functioning:

Justin needs supports in all areas. His participation in most tasks require physical assistance.

Cognitive/Intellectual
Results of nationally normed, technically adequate measure:

Other description of cognitive functioning:

Health/Sensory Status:
Justin needs 24 hour supervision. He has a seizure disorder and requires medication. Justin has a tracheotomy and is fed through a G-tube.

Use of assistive technology: Justin has tried using AAC devices, but requires moderate physical prompts to be successful.

© 2008 Jon Enderle and Susan Severson
Reproduction or duplication of this instrument in any manner is a violation of copyright law.

ESTR Publications
ESTR Publications • 1907 18th St. S. • Moorhead, MN 56560 • (218) 287-8477
Fax: (218) 236-5199
Introduction
The goal of transition assessment is to gather information that accurately and comprehensively states the learner’s present level of performance. The Enderle-Severson Transition Rating Scale Form-S provides an efficient yet thorough means of identifying present levels of performance in each of five transition areas for learners with severe/multiple impairments.

The ESTR Scales
In 1991, the Enderle-Severson Transition Rating Scale (ESTR) was created in response to a national need to assist in the transition of youth with disabilities from secondary to post secondary settings by providing meaningful and relevant assessment specific to transition. Since its publication, professionals across the country have found the scale to be practical and useful and many school districts have adopted it as a component of district policy for facilitating meaningful transition planning.

In 2008, the ESTR scale was revised based on an expressed need from the field. The primary change was to make the scale more relevant for learners with severe/multiple impairments. The new version of the scale, ESTR-S, reflects the skills, characteristics, participation, planning issues and desired postschool outcomes that are relevant to transition assessment for learners with severe/multiple impairments. The ESTR-S is useful with any age student with severe/multiple impairments and will provide a “summary of performance” (SOP) as required by the Individuals with Disabilities Education Improvement Act of 2004. The scale offers a summary of student’s performance in the five transition areas of employment, recreation and leisure, home living, community participation, and post secondary education. Analysis of this summary helps educators and parents develop relevant goals and objectives leading to meaningful educational experiences. The summation also provides invaluable information to subsequent service providers, allowing them to develop meaningful and appropriate service options for young adults in transition.

Directions for using the ESTR-S
This scale differs from the other ESTR Scales in that descriptive information is provided about the learner’s skills, level of participation, characteristics, status of planning and desired postschool outcomes. To facilitate efficient transition assessment, only a parent version of ESTR-S is provided in paper form. The format of this scale includes a checklist format for indicating skills along with descriptive narrative to provide further clarification. Gathering information from parents is particularly important when assessing students with severe/multiple impairments. The authors have concluded that rating scales provide minimal information with these learners, rather descriptive information that includes parental input is most useful.

The ESTR-S is available in two formats. A paper version (ESTR-S Parent Form) allows school personnel to gather information from parents/caregivers. An electronic version of the scale allows educators to complete the scale online by inserting information from the parent scale while adding additional description of the learner’s performance in educational environments. After completion, the online scale may be printed (if parental information is utilized as the educator inputs data, the completed scale includes information about the learner across environments). The online version of the scale also offers the opportunity to generate an assessment summary report upon completion of the scale. Thus, the online purchase is an assessment package that includes 1) a computer printout of a completed ESTR-S (completed online) and 2) an assessment summary of the completed scale. The rich description contained in the assessment summary addresses the IDEA, 2004 mandate for “summary of performance” (SOP).

Assessing Postschool Outcomes
The learner’s postschool outcomes, in each of five transition areas, are a critical component of transition planning. IDEA 2004 indicates identification of measurable postschool outcomes. The authors have included a worksheet on the last two pages of this protocol for parents to indicate their interests and preferences. We suggest that this be completed yearly.
1. My son/daughter demonstrates fine motor skills (check all that apply):
   - [X] Grasping objects
   - Pushing objects
   - Sweeping objects into containers
   - Manipulating objects
   - Putting two objects together
   - Stacking objects
   - [X] Turning objects
   - Unwrapping objects
   - [X] Transferring objects
   - [X] Pointing to objects/pictures
   - [X] Pressing buttons/switches
   - Drawing/writing
   - Opening containers
   - Pouring
   - [X] Stirring

2. My son/daughter demonstrates gross motor skills (check all that apply):
   - [X] Sitting with supports
   - Pushing to sit
   - Sitting without supports
   - Rolling over
   - Scooting on floor
   - Walking
   - Using stairs

3. My son/daughter has an awareness of: (check all that apply)
   - [X] Seasons
   - Years
   - Months
   - Date
   - [X] Time (hours & minutes)

4. Attendance (check all that apply)
   - My son/daughter is rarely absent from school
   - [X] My son/daughter has frequent absences due to medical/health issues
   - My son/daughter has frequent absences due to other reasons

5. Employment tasks that my son/daughter has performed:

<table>
<thead>
<tr>
<th>Job/Job Site</th>
<th>Tasks Performed</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Shre doing paper</td>
<td>Physical Assistance</td>
</tr>
<tr>
<td>School office</td>
<td>delivering materials to class</td>
<td>Assistance w/obtaining objects</td>
</tr>
</tbody>
</table>
6. My son/daughter adapts to changes in routines/schedules (check one).
   - The learner adapts well.
   - [x] The learner is inconsistent in adapting
   - ___ Adjusting to changes in schedules/routines is difficult.

7. My son/daughter initiates tasks: (check one)
   - ___ The learner initiates tasks when they are of high interest
   - ___ The learner initiates tasks only with verbal or physical cues
   - [x] The learner does not initiate tasks

8. My son/daughter responds to authority figures: (check one)
   - [x] The learner starts/stops performing a behavior when asked
   - ___ The learner needs verbal and/or physical cues to start/stop a behavior when asked
   - ___ The learner is unresponsive to verbal or physical cues to start/stop a behavior

9. My son/daughter demonstrates interpersonal skills (check all that apply):
   - [x] Turning head or eyes towards person speaking
   - [x] Demonstrating an understanding of "yes"
   - [x] Demonstrating an understanding of "no"
   - ___ Demonstrating an understanding when asked to be quiet
   - [x] Demonstrating an understanding of at least 10 words
   - ___ Listening when being spoken to
   - [x] Following directions requiring one action
   - ___ Following directions requiring two actions
   - [x] Smiling
   - ___ Communicating "hello" and "goodbye"
   - [x] Indicating preference when given a choice
   - [x] Communicating "yes" and "no"
   - ___ Identifying 20 familiar objects
   - [x] Verbalizing single words
   - ___ Verbalizing 10 words
   - ___ Verbalizing 50 or more words
   - ___ Stating own name
   - ___ Stating names of family members
   - ___ Using a communication device

10. My son/daughter demonstrates productivity (check one):
    - ___ Completes some work-tasks with independence (e.g., sorting, shredding).
    - ___ Requires verbal and/or physical prompts to complete work tasks.
    - [x] Requires physical assistance to complete work tasks.
Recreation and Leisure

1. My son/daughter shows an interest in his/her environment (check all that apply).
   - Objects—Please list:
     - Family—Please list: mom and dad smiling and acting interested
     - Peers—Please list: likes verbal and tactile attention
     - Activities—Please list:
       - None of the above.

2. My son/daughter chooses television/radio/music for entertainment purposes.
   - Yes—Please identify:
     - No he does show interest in radio/TV/music but does not make choices

3. My son/daughter takes part in interactive activities (check all that apply).
   - Showing an interest in activities—Please list: outdoors, loud music, TV
   - Showing an interest in peers—Please identify: friends (Selena + Usher)
   - Interacting with objects—Please identify: soft items
   - Showing an interest in activities of others
   - Sharing objects and possessions

4. My son/daughter initiates interactions with adults (check one).
   - Independently and consistently
   - Needs assistance
   - Does not initiate

5. My son/daughter initiates interactions with peers (check one).
   - Independently and consistently
   - Needs assistance
   - Does not initiate

6. My son/daughter participates in age-appropriate activities.
   - Yes—Please list:
     - No

7. My son/daughter acts appropriately in public (check one).
   - Independent and consistent
   - Inconsistent—Types of inappropriate interactions: sometimes he makes loud
     vocalization

8. My son/daughter is involved in physical activities on a regular basis.
   - Yes—Please identify:
     - No
9. My son/daughter converses with others (check all that apply):
   - [ ] Greetings
   - [ ] Using a communication board
   - [x] Using facial expressions
   - [ ] Using verbalizations

10. My son/daughter takes part in extracurricular activities.
    - [ ] Yes—Please identify:
    - [x] No

---

**Home Living**

1. My son/daughter cares for personal toileting needs (check all that apply):
   - [ ] Uses toilet independently
   - [x] Uses toilet with assistance—Describe assistance: Full physical
   - [ ] Asks to use toilet
   - [ ] Indicates when wet or soiled
   - [ ] Uses diapering

2. My son/daughter demonstrates hygiene and grooming skills (check the level of participation):
   - [ ] Completes grooming tasks without assistance
     - Please list:
   - [ ] Completes grooming tasks with assistance
     - Describe assistance:
   - [x] Cooperates in hygiene tasks (washing hands & face, brushing teeth, bathing)

3. My son/daughter dresses and undresses (check one).
   - [ ] Performs some dressing and undressing tasks independently
     - Please describe:
   - [ ] Dresses/undresses with assistance
     - Please describe:
   - [x] Cooperates in dressing and undressing.
   - [ ] Does not cooperate with dressing and undressing

4. My son/daughter is able to communicate personal information (includes the use of communication device—check all that apply):
   - [ ] First name
   - [ ] Last name
   - [ ] Age
   - [ ] Gender
   - [ ] Address
   - [ ] Telephone number
   - [ ] Name of parent or caregiver
   - [x] Unable to communicate personal information.
14. My son/daughter has a savings account.
   Yes
   ☒ No

15. My son/daughter has medical/support needs (check all that apply).
   ☒ Respiratory supports (e.g., suctioning, chest PT)
     Please describe:

   ☒ Feeding (e.g., oral stimulation, tube feeding)
     Please describe:

   ☒ Skin care (e.g., positioning, turning, dressings)
     Please describe:

   ☒ Seizure management
     Please describe:
     Medication, 24 hr. Supervision

   ☒ Ostomy care
     Please describe:

   ☒ Therapy services
     Please describe:

   ☒ Lifting and transferring
     Please describe:

   ☒ Discomfort or pain
     Please describe:

---

**Community Participation**

1. My son/daughter accesses specified areas within his/her school and neighborhood (check one).
   Independent and consistent
   ☒ With assistance
   ☒ Does not participate

2. My son/daughter understands relevant community signs (e.g., men, women):
   ☐ Yes—Please identify:
   ☒ No

3. My son/daughter participates in ordering his/her food in restaurants.
   Orders independently (includes with communication board)
   ☒ Orders with assistance
   ☒ Does not participate
5. My son/daughter participates in food preparation tasks.
   ____ Yes—Please describe:
   X  No

6. My son/daughter demonstrates acceptable eating behaviors (e.g., eating finger food, using spoon and/or fork, chewing with mouth closed).
   ____ Yes—Please describe:
   X  No

7. My son/daughter demonstrates behaviors that endanger himself/herself.
   X  No
   ____ Yes—Please describe:

8. My son/daughter participates in household cleaning skills.
   ____ Yes—Please describe:
   X  No

9. My son/daughter participates in clothing selection.
   X  No
   ____ Yes—Please describe:

10. My son/daughter takes prescription and nonprescription medications.
    X  Yes—Please describe:
    ____ No

11. My son/daughter is able to sign his/her name in some manner (e.g., writing, stamp)
    ____ Yes—Please identify:
    X  No

12. My son/daughter participates in preventive health care (check all that apply).
    X  Good sleep patterns
    X  Willingly takes medications
    ____ Enjoys healthy food
    X  Visits the doctor on a regular basis—Please identify:
    ____ Visits the dentist on a regular basis—Please identify:
    X  Does not abuse alcohol or drugs

13. My son/daughter has a checking account.
    ____ Yes
    X  No
4. My son/daughter goes places in the community.
   
   ___ Yes—Please identify: library, grocery store, mall

   ___ No

5. My son/daughter shops for groceries.
   
   ___ Yes—Please describe:

   ___ No

6. My son/daughter participates in paying for purchases.
   
   ___ Yes—Please describe:

   ___ No

7. My son/daughter demonstrates appropriate social behaviors in the community.
   
   ___ Yes—Please describe:

   ___ No—Please describe: loud verbalizations

8. My son/daughter has a means of transportation in the community.
   
   ___ Yes—Please describe: my husband and I transport him in our specialized van.

   ___ No

9. My son/daughter has a realistic plan for addressing post secondary housing needs.
   
   ___ Yes—Please describe:

   ___ No

---

Post Secondary Education

1. The issue of legal guardianship or conservatorship has been addressed.
   
   ___ Yes—Please describe:

   ___ No

2. Relevant supports have been included in my son/daughter’s transition plan, (e.g., rehabilitation services, social services, adult services).
   
   ___ Yes—Please describe:

   ___ No

3. My son/daughter has shown interest in specific vocational tasks.
   
   ___ Yes—Please describe:

   ___ No
4. My son/daughter demonstrates self-awareness (check all that apply).
   _____ Understanding of physical self
   _____ Understands abilities
   _____ Understands interests
   ✗  _____ Understands personal emotions
   _____ Demonstrates self-confidence
   _____ Does not have an understanding of self-awareness

5. My son/daughter has experienced vocational assessment.
   _____ Yes—Please describe:
   ✗  _____ No

6. Post secondary housing options have been identified.
   _____ Yes—Please describe:
   ✗  _____ No

7. Application has been made for post secondary housing.
   _____ Yes—Please describe:
   ✗  _____ No

8. Financial resources to support my son/daughter in post school life have been identified.
   _____ Yes—Please describe:
   ✗  _____ No
Postschool Outcomes

Name Justin Bieber  Date 11/20/17

EMPLOYMENT
After our son/daughter has completed his/her education, the career we would like our son/daughter to have is:  a part time job

To reach this goal, our son/daughter will need the following supports: Job coach employment supports through voc-rehab

RECREATION AND LEISURE
After leaving high school, the activities we would like our son/daughter to participate in are: (check all that apply)

bowling  dining out  going to movies  camping
renting videos  traveling  exercising  fishing
watching TV  playing softball  swimming  skiing
listening to books  sporting events  joining a health club  park board
listening to music  horseback riding  community education activities

to reach this goal, my son/daughter will need the following supports: I am not sure.

HOME LIVING
We plan to have our son/daughter move away from home when he/she is 23 (age).

When our son/daughter moves away from home, we would like him/her to live with:

alone  with one roommate  with more than one roommate

Other:

When our son/daughter moves away from we would like him/her to live in:

an apartment  a house  a group home

Other:

When our son/daughter moves away from home, we would like him/her to participate in:

cleaning  laundry  cooking  grocery shopping

clothing shopping  taking medications

Other(s): recreation/leisure activities maybe w/ friends

When our son/daughter moves away from home, we would like him/her to live in/near the city of:

Norman
To reach this goal, our son/daughter will need the following supports: I don't know.

COMMUNITY PARTICIPATION
The means of transportation we would like to have for our son/daughter is: Bus public transportation with assistance.

Places that we would like our son/daughter to go in the community are: (check all that apply)

- banks
- public library
- restaurants
- work
- friends' houses
- department stores
- grocery stores
- church
- movie theaters
- shopping malls
- video rental stores
- book stores
- activities for persons with disabilities

Other(s): ____________________________

To reach this goal, our son/daughter will need the following supports: I am not sure.

This seems like it would take many supports.

POST SECONDARY EDUCATION

After high school, we would like our son/daughter to:

- work full-time
- work part-time
- not work
- volunteer

Other: ____________________________

To reach this goal, our son/daughter will need the following supports: ____________________________

Voc- Rehab

The postschool supports we would like for our son/daughter include:

- DD case management
- Vocational Rehabilitation
- vocational provider
- residential provider

Other: Social supports
Employment Support Indicators

Preferences
Choices
Self-determination

A Guide for Planning
The Employment Support Indicators guide was developed by the Center for Learning and Leadership, Oklahoma’s University Center for Excellence in Developmental Disabilities (UCEDD), specifically to support our work with self-advocates, families, professionals, and academic and community colleagues. The Center for Learning and Leadership is located at the University of Oklahoma Health Sciences Center, College of Medicine, P.O. Box 26901, ROB 342, Oklahoma City, OK 73126-0901. If you would like additional copies, please contact the Center for Learning and Leadership in Oklahoma City at (405) 271-4500 and press “0” to have your call directed. This publication is available in alternative formats for accommodations on the basis of disability.

The guide may be reproduced for educational purposes only. If you use material in this booklet, a suggested citation follows:


Originally developed by Jan Moss and reissued by Valerie Williams, Ph.D.

The Center for Learning and Leadership/UCEDD is a collaborative initiative of the University of Oklahoma Health Sciences Center, sponsored by the OU College of Medicine, with support from the U.S. Administration on Intellectual and Developmental Disabilities grant number 90DD0685.

The University of Oklahoma is an equal opportunity institution. www.ou.edu/eoo
Employment Support Indicators: A Guide for Planning

The purpose of this guide is to assist you in planning with and for people with intellectual and developmental disabilities. It is not intended to be used as a checklist; rather, it is a guide to access information about an individual’s preferences and employment support needs. The guide was developed for professionals, individuals with disabilities, families, and potential employers to identify considerations in the work environment that would support the person to become or remain employed.

According to the Interagency Committee on Disability Research (September 2007), “The overall level of employment among people with disabilities has remained relatively unchanged, due in part to the high rate of people with disabilities leaving jobs (job exits)… Causes of low retention include the inability to sustain adequate work performance; changes in work, work conditions, health conditions, or personal circumstances; and employer policies and management practices that discourage continued work.”

The Employment Support Indicators guide is designed to help the person seeking employment and the employer identify supports that would promote a positive experience in the work setting. The indicators are organized into three domain areas to help determine what supports the person may need to manage the work setting, learn job tasks, sustain work activity, and get along with co-workers and supervisory personnel.

The domain areas covered by the Employment Support Indicators are:

- Social Supports
- Work Setting Supports
- Work Style Supports
SOCIAL SUPPORTS

Which statements best describe the social support needs of the job candidate?

Understanding Affect
- Understands facial expressions and gestures of others
- Understands own facial expressions and gestures
- Does not consistently interpret expressions and gestures of self or others
- Can express own feelings clearly

Handling Criticism/Stress
- Accepts criticism and can change behavior
- Cannot accept criticism
- Takes appropriate steps to decrease stress

Interpersonal Skills
- Understands personal space (self and others)
- Understands what is appropriate to say to whom, when, and where
- Maintains appropriate voice volume
- Uses accepted nonverbal cues
- Needs support to get clarification or understand instructions from others in work setting
- Needs demonstration of tasks that are expected

Communication
- Uses a combination of words, gestures and pictures to understand and communicate
- Uses assistive devices to communicate
- Needs interpreter services

WORK SETTING SUPPORTS

What are the environmental preferences of the job candidate?

Lighting
- Brightly lit area
- Dimly lit area
- Natural vs. artificial light

Noise Levels
- A quiet/semi-quiet area in order to focus and concentrate
- A setting where “startling” noises are unlikely
- A setting with lots of music, office equipment noise, and/or conversations

Number of People
- Limited number of people in close proximity
- One person in workspace to mentor and provide support
- Many people in work area

Size of Work Area
- Work area limited to several rooms within a building
- Work area limited to one room or a designated space within one room
WORK STYLE SUPPORTS

Which style of performance support is preferred by the job candidate?

Initiation and Sustaining of Work Activity
- Needs direction from a supervisor only when learning a new task
- Needs direction from a supervisor to get started, sustain, or change to next task throughout the day ()
- Needs verbal, written, and/or picture cues
- Needs direction from a supervisor at the beginning of each day

Independent Work Rate
- Slow
- Average, steady pace
- Above average, sometimes fast
- Continual fast pace (may need to be supported with volume of work)
- Rush-to-finish

Sequencing
- Needs overall planning of assignments, duties and tasks
- Needs prompts to perform steps within task
- Needs prompts to proceed with next task
- Needs little supervision to complete tasks

Decision-Making/Problem-Solving
- Needs help to identify problem and possible solutions
- Needs prompting to ask for help

Adapting to Change
- Prefers a rigid routine (same people, same time, same task)
- Prefers a flexible routine, advance notice, and explanation

Time Awareness
- Has functional understanding of time (may need cues)
- Requires cues
Notes:

Justin enjoys being around other people. He is able to use a switch device with assistance to manipulate technology. Most often Justin needs hand over hand assistance to complete tasks. He mainly communicates with facial expressions.

References:


Enderle-Severson Transition Rating Scale – Form S-Parent Form
(Transition assessment for learners with severe/multiple impairments (SMI))

ES TR-S

Learner Information

Name Justin Bieber Parent/Guardian Jeremy Bieber / Patti Mallette
School/Agency Norman Primary Disability MD
Secondary Disability

Grade 11 Birth Date 03/01/00 Age 16 Gender M

Evaluators

Name Patti Mallette Title Mother
Name Jeremy Bieber Title Father
Name George Feeny Title Teacher
Date of Evaluation 1/20/17 Anticipated Date of Graduation 5/27/19

Adaptive Behavior

Results of nationally normed, technically adequate measure:

Vineland Adaptive Behavior Scale

Other description of adaptive functioning:

Justin needs supports in all areas. His participation in most tasks require physical assistance.

Cognitive/Intellectual

Results of nationally normed, technically adequate measure:

Other description of cognitive functioning:

Health/Sensory Status:

Justin needs 24 hour supervision. He has a seizure disorder and requires medication. Justin has a tracheotomy and is fed through a G-tube.

Use of assistive technology:

Justin has tried using AAC devices, but requires moderate physical prompts to be successful.

© 2008 Jon Enderle and Susan Severson
Reproduction or duplication of this instrument in any manner is a violation of copyright law.

ES TR P ublications

ES TR Publications • 1907 18th St. S. • Moorhead, MN 56560 • (218) 287-8477
Fax: (218) 236-5199 www.estr.net
Employment

1. My son/daughter demonstrates fine motor skills (check all that apply):
   - [x] Grasping objects
   - Pushing objects
   - Sweeping objects into containers
   - Manipulating objects
   - Putting two objects together
   - Stacking objects
   - [x] Turning objects
   - Unwrapping objects
   - [x] Transferring objects
   - [x] Pointing to objects/pictures
   - [x] Pressing buttons/switches
   - Drawing/writing
   - Opening containers
   - Pouring
   - Stirring

2. My son/daughter demonstrates gross motor skills (check all that apply):
   - [x] Sitting with supports
   - Pushing to sit
   - Sitting without supports
   - Rolling over
   - Scooting on floor
   - Walking
   - Using stairs

3. My son/daughter has an awareness of: (check all that apply)
   - [x] Seasons
   - Years
   - Months
   - Date
   - [x] Time (hours & minutes)

4. Attendance (check all that apply)
   - My son/daughter is rarely absent from school
   - [x] My son/daughter has frequent absences due to medical/health issues
   - My son/daughter has frequent absences due to other reasons

5. Employment tasks that my son/daughter has performed:

<table>
<thead>
<tr>
<th>Job/Job Site</th>
<th>Tasks Performed</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Shredding paper</td>
<td>Physical Assistance</td>
</tr>
<tr>
<td>School office</td>
<td>Delivering materials to class</td>
<td>Assistance w/ obtaining objects</td>
</tr>
</tbody>
</table>
Recreation and Leisure

1. My son/daughter shows an interest in his/her environment (check all that apply).
   Objects—Please list:
   
   X Family—Please list: mom and dad, smiling and acting interested
   X Peers—Please list: likes verbal and tactile attention
   X Activities—Please list:
   None of the above.

2. My son/daughter chooses television/radio/music for entertainment purposes.
   Yes—Please identify:
   X No he shows interest in radio/TV/music but does not make choices

3. My son/daughter takes part in interactive activities (check all that apply).
   X Showing an interest in activities—Please list: outdoors, loud music, TV
   X Showing an interest in peers—Please identify: friends (Selena + Usher)
   X Interacting with objects—Please identify: soft items
   X Showing an interest in activities of others
   X Sharing objects and possessions

4. My son/daughter initiates interactions with adults (check one).
   X Independently and consistently
   Needs assistance
   Does not initiate

5. My son/daughter initiates interactions with peers (check one).
   X Independently and consistently
   Needs assistance
   Does not initiate

6. My son/daughter participates in age-appropriate activities.
   Yes—Please list:
   X No

7. My son/daughter acts appropriately in public (check one).
   Independent and consistent
   X Inconsistent—Types of inappropriate interactions: sometimes he makes loud
   X verbalization

8. My son/daughter is involved in physical activities on a regular basis.
   Yes—Please identify:
   X No
14. My son/daughter has a savings account.
   \[\checkmark\text{No}\]

15. My son/daughter has medical/support needs (check all that apply).
   \[\checkmark\text{Respiratory supports (e.g., suctioning, chest PT)}\]
   Please describe:

   \[\checkmark\text{Feeding (e.g., oral stimulation, tube feeding)}\]
   Please describe:

   ____ Skin care (e.g., positioning, turning, dressings)
   Please describe:

   \[\checkmark\text{Seizure management}\]
   Please describe:

   ____ Medication, 24 hr. Supervision

   ____ Ostomy care
   Please describe:

   ____ Therapy services
   Please describe:

   ____ Lifting and transferring
   Please describe:

   ____ Discomfort or pain
   Please describe:

---

**Community Participation**

1. My son/daughter accesses specified areas within his/her school and neighborhood (check one).
   Independent and consistent
   ____ With assistance
   ____ Does not participate

2. My son/daughter understands relevant community signs (e.g., men, women):
   ____ Yes—Please identify:

   ____ No

3. My son/daughter participates in ordering his/her food in restaurants.
   ____ Orders independently (includes with communication board)
   ____ Orders with assistance
   ____ Does not participate
4. My son/daughter goes places in the community.
   □ Yes—Please identify: Library, grocery store, mall
   □ No

5. My son/daughter shops for groceries.
   □ Yes—Please describe:
   □ No

6. My son/daughter participates in paying for purchases.
   □ Yes—Please describe:
   □ No

7. My son/daughter demonstrates appropriate social behaviors in the community.
   □ Yes—Please describe:
   □ No—Please describe: Vocal verbalizations

8. My son/daughter has a means of transportation in the community.
   □ Yes—Please describe: My husband and I transport him in our specialized van.
   □ No

9. My son/daughter has a realistic plan for addressing post secondary housing needs.
   □ Yes—Please describe:
   □ No

Post Secondary Education

1. The issue of legal guardianship or conservatorship has been addressed.
   □ Yes—Please describe:
   □ No

2. Relevant supports have been included in my son/daughter’s transition plan, (e.g., rehabilitation services, social services, adult services).
   □ Yes—Please describe:
   □ No

3. My son/daughter has shown interest in specific vocational tasks.
   □ Yes—Please describe:
   □ No
Name Justin Bieber Date 11/20/17

EMPLOYMENT
After our son/daughter has completed his/her education, the career we would like our son/daughter to have is:

a part time job

To reach this goal, our son/daughter will need the following supports: Job coach employment supports through voc-Rehab

RECREATION AND LEISURE
After leaving high school, the activities we would like our son/daughter to participate in are: (check all that apply)

_X_ bowling X_ dining out X_ going to movies
_X_ renting videos X_ traveling exercising
_X_ watching TV X_ playing softball swimming
_X_ listening to books X_ sporting events joining a health club
_X_ listening to music X_ horseback riding community education classes

To reach this goal, my son/daughter will need the following supports: I am not sure.

HOME LIVING
We plan to have our son/daughter move away from home when he/she is 23 (age).

When our son/daughter moves away from home, we would like him/her to live with:

_alone _ with one roommate X_ with more than one roommate

Other:

When our son/daughter moves away from we would like him/her to live in:

_an apartment _ a house X_ a group home

Other:

When our son/daughter moves away from home, we would like him/her to participate in:

_cleaning laundry cooking _grocery shopping
_dressing shopping taking medications

Other(s): recreation/leisure activities maybe w/friends

When our son/daughter moves away from home, we would like him/her to live in/near the city of:

Norman