This guide provides an approach to assist public schools and adult service agencies in designing programs that will maximize the ability of severely disabled students to function in non-sheltered vocational environments. The guide is composed of a list of questions to be used in a self-evaluation process; the questions concern needs assessment, measurable objectives, advisory council functions, parent involvement, use of available resources, current program features, development of a network of cooperative services, meeting student needs, and student placement. The guide is followed by a reprint of an article from the July 1984 issue of the Rehab Report of the Department of Physical Medicine and Rehabilitation at the University of Texas Health Science Center at San Antonio, which describes how special education programs can focus on teaching self-care skills, community functioning skills, and employment skills rather than teaching non-functional skills out of context. The guide concludes with a Disabled People's Bill of Rights and Declaration of Independence, also from the Rehab Report. (JDD)
Assumptions**

First, the overwhelming majority of severely disabled youth are capable of performing meaningful work in non-sheltered vocational environments.

Second, non-sheltered vocational environments are inherently less restrictive, more conducive to the performance of meaningful work, more educationally and developmentally defensible, and more cost efficient than sheltered vocational environments.

Third, public schools and adult service agencies can and must operate in such ways as to maximize the probability that severely handicapped individuals function in non-sheltered environments from early adolescence throughout adulthood.*

**Adapted from: Ian Pumpian's - "Components of the Secondary Age Level Vocational Preparation Program for Severely Handicapped Students In the Madison Metropolitan School District".
1. A Guide of Questions to be Considered When Designing Sound Vocational Programming

1. When did you (your agency) last conduct or update a needs assessment and what was the result? Do you both know the total size of the handicapped group you are serving? Are you knowledgeable about the environmental facts in your area?

Factors
- target population
- needs assessment
- current services
- results

Suggestion:

Since the goal of most educational programs is to maximize the student's independent functioning in the community, why not use the standard of successful post-school functioning as the evaluation criteria?

2. What are your program's measurable objectives? Are they specifically oriented to assessing how well the program is actually increasing the level of independence of its students?

Factors
- Community inventory; potential jobs, housing, services, recreational facilities available
- job skills inventory
- program summary
  - goals
  - training sites
  - transportation
  - students to be served
  - vocational performance records
  - staff patterns
  - evaluation feedback

3. What function, if any, does your advisory council (including disabled consumers, parents, or relatives) perform? What have you done to make it a positive contributor?

Factors
- vocational sharing committee
- interagency coordination
- recognition awards plaques

4. To what extent are parents involved? How are they made aware of the students' problems and how can they help?
Factors

- Parent handbook
- Communication network
- Program newsletter

5. How thoroughly have you explored the availability of public and private resources to assist the students in the program? How active is outside participation in the program?

6. How actively have you considered resources with other districts, coops, the service center, to provide programs or specific curricular offerings not presently available to your students?

6. What have you done to investigate the possibility of using services or facilities of existing vocational technical schools to serve your students?

Factors (5, 6, 7 concurrently answered)

- Integration of LEA services
- Funding
- Vocational rehabilitation coordination
  a) Texas Rehabilitation Commission
  b) Texas Commission for the Deaf
- Full community interagency coordination
- University coordination
- Non-sheltered work station
- Service provider coordination

8. What is your current planned program to serve the ultimate life training and placement needs of your students (working and living as independently as possible as adults)? Is it adequate?

Factors

- Vocational program to teach work skills in simulated and actual work settings
- Vocational instructors to leave work related skills, especially as related to a particular job i.e.: grooming, transportation, socialization, direction following, time telling, work preparation, and schedule reading.
- Job skills inventory
- Student assessment in real work samples or on-the-job.
- Actual job training sites
- Non-vocational residential options for students needing primary dependent care

9. What provision does your current plan make for a comprehensive network of cooperative services for your students?
Factors
- input from a variety of services (transdisciplinary model)
- integration of input for determination of student's long and short range goals
- relevant assessment of student's performance

11. Meeting Student Needs

1. Does your program form part of a coordinated series of services? (i.e., is your program coordinated with the service received prior to entering your program and those the student receives after leaving your program)?

2. How is responsibility for monitoring each student's progress clearly assigned? Who is responsible?

3. What techniques or measures do you use to determine a student's progress toward instructional objectives?

4. What vocational preparation in such areas as personal and social skills, appreciation of the value and need for work in our society, vocational exploration, and general work readiness training do your students receive?

5. How is your vocational program adequately supported and reinforced by related instruction (vocationally oriented) "academics"?

6. What preparation do your students receive in "life adjustment" skills such as social skills, dating, sex education, home living skills, budget and taxes, using public transportation?

7. What supportive services do your students receive in such areas on counseling, social work services, transportation, recreation, and leisure activities, residential housing? How adequate are these services?

8. How do you relate the needs of your students to the type of vocational training offered?

9. If your program is in an institution setting, what have you done to improve cooperation with the local community to provide training in more integrated environments?

10. What have you done to make the skill training as close to an integrated environment as possible?

11. How does the skill training curriculum for each student in your program allow the student to progress at his own speed from general to specific skills?
How many vocational options are available to your handicapped students? Are all of these open to both sexes?

III. Placing the Student

1. What efforts have you made to cultivate and maintain close working relationships with employers and potential employers?

2. What have you done to overcome the misgivings of some employers who may perceive a risk in hiring a disabled person?

3. What assistance from your local vocational rehabilitation counselors do you receive and is it adequate?

4. How well have your follow-up procedures ensured that:
   a) students continue to perform satisfactorily;
   b) evaluative placement information is gathered; and
   c) the program is adjusted as a result of the evaluation?

5. Does your program serve severely handicapped students? Is there an alternative to sheltered workshop placement?

Summary

The very essence of this program planning approach is to better design efforts to meet the ultimate life functioning needs of moderately and severely handicapped school age students. An overall goal is to increase an individual's level of functioning and to assure a relevant transition to post-school services and placement in the areas of living as independently as possible and being as economically self-sufficient as possible.

Vocational skill instruction cannot be as effective if it happens in isolation of community survival instruction. Students who, in the past, would have been placed in or were placed in, sheltered workshops, have been placed and performed successfully in competitive jobs while other students may leave such a program with skills that will enable them to perform more successfully in sheltered workshops, where otherwise they may have been even denied this opportunity.

The objective of public school special education programs for moderately/severely retarded must be changed from their present segregated terminal nature to a model of publicly supported community based training. The justification of a community based curriculum is self-evident...parents no longer be expected to carry the responsibility of providing life-long care for their handicapped youth. Relevant school community-based programming designed to meet the criteria of post-school age appropriate access to working and living in non-sheltered environments is the only solution both for a higher quality of life, as well as an efficient economic solution to the alternative of complete societal dependency.
CONFERENCE HIGHLIGHTS INDEPENDENCE

As part of their Student Transition Program, Region 20 recently hosted a conference concerning community-based work and independent living training for severely disabled youth. The keynote speaker, Dr. Robert York from the Wisconsin Department of Health Community Integration Program, set the tone for the meeting by stating his belief that all people, no matter how severely disabled, have the right to full community participation which includes living in small home-like situations, not institutions, working in community-based alternatives, not large sheltered workshops, and going to school in regular neighborhood schools with special education services. Dr. York comes to this belief after approximately 20 years of experience in working with the severely disabled. Beginning when he was a student at the University of Wisconsin during the mid-sixties, Dr. York worked as an institutional aide at Central Center, a specialized facility for the disabled. He found that as a student in the University psychology lab, he taught simple discrimination skills to rats, monkeys, and pigeons in a more structured and systematic way with more time and effort than was expended on the patients at Central Center.

Since the late sixties and early seventies, disabled students have been enrolled in special education classes in self-contained schools in the public school systems. The long range effect of special education has been that graduates did not work or use self-care skills. Only a small number of graduates attained independence. The status of the most disabled students upon graduation had not changed significantly. They had not been taught the skills necessary for functioning in the community. They could not cross streets or buy food in a supermarket or a restaurant. They did not have employment skills.

Special education was not accomplishing the purpose of education which is preparation for adult life. Special ed taught non-functional skills out of context. One example is the peg board. The same skill (getting the peg in the hole) could be taught by putting a toothbrush in a holder, a key in a lock, coins in a machine, or a stopper in a sink. Thus, the same skills can be taught with functional apparatus. Another speaker at the conference, Dr. Nick Certo of the University of Maryland Department of Special Education, pointed out another problem area in special education which contributes to student dependence. The students do not generalize. Students could not translate skills taught in the classroom to other environments. To overcome the problem, the students...
should be taken to multiple community settings such as supermarkets, laundromats, and banks. Training at these sites is not easy, but it does provide a motivating environment. Traditionally, specific skills were thought necessary before students were allowed to participate in community training. Educators must re-arrange this sequence. They must confront the problems and teach the skills at the community site. For instance, using the supermarket presents multiple problems to the severely handicapped, most of whom cannot read or write and have no money skills. This forces the teachers to develop creative solutions, such as a shopping list with pictures instead of printed words and a gauge which allows the student to bypass the money skills they need. The challenge is to develop solutions in which students can use community settings with the same results as the average person.

Self-contained schools are another problem for special education. Dr. Certo pointed out that self-contained schools are segregated schools. These segregated schools tolerate deviant behavior, accept lower standards, and perpetuate dependence. Most graduates of these schools are not independent in the community. By attending integrated schools, handicapped students are forced to relate to non-handicapped students in social situations. This interaction may be minimal because some handicapped students cannot initiate social responses and have limited verbal skills. Another advantage of integrated schooling is that handicapped students may respond to peer pressure. Educators have noted spontaneous imitation of peers.

The speakers challenged educators to believe in mainstreaming. The first step in any program is a positive attitude. Educators were encouraged to start training at an early age and to take students into the community often. The idea of work and independence should be introduced to young children. Finally, the audience was urged to establish a training cycle and curriculum that are functional.

The Department of Physical Medicine and Rehabilitation would like to welcome five physicians who will be joining our residency training program as first year residents.

Charles G. Burgar, M.D., a graduate of The University of Texas Medical School at San Antonio. Chuck recently received the Imagineer Award in Medicine from the Learning About Learning Educational Foundation for his invention of a muscle activity integrator, now used in most dental schools across the nation.

Sharon E. Marquis, M.D., a graduate of The University of Texas Medical School at San Antonio. Sharon was responsible for the organization of medical student participation in the Wesley Community Center. She is a swimming instructor for the handicapped.

Kristine S. Oleson, M.D., a graduate of the University of Minnesota School of Medicine. Kris was elected to Phi Beta Kappa and has worked as a medical staff member on several Native American reservations in northern Minnesota.

Mark A. Ross, M.D., a graduate of the University of Connecticut School of Medicine. Mark worked in the computer industry after obtaining his graduate degree and is interested in electronics applications in PM&R.

Cheryl Weber, M.D., a graduate of the University of New Mexico School of Medicine. Cheryl was elected to Phi Beta Kappa and worked as both an archeologist and an anthropologist prior to entering medical school.
We the People

Preamble

We believe that all people should enjoy certain rights. Because people with disabilities have consistently been denyed the right to fully participate in society as free and equal members, it is important to state and affirm these rights. All people should be able to enjoy these rights, regardless of race, creed, color, sex, religion, or disability.

1. The right to live independent, active, and full lives

2. The right to the equipment, assistance, and support services necessary for full productivity, provided in a way that promotes dignity and independence

3. The right to an adequate income or wage, substantial enough to provide food, clothing, shelter, and other necessities of life

4. The right to accessible, integrated, convenient, and affordable housing

5. The right to quality physical and mental health care

6. The right to training and employment without prejudice or stereotype

7. The right to accessible transportation and freedom of movement

8. The right to bear arms, adopt and raise children and have a family.
9. The right to a free and appropriate public education

10. The right to participate in and benefit from entertainment and recreation

11. The right of equal access to and use of all businesses, facilities and activities in the community

12. The right to communicate freely with all fellow citizens and those who provide services

13. The right to a barrier free environment

14. The right to legal representation and full protection of all legal rights

15. The right to determine one's own future and make one's own life
DOES THIS SOUND FAMILIAR?

Tom Larsen will be completing his high school education in June. Because Tom is mentally retarded, he will need special help to locate appropriate vocational services and housing. Mr. and Mrs. Larsen contacted Tom's teacher in April seeking help in planning for Tom's postschool needs. The teacher gave her the phone number of a sheltered workshop, but Mrs. Larsen was told when she called the workshop that the workshop has a 2-year waiting list.

Mrs. Larsen found that other parents of graduating special education students were also concerned about what to do and where to go for help. The parents wrote a collective letter to the school principal, the director of special education, the superintendent, and the school board explaining their dilemma. The day before graduation, the district superintendent instructed the high school principal to do something about Tom Larsen and his classmates immediately.

One Saturday morning at the park, Kathy Ramon, a secondary special education teacher, ran into Louise Como, a student Kathy had worked with during her first year teaching. Louise turned 21 four years ago and "graduated" from the public school program.

Louise was one of Kathy's favorite pupils, so Kathy particularly wanted to know what Louise had been doing since graduation. As it turned out, Louise had been at home. Her main occupation was watching television, and she was no longer using the housekeeping skills she had learned in school. Nor was she participating in community life.

Kathy wanted to do something to help, but didn't know where to begin. She began to think about her other students, past and present, where were those former students now, and where were her current students going? On Monday, Kathy called the district Director of Special Education to ask for guidance.