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TRANSITION FROM SCHOOL TO WORK FOR STUDENTS WITH DISABILITIES: CHALLENGES, LEGISLATIONS, AND PROGRAMS

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TRANSITION FROM SCHOOL TO WORK FOR STUDENTS WITH DISABILITIES:
CHALLENGES, LEGISLATIONS, AND PROGRAMS

by

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A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
Master of Science.

Department of Rehabilitation
in the Graduate School
Southern Illinois University Carbondale
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RESEARCH PAPER APPROVAL

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A Research Paper Submitted in Partial
Fulfillment of the Requirements
for the degree of
Master of Science
in the field of Rehabilitation Administration and Services

Approved by:

William Crimando, Chair

Graduate School
Southern Illinois University Carbondale
July 8, 2016

DEDICATION

This thesis is dedicated to my dear husband, Andrew Molaie for his love and support throughout my life. Thank you for motivating, encouraging, and inspiring me to reach for the stars and chase my dreams. I would also like to thank my children, Bitu, Nastaran, and Aria for their support to make my dreams a reality.

My thanks must go also to the Rehabilitation Institute's professors for their hard work and continuous support, more specifically to Drs. Carl Flowers, Terri Lewis, and William Crimando.

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Thank you, Lord, for always being there for me.

This is only the beginning of my journey.

PREFACE

As a former high school teacher for over 13 years, this author wished to expand her professional interests beyond teaching. Counseling had always fascinated her, so she decided to pursue a new path in life. In 2009, this author graduated with a Master of Science in Vocational Rehabilitation Counseling from the University of Medicine and Dentistry of New Jersey that was a turning point in her life. Upon graduation, she began her new career as a Vocational Rehabilitation Counselor and soon after that continued as the Lead Transition Counselor in Union County at the Division of Vocational Rehabilitation Services of New Jersey. This was her opportunity to combine her teaching experience with counseling skills. Working as the transition counselor, utilizing her prior teaching experience, and interacting with youth population, she felt the need for educating general population about transition for youth with disabilities. She realized that understanding the challenges, learning more about community and funding resources, and finally knowing about transition programs and interventions would result in a seamless transition for youth with disabilities. The main purpose of this paper is to provide information about transition for youth with disabilities, their challenges, and NJDVRS attempt to assist this population to accomplish their goal of independence.

TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
DEDICATION	i
ACKNOWLEDGMENTS	ii
PREFACE	iii
LIST OF FIGURES	v
CHAPTERS	
CHAPTER 1 – Introduction.....	1
CHAPTER 2 – Challenges.....	6
CHAPTER 3 – Legislation	16
CHAPTER 4 – Programs	24
REFERENCES	37
APPENDICES	
Appendix A – NJDVRS Balanced Score Card.....	43
Appendix B – MOU for PS Program.....	44
Appendix C – Sample Tasks.....	57
Appendix D – Teaching & Coaching Agenda	62
VITA	64

LIST OF FIGURES

<u>FIGURE</u>	<u>PAGE</u>
Figure 1- NJDVRS Transition Service Logic Model	30

CHAPTER 1

INTRODUCTION

This project is the investigation of transition from school to world of work for students with disabilities, the challenges they face, struggles to access services, major legislations to make the funding available to serve this population and provide guideline for local agencies, and eventually available programs for them to facilitate the transition. The intention is to review available literatures for the mentioned topic, discuss different legislations, and explore transition models and services nationwide in order to identify a transition model with maximum successful employment outcomes.

Statement of the Problem

Transition has been very critical since adolescents enter adulthood and actively develop identity. Identity development includes career decision-making and taking charges for such decision that is considered to be the most challenging aspect of identity formation (Kerpelman & Srringer, 2012). This challenge is partially due to a shift from entitlement-driven system and easy access to public education to multiple eligibility-driven system including adult services (Shogren & Plotner, 2012) that can be stressful for students and their families. They often feel helpless and left behind. The challenge has been greater and more difficult to overcome for students with disabilities. Plotner, Trach, Oertle, and Fleming (2014) reported that students with disabilities experienced poor outcome later in life in employment, educational achievements, and independent living (p. 109). Most studies confirmed this statement and provided statistical data to support this. Destefano and Wagner (1993) reported that transition students with disabilities face challenges to secure employment and postsecondary education and access essential services in the community such as transportation and health care. So early interventions and promoting

students' self-determination and self-advocacy were suggested. It was important to identify the students' needs and interests, and prepare them to be part of their transition planning (p. 148).

Gillan and Coughlan (2010) argued that parents feel frustrated and often helpless during the transition period of their children from school to work due to lack of knowledge on available resources and programs in the community (p. 197). Constant changes in community programs, confusing and complicated process, and inconsistent regulations have not made it easier for parents and created frustration and unsuccessful outcomes for young adults and their families (p. 196). The authors suggested that educating parents of transition process and available community resources during this period and involving them in transition planning and decision-making facilitate transition to adulthood and create better outcome (p. 198).

The other challenge was identified as the lack of information on how to develop self-advocacy skills and strategic planning for young adults to accomplish successful employment and postsecondary education goal that matched their interest and preferences (Finn, Getzel, & McManus, 2008).

The most effective transition planning was identified as linkage among schools, rehabilitation services, and other community services (Benz & Lindstrom, 1999). The obstacle to this linkage was specified by Johnson, Stodden, Emanuel, Luecking, and Mack (2002) as the lack of shared knowledge and vision among students, their parents, school, and community staff, the lack of proper information by educators about work market and community rehabilitation agencies, lack of students' and their parents' involvement in transition planning, and finally lack of collaboration among students, parents, schools, and community agencies (p. 520).

There were other areas that needed development such as pre-employment skills that led to competitive employment, utilizing Community Rehabilitation Programs (CRPs), the knowledge

on independent living, health insurance, Social Security benefits, re-entry services for juveniles with criminal history, etc., and being linked to these services.

Individuals with Disabilities Education Act of 1990 (IDEA) and IDEA amendments of 1997 came into play and offered solution to the identified issues and mandated states and local agencies to create transition activities in order to prepare students for post graduation services (Plotner et al., 2014). Other legislations such as No Child Left Behind (NCLB), Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999, Goals 2000: Education America Act of 1994, and eventually the Workforce Investment Act of 1998, had a huge impact on promoting strategic planning to improve the quality of school programs, inter-agencies collaborations, research activities, and more importantly enforced the importance of partnerships, coordination, and planning among educators, community service agencies, parents and families, and most importantly students and provided funding to accomplish the goal (Furney & Hasazi, 1997). Workforce Innovation and Opportunity Act (WIOA) was signed into law by President Obama in 2014 and was expected to support and fund many services for students with disabilities.

Furney and Hasazi (1997) identified the keys to resolve these barriers as developing interagency and cross-agency partnership and planning teams. They also suggested that collaboration for transition activities as a helpful tool to combine resources and expertise to create quality transition strategies (Furney & Hasazi, 1997). Most transition programs including Project Search took these suggestions into consideration with the goal of improving post graduation employment outcome.

Significance of the Problem

Transition from school to adult life has been overwhelming for students with disabilities and their families and raised controversies over the topic. While the students planned to leave

entitlement-driven system to eligibility-driven resources, gaining advocacy skills, drive, and the knowledge of available resources within the community seemed to be an inevitable strategy.

The federal government has enforced transition activities because many students left high schools unprepared to enter the world of work and adult life. Individuals with Disabilities Education Act (IDEA) emphasized on transition services as necessary means for youth with disability to improve academic and employment outcome and their quality of life (Shogren & Plotner, 2012). DeStefano and Wagner (1991) reported that follow-up studies within the past twenty years have documented that this population had unsatisfactory outcomes after graduation from high school and exiting special education mainstream. This had been more significant once these students tried to secure employment, attended colleges, or accessed community services. This was also noticed as academic underachievement, underemployment, unemployment, financial instability, lack of independence, and eventually feeling of failure and social isolation (p. 148).

Eagar et al. (2006) discussed that 78% of transition student were able to secure employment after leaving high school, while this was significantly lower, 35% for transition students with disabilities (p. 332). There were many factors involved in such outcomes including students' life skills, academic level, type of disability, and family demographic. The authors' research showed that those who received post school services contingent with employment outcome have been more vocationally successful later in their lives (p. 333).

Purpose of the Project

The purpose of this project is to examine transition programs for individuals with disabilities to achieve maximum employment outcome and independence nationwide. The specific questions that will be addressed include:

1. What challenges do the students with disabilities face to transition into workforce?
2. What are outcomes for students with disabilities after transition to workforce?
3. What services and programs are available to facilitate transition process for this population?
4. What is the role of Vocational Rehabilitation Services?
5. What transition services are available in New Jersey?
6. What is Project Search and how NJ DVRS planned to organize pilot PS in NJ?
7. Within a smaller scope, what are transition activities with Union County, NJ?

Definition of Terms

DeStefano and Wagner (1991) referred to school-to-work transition as programs including on-the-job training, job coaching, vocational training, and academic guidance developed to prepare students with disabilities to enter workforce (p. 148).

Limitations

The scope of this project is to review the current literatures regarding available resources and services for students with disabilities who are transitioning into workforce and adulthood to maintain maximum employment outcome. It is not intended to discuss the services for all individuals with disabilities and in all age groups.

CHAPTER 2

CHALLENGES

Graduating from high school is very exciting since the students celebrate their accomplishments and start a new chapter on their lives. Yet, transition from high school to adulthood is a very critical period and often challenging. Some refer to transition as the period the students leave high school and initiate their education, training, or secure employment in the adult world (Wolbers, 2014). Targett, Wehman, West, Dillard, and Cifu (2013) stated that Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 defined transition as activities for students with disabilities based on their interest, abilities, and needs that have been coordinated and focused merely on the students' academic and employment achievements to facilitate and improve postsecondary outcomes (p. 230).

Transition is challenging because the adolescents are challenged to adapt societal expectations, and engage in employment activities, higher education, or community programs and if this transition activities are planned ahead along with proper guidance and in the right direction the outcomes can be successful. Multiple researches have supported the benefits associated with pursuing academic training or employment outcomes contribute to greater quality of life, self-determination (Brewer, et. al, 2011; Kerpelman & Srringer, 2012), and financial independence (Shogren & Plotner, 2012).

During the last two decades, the employment outcomes for individuals with disabilities have significantly improved (Webb, Repetto, Seabrooks-Blackmore, & Patterson, 2014). Although, the rate of unemployment after high school was reported to be disproportionately higher among individuals with disabilities (Mooney, and Luecking, 2002), they experienced poor outcome later in life in employment, educational achievements, and independent living (Plotner,

Trach, Oertle, & Fleming, 2014), and were more likely to face higher rate of unemployment (Hebert, Lorenz, & Trusty, 2010). Kiernan and Hoff (2010) reported that the unemployment rate for individuals with disabilities in 2009 was between 13 to 14% and only 23% of adults with disabilities secured and maintained employment verses 71% of their peers without disabilities. The researchers also reported that individuals with disabilities earned about 50 to 70% per week less compared to those without disabilities (Kiernan & Hoff, 2010). Other researchers reported similar trend. Eagar et al. (2006) indicated that 78% of transition student were able to secure employment after leaving high school, while this was significantly lower, 35% for transition students with disabilities. Brewer et al. (2011) also reported the results from National Longitudinal Transition Study 2 (NLTS-2) that 57% of youth with disabilities were able to secure paid employment comparing to 66% of youth in the general population between one to four years after graduation.

The data showed similar trend in regard to higher education. Only less than 25% of youth with disabilities attended college comparing to 41% of general population. Yet, the individuals with disabilities who received post school services contingent with employment outcome have been more vocationally more successful later in their lives and their employment outcome and post-secondary enrollment improved significantly (Brewer et al., 2011; Eagar et al., 2006). Consequently, it is clear that the challenge to adult world is much greater, less successful, and more complex to overcome for individuals with disabilities and often results in decreased employment outcomes and consequently less independence as an adult (Brewer, et al., 2011).

Challenges During Transition to Adult Life

Destefano and Wagner (1993) reported that transition students with disabilities face challenges to secure employment and postsecondary education and access essential services in the community such as transportation and health care. There are many reasons associated with the challenges for the population of students with disabilities during their transition from school to adulthood.

Exit Entitlement-Driven System

Despite the fact that individual's identity forms throughout one's life, adolescence is the time that identity is actively developed. The individuals are more self-conscious and stressed about who they are and how this changing identity impacts their lives. Identity formation includes career decisions and taking charges for such decision (Kerpelman & Srringer, 2012). Considering that school plays a central role in identifying challenges the students with disabilities face and preparing them to transition to adult life, a shift from easy access to public education and entitlement-driven system to multiple eligibility-driven system including adult services (Shogren & Plotner, 2012) such as Vocational Rehabilitation Services (VRS), Division of Developmental Disabilities (DDD), Division of Children and Family services (DCFs), and many others Community Rehabilitation Programs (CRPs) and services can emphasize the challenge. This can be stressful for students and their families.

The difference between entitled to and eligible for should be clarified and understood by the students and their families for smooth transition. Transition students and their families are accustomed to the intense level of support as part of special education. Individuals with Disabilities Education Improvement Act (IDEIA) requires that identified students who need special education services to receive a free and appropriate public education (FAPE) in the least

restrictive environment that is indicated in details in their IEPs and is available to them until the students turn 21 or graduate from high school. School districts may go through a process called child find and attempt to identify youth with disabilities who may benefit from special education services. Once students are no longer receiving FAPE and complete special education mainstream, they are no longer entitled to public school services. Upon graduation and exiting special education mainstream, an individual with a disability enters the world that services are available only if he meets the eligibility criteria that is required by section 504 and the American with Disability Act (ADA). These individuals should apply for adult service agencies to receive services contingent with submission of documentation to prove their disabilities. In other words, they should self-identify as having disabilities and are in need of services. These documents might vary for each agency to comply with their eligibility determination guidelines. If the individual meets the requirements for that agency, it does not always mean that they should necessarily receive the services. There are factors such as enough funds and available staff that can determine services delivery to individuals with disabilities. Additionally, each agency has different eligibility procedures that should be followed and clients might eventually be placed in the waiting list. Thus, the application process should be started long before the individual needs them (Peterson, Van Dycke, Roberson, & Sedaghat, 2013).

Lack of Information

The other challenge was identified as the lack of information about their disabilities, postsecondary resources and programs (Peterson, Van Dycke, Roberson, & Sedaghat, 2013), how to develop self-advocacy skills, and strategic planning for young adults to accomplish successful employment and postsecondary education goal (Finn, et al., 2008) that matched their interest and preferences, and sustain connection to community resources (Peterson, et al, 2013).

Peterson et al. (2013) suggested that postsecondary services were detrimental for youth with disabilities to secure and maintain employment outcome or pursue academic training. The authors suggested that youth with disabilities should be aware and knowledgeable of available resources and their rights (p. 100).

Gillan and Coughlan (2010) argued that parents of the students with disabilities often felt frustrated and helpless during the transition of their children from school to work due to lack of knowledge on available resources and programs in the community. Constant changes in community programs, confusing and complicated process, and inconsistent regulations have made it more difficult for parents and caused frustration and unsuccessful outcomes for young adults and their families (p. 197). Thus, it was important that students and their parents know their rights and responsibilities to act upon (Peterson, et al, 2013). Shandra and Hogan (2008) believed that the lack of knowledge was of a greater challenge if the students with disabilities were members of certain racial, socioeconomic, or disadvantage groups. They were more likely to grow up in one-parent families, struggle more financially, or have parents with maximum high school level education (p. 119).

Many individuals with disabilities are not aware of their right to receive special education services even after their Individualize Education Plan (IEP) is developed. Researches have shown the same population lack knowledge of eligibility criteria to access postsecondary services and resources after exiting mainstream (Peterson, et al., 2013). Gillan and Coughlan (2010) suggested that educating parents about transition process and available community resources during this period and their involvement in transition planning and decision-making facilitate transition to adulthood and improve outcomes.

Consequently, the knowledge of available resources and services, entitlement process, eligibility procedures, and self-identifying for required services and accommodations are critical and learning these skills are required for smooth and successful transition. Peterson, et al. (2013) suggested that self-identifying and self-disclosure is one of the most challenging skills during transition to world of work. This requires educating transition students about their responsibilities and accepting the ownership of their rights. This can be explained in two main categories:

- a. Transfer of Rights at Age of Majority.** This is considered the age that the individual is no longer considered a minor and all of his rights as an adult are transferred to him/her. This occurs in most states at the age of 18 or 19. The transfer of rights was added into the 1997 Amendments of IDEA unless the individual is determined incompetent to exercise the rights accorded to the adults through legal process (Peterson, et al., 2013). The rights that are transferred at the age of majority can be making a will, signing legal contracts, applying for credit cards, legal transactions, etc.
- b. Employment and Education.** Bureau of labor and Statistics (BLS) reported that an estimated 30.9 percent of individuals with disabilities were employed verses 84.7 percent of common population in 2002. The data showed similar trend in regard to enrollment of individuals with disabilities in postsecondary education that was about 50 percent lower than common population (Grigal, Hart, & Weir, 2012).

Employment is directly connected to identity formation because of not only financial gain but also developing social values and self-worth. It helps individuals feel better, function better, and eventually gain higher quality of life; although, the high rate of unemployment is still a reality for individuals with disabilities (Mooney and

Leucking, 2002). The main contributing factor to this high rate of unemployment and low postsecondary enrollment may be the lack of information about their rights, rules, and legislations such as ADA, and their implications when it comes to employment, education, and needed accommodations; their knowledge of their disabilities and their impediments toward employment; and finally their willingness to share personal information, limitations, and barriers with their employers more than required (Peterson, et al., 2013).

Lack of Self-Determination and Self-Advocacy

Multiple researchers have found that students with stronger self-determination and self-advocacy skills reported positive adult employment outcome later in life; although, self-determination is challenging since the students are transitioning into unknown, unfamiliar adult life. (Abery & Stancliffe, 1996; Grigal, Hart, & Weir, 2012). Abery and Stancliffe (1996) defined self-determination as the combination of knowledge and skills that enable the individuals to actively manage, regulate, and direct activities based on their needs, interests, and abilities. In other words, all individuals have the right to control their lives to any directions they want to. To achieve this goal, the students should exercise their self-determination skills and be well prepared to implement these skills in real life situations. For instance, they should be encouraged to actively attend their IEPs to plan toward their educational goal and learn how to transfer such skills to their adulthood (p. 112). Grigal, et al. (2012) supported this idea and stated that the educators should educate parents, increase students' awareness of their disabilities, teach the students self-advocacy skills and implications, and expose the students to real world environments so they get the opportunity to implement learned skills (p. 223).

Lack of Linkage and Collaboration among Schools and Community Rehabilitation Programs (CRPs)

Targett et al. (2013) identified common elements of transition process as, preparation, linkage, and connection. Early interventions and promoting students' self-determination and self-advocacy were suggested (p. 231). Destefano and Wagner (1993) suggested that it was important to identify the students' needs and interests, and prepare them to be part of their transition planning. Consequently, it was detrimental to identify anticipated services for each student possibly as early as age 14 and consider which providers should be involved in the transition planning, so that linkages could be put in place prior to the student exiting the entitlement-based services and the school system (p. 148).

Benz and Lindstrom (1999) identified the most effective transition planning as linkage among schools, rehabilitation services, and other community services (p. 55). As discussed earlier, transition is the period the students exit entitlement-based services and enter multiple eligibility services. Without the linkage among the required resources, effective and successful transition might be an impossible mission. The collaboration among multiple stakeholders, and providing legal, social, and health services are necessary in order to ensure that the needs of this population are met. The obstacle to this linkage was specified by Johnson, Stodden, Emanuel, Luecking, and Mack (2002) as the lack of shared knowledge and vision among students, their parents, school, and CRPs about the required resources and services for the students; the lack of proper information by educators about work market and community rehabilitation agencies; lack of students' and their parents' active involvement in transition planning; lack of collaboration among students, parents, schools, and community agencies (p. 521), and finally lack of coordinated eligibility requirement among funding agencies (Benz & Lindstrom, 1999).

Linkage and collaboration among agencies bring together their expertise, knowledge, and resources to serve, assist, and improve the quality of life of youth with disabilities. This can be achieved through interagency agreements, identifying the main funding resource for each individual, and offering interagency and cross-agency training (Johnson et al., 2002).

Risk of Losing Income Support and Health Insurance

Due to advancement in medical field and technology, the diseases that once were considered to be confined, continued into individuals' adult life. Thus, the numbers of adolescences with chronic medical conditions have dramatically increased. Altman, O'Connor, Anapolsky, and Sexton (2014) reported that about 30 percent of adolescents have at least one disability and 90 percent of children with disabilities live into adult life. While transitioning out of their childhood, losing healthcare might be a concern during this critical period and cause stress and frustration. This is a critical matter to plan ahead and educate the youths of their rights and adult-based eligibility criteria to continue with their health care and Supplemental Security Income (SSI). SSI is a vital financial source for youth that are unable to secure full time or permanent positions due the extent of their disabilities. As soon as the individuals turn 18, Social Security Administration automatically reevaluate Social Security recipients to determine if they qualify to receive SSI as adults. On the other hand, those who were not eligible for SSI benefits prior to age 18 probably because their parents income was too high, they might be found eligible for SSI benefits since parents' income is not taken into account anymore. Thus, parents who are willing to leave money or property for their children's future, should be advised to set up "special need trust" (Altman, et al., 2014) to ensure their children are not negatively affected.

Medical insurance is another important resource for youth with disabilities to ensure they receive proper health care. Parents and youth should be educated and informed how they can

apply for or maintain health benefit. Altman et al. (2014) suggest the coordination and collaboration between youth, their parents, medical providers, and Community Rehabilitation Programs (CRPs) and services in order to facilitate application and eligibility determination process from multiple service providers (p. 73).

There are other areas that need development such as pre-employment skills that lead to competitive employment, utilizing Community Rehabilitation Programs (CRPs), the knowledge of independent living, re-entry services for juveniles with criminal history, etc., and more importantly being linked to these services that can be explored and discussed in more details in future papers.

CHAPTER 3

LEGISLATIONS

Considering the long-term and complex nature of transition services, it is impossible for students to accomplish successful outcome alone. It requires collaborated efforts, financial resources, and systematic planning in order to lift the burden from one organization and involve different stakeholders for the benefit of students with disabilities. To remediate the previously mentioned gaps, congress enacted broad range of legislations to make resources and services available to students with disabilities and support them in their path to adult life. This author briefly reviewed some of more importance legislations for individuals with disabilities and specifically for transition students with disabilities.

Federal Legislations for Transition

Rehabilitation Act of 1973

Rehabilitation Act of 1973 was the first major legislation that offered equal opportunities for individuals with disabilities and provided wide range of services to individuals with disabilities. It prohibited discrimination in employment on the basis of disability, ensured the development and implementation of vocational services for this population, established more organized sophisticated civil rights for individuals with disabilities, and allowed reasonable accommodation for the students (Berry & Katsiyannis, 2012; Sherr & Babovich, 1997).

Technology-Related Assistance for Individuals with Disabilities Act of 1988

Individuals with disabilities have faced list of barriers performing their daily tasks and attending school and work. Advancements in technology provided us with alternatives to overcome these obstacles and achieve satisfactory outcomes. Congress acknowledged the role of Assistive Technology (AT) to compensate required skills in certain areas. Bryant and Seay

(1998) stated that this act was the landmark legislation that recognized the need for individuals with disabilities to access AT with the primary purpose of making the funding available to states in order to assist and provide AT to individuals with disabilities (p. 4). Historically, it was common to utilize AT often for individuals with physical impairments (p. 10). This act provided a broader access to AT for the consumers such as those with Learning Disabilities. The act was reauthorized in 1994 and mandated states to facilitate the access to AT and eliminate systemic barriers to use AT (p. 4).

American With Disabilities Act (ADA) of 1990

ADA included wide range of civil rights with the primary purpose to protect individuals against discrimination made based on their disability, race, religion, sex, national origin, etc. and guaranteed equal opportunity for every one. ADA mandated reasonable accommodations for individuals with disabilities at work and having access to public facilities, telecommunication, and transportation. ADA also provided a definition for a person with disability as an individual with physical or mental impairment that has significantly limited major life activities and a person who has the record of such impairment. This provided employers with the guideline to whom is covered under ADA (Waterstone, 2014).

Carl Perkins Vocational and Applied Technology Education Act of 1990

According to Rosenstock (1991), this act was signed into law to integrate vocational and academic training so the students implement their academic knowledge by utilizing strong vocational skills in real work environment and provided students with the support to gain extensive knowledge to function as future professionals in different areas including healthcare, labor, community, technology, etc. (p. 434). The funding for such services was made available to local education agencies (LEAs) with higher poverty rates and higher number of students with

disabilities and eventually to vocational programs through states. Thus, Perkins funds were to flow to community colleges and vocational technical schools (p. 435).

Goals 2000: Education America Act of 1994

The purpose of goal 2000 was to dramatically reduce the rate of school dropout especially between minority American students from their non-minority peers. The goal enabled states to create their own evaluation systems and measures; consequently, states were accountable to meet federal standards. In return, government was to provide states with funding to accomplish the goal. It was believed that the students were never challenged to work harder to fulfill their maximum potentials if there was not much to expect. Superfine (2005) argued that President Clinton set goals and bars too high and demanded states to develop strategies and standards to meet the expectations. Considering different states' socioeconomic and cultural background, demographic and geographic situations, and variable services being provided to students with disabilities, states often struggled to meet federal standards.

Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999

Golden, O'Mara, Ferrell, and Sheldon (2000) discussed that unemployment rate for individuals with disabilities were at 75% rate and they should choose between losing their Medicaid or Medicare. TWWIIA was signed into law, as a voluntary program to assist individuals who received Social Security Disability Insurance (SSDI) and/or Social Security Income (SSI) to secure and maintain employment, be financially self-sufficient, and possibly keep their benefits. TWWIIA also allowed the recipients to retain their Medicaid coverage even after they felt medically better. Participants could use their ticket and assign it to an Employment Network (EN) or a vocational rehabilitation agency to receive employment services or vocational training (p. 147).

This act played an important role to motivate individuals with disability to take the ownership of their vocational related services without the fear of losing their healthcare. It was critical for students with disabilities since benefit planning should be started early and required educating the students and their families about pre- and post-employment services.

No Child Left Behind (NCLB)

NCLB's goal was to increase math and reading proficiency for all students between third and eighth grade in the USA by 2014. It was believed that high standards would improve the educational outcome. Federal government imposed its role by directly associating its funds to states to the outcomes of annual progress report, annual testing results, and teachers' qualifications. Bland (2006) stated that the bar was set so high that for some states it looked like an unattainable goal. As a result, states faced penalties, lost funding, and started looking for remedies (p. 59). In 2015, NCLB was replaced with every Student Succeeds Act that retained the principals of NCLB but shifted the accountability role from federal government to states (p. 60).

Individuals with Disabilities Education Act of 1990 (IDEA)

IDEA previously known as Education for All Handicapped Children Act (EHA) of 1975 was signed into law in 1990 to ensure that all students with disabilities would have access to Free Appropriate Public Education (FAPE) that matched their needs and interests in the least restrictive environment. The main goal was to create seamless educational environments and equal opportunities for students regardless of their abilities and disabilities. The students were determined eligible for special education service based on appropriate assessments and the use of one single assessment as the only criteria to determine eligibility was strictly prohibited. Wolfe and Harriott (1998) indicated that IDEA enforced the parents' involvement in their children's education and insisted on their advocacy role to tap into the available resources for the benefit of

their children. This act also emphasized that the confidentiality of the students should be protected during the process, transition services should be planned and indicated in IEPs, and students were required to attend their IEP meetings as early as age 16. IDEA went over and beyond and mandated that the disciplinary actions for the students with disabilities should be determined with the consideration of their disabilities (Wolfe & Harriott, 1998).

IDEA was reauthorized in 2004 as Individuals with Disabilities Education Improvement Act (IDEIA) and defined transition services as coordinated set of activities for students that were designed to be within a results-oriented process. These services should focus on improving the academic and functional achievement of the child with a disability to facilitate the students' transition from school to post-school activities, including post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and/or community participation (Targett, et al., 2013).

Workforce Innovation and Opportunity Act of 2014 (WIOA)

Kiernan and Hoff (2014) stated that Workforce Investment Act (WIA) of 1998 was a federal act that was signed into law by President Bill Clinton, with the belief that there was no wrong door to employment for those who seek one and with the intent to turn One-Stops into a seamless system to support job seekers to accomplish their employment goals (p. 2). The purpose of WIA was mainly to develop and direct local and state workforce activities in order to increase employment outcome, reduce unemployment rate, and in general increase the quality of workforce (p. 4). WIA was reauthorized and changed into WIOA in 2014 by president Obama and took effect in 2015.

Galuszka (2015) reported that WIOA mandated states to develop a four-year plan for preparing skilled workforce to meet the needs of the workforce and the demand of work market.

In general, WIOA ensured that high quality services were available to job seekers. Within the scope of this paper, WIOA was developed to make available greater opportunities for individuals with disabilities to improve their capabilities and achieve their employment goal. WIOA mandated easier and greater access to high quality services with the purpose of preparing individuals with disabilities for integrated and competitive employment. Thus, WIOA emphasized the need for youth with disabilities to improve their work related skills and gain real work experience; mandated state VR agencies to make pre-placement transition services available to students with disabilities; and allowed state VR to prioritize serving students with disabilities and coordinate those services with transition services provided under IDEA (Galuszka, 2015).

WIOA mandated the youth with disability to have access to wide range of pre-employment transition services and state vocational rehabilitation organizations utilize 15 percent of their funding to provide such services while 75% of it must be spent for out-of-school youth comparing the previously used 30% funding in this area. It also mandated states to spend 20% of their remaining fund to expose the youth population to work activities such as on-the-job training, summer jobs, and internship opportunities so the youth are better prepared for transition to world of work (Ginn, 2015, p. 22). Galuszka (2015) reported that another core change WIOA created is the eligibility age requirement for services from 21 to 24. The other promising collaboration that is possible through WIOA is streamlining the strategic role of Workforce Development Board (WDB) that is hoped to increase the collaboration and coordination between community service providers and WDBs to develop a consistent plan for job seekers including transition age youth.

There are some areas on WIOA that are questionable and raised concerns and is believed to be directly effecting future employment outcomes and service delivery process. Rehabilitation Act amendment of 1992 raised the education requirement for VR counselors to Master's degree to develop a highly skilled workforce to serve job seekers with disabilities (Berry & Katsiyannis, 2012, p. 313). McClanahan and Sligar (2015) argue that WIOA has lowered the education requirement for VR counselors to a Bachelor's degree. This change can be due to growing number of retiring VR counselors, increasing number of individuals with disabilities, and returning the wounded warriors back home. As a result, the demand for VR counselors is projected to increase 20% by 2022 (p. 3). The authors argue that VR counselor with a Bachelor's degree may not possess the required qualifications to perform the essential duties of the VR counselors and are "functionally unqualified to perform the job" (McClanahan & Sligar, 2015, p. 5). Discussing this concept in more detail is beyond the purpose of this paper. This author found it worth discussing since WIOA mandated states to provide job seekers with such detailed-oriented, individualized, and extensive services and especially for youth population with disabilities; the bars were lowered for those who were expected to implement the regulations and serve the population with such specific needs.

Conclusion

IDEA amendments of 1997 came into play and offered solution to the identified issues and mandated states and local agencies to create transition activities in order to prepare students for post graduation services (Plotner et al., 2014). Other legislations such as Education America Act of 1994, the Workforce Investment Act of 1998, No child Left Behind Act of 2001, and so on had a huge impact on promoting and funding strategic planning to improve the quality of school programs, inter-agencies collaborations, research activities, and more importantly enforced the

importance of partnerships, coordination, and planning among educators, community service agencies, parents and families, and most importantly students to accomplish the goal (Furney & Hasazi, 1997). Furney and Hasazi (1997) concluded that the keys to resolve these barriers were developing interagency and cross-agency training opportunity and forming planning teams (p. 344). They also suggested that collaboration for transition activities as a helpful tool to combine resources and expertise to create quality transition strategies (p. 345).

CHAPTER 4

PROGRAMS

Mazzotti and Rowe (2015) reported data from wave 5 of National Longitudinal Transition Study-2 that showed only 38% of youth with disabilities were involved in community activities. This was not acceptable. IDEA was signed into law to provide educators with clear guidelines of transition activities and mandated them to utilize research-based programs and interventions to improve pre and post-graduation outcomes. Consequently, most schools followed the agenda to create environment for youth and specifically youth with disabilities so they could have easy access to services and be “college and career ready” (p. 298). Considering the huge demand to meet the need and challenges of this population and meet federal standards and guidelines, transition programs for youth with disabilities has considerably changed; although some kept the traditional framework.

Even after signing IDEA in 1990 and its reauthorization in 2004, youth with disabilities experienced challenges to secure permanent employment. Extensive researches on employment outcome for individuals with disabilities have shown really discouraging outcomes considering the positive impact of employment on this population’s quality of life (Muller & VanGilder, 2014).

Chapter 4 briefly reviews transition models, provide more detailed overview of Project Search, provides information about New Jersey Division of Vocational Rehabilitation, and its pilot project search and other transition programs and services.

Transition Models and Programs

There are many transition program models of career and education development worldwide. Webb et al. (2014) stated that there are four core themes within most of these models

as of the followings: (a) Personal development: The individuals would be able to recognize their abilities and weaknesses and how to find their roles as an adult once they grow up and mature. In other words, they gain insight about their needs and wants as they mature and are able to make better decisions about their future vocational goals. (b) Personal learning: Individuals who know their abilities are able to make better career choices and proven to better adjust to their role later in life. (c) Personal skills: It is important to identify individuals' strengths and skills to perform different tasks. This is critical in career exploration and decision-making since the individuals can use these transferable skills to develop and accomplish their employment goal. (d) Environmental influences: Factors such as workforce demand, resources in the community, support network, and so on are some environmental factors that can greatly influence individuals' career exploration and development (p. 232).

Following similar themes, one main framework model, Taxonomy of Transition Programming (TTP) by Kohler was suggested to be an effective practice for all transition programs. The major categories of TTP were "family involvement, program structure, interagency collaboration, student focused planning, and student development"(Targett et al., 2013, p. 231).

Rutkowski, Daston, Kuiken, and Riehle (2006) report that there are several transition models that can best prepare students with disabilities to enter workforce. The traditional classroom model occurs only within the class environment without the actual exposure to real work experience. The work-study model is the combination of classroom instruction and real work exposure; although, the employment opportunities were often limited to service occupations such as janitorial, or food service. The transition-to-community model prepares the students for independent living and they might benefit from job shadowing as part of a group.

The model does not offer one-on-one interaction with the instructor or job coach. The adapted career and technical model happens within a controlled lab environment that represented different work environment such as hotel, and restaurants. The authors argued that the main shortcoming of these models is the students' minimal exposure to real work environment (p. 86).

Most programs integrated some aspects of these themes or/and frameworks into their transition programs development. For instance, the Life Center Career Education (LCCE) Curriculum is available through Council for Exceptional Children (CEC) with four stages including career awareness, career exploration, career preparation, and career assimilation (Webb et al., 2014). Another transition program that is similar to LCCE is Revised Comprehensive Transition Model that includes support, delivery process, and services. Project Search has been one of the most reputable transition programs nationally known that took transition frameworks into consideration and engaged students in real work tasks. This author will discuss PS in more detail in the next section.

Project Search (PS)

Project Search offered the solution to fill all gaps. Erin Riehle founded Project Search in Cincinnati in 1996 and since then PS has grown to 250 programs across 37 states in the US, and five countries (O'Bryan, Daston, & Riehle, 2014, p. 46). Muller and VanGilder (2014) reported that PS concentrated on the core program activities of 2004 IDEA including graduation, dropout rate, parents involvement, least restrictive environment, IEP that mapped transition goals, and finally post school outcomes (p. 16). Wittig, Holland, and Dalton (2014) discussed that PS was inspired from four great accountability transition planning indicators of IDEA and later was enforced by IDEA in 2004 as followed: Indicator one was the data on students without disabilities who completed high school; indicator two was the comparison between the students

with disabilities and all youth who dropped out of high school; indicator thirteen that required annual update of IEPs and included transition services and planning to enable students to meet their employment goal; and indicator fourteen that measured the Postschool outcome after exiting entitlement-based services (p. 215). Erin Rihle took these indicators into consideration and developed PS with the goal to provide non-traditional, complex job skill training to students with disability within the real employment site.

Wittig et al. (2014) described PS as is a business led, non-traditional, complex, and systemic job skill-training program that occurred in the employment site (p. 215). Muller and VanGilder (2014) stated that PS had several core characteristics. The participants had the opportunity to learn job related skills through on-site internship and meaningful exposure to work environment. The PS programs were time-intensive and offer 25 hours of real work experience per week throughout the course of program year. PS also followed a curriculum within the classroom instruction that taught career development and soft skill training that were detrimental for any entry-level position (p. 16). Muller and VanGilder (2014) argued that most transition models provided the classroom instruction out of the context, while PS allowed students to develop context-based learning in required areas. Finally, PS was tailored based on the need of the employer. This provided the students with opportunity for meaningful work experience and possible permanent employment once the program ends (p. 23).

A consistent outcome for PS across several researches reported that sixty percent of the interns were able to secure employment within the last three months toward the end of the program and all interns potentially benefited from PS and significantly improved their job readiness (Muller & VanGilder, 2014; Wittig et al., 2014; Rutkowski et al., 2006; O'Bryan, et al., 2014). Additionally, Project Search's interns exhibited growth in other areas such as soft skill

development, workplace behavior, self-esteem, feeling of self-worth, and more importantly the interns started to understand and learn the work culture, demands, and expectations (Muller & VanGilder, 2014, p. 23).

One of the wonderful features of PS is the active partnership among the agencies involved in transition planning for students with disabilities. This author previously discussed the importance of partnership and coordination of multiple agencies to support students specifically students with disabilities during transition to world of work, adjusting to life in the community, and eventually independent living (Rutkowski, et al., 2006). Thus, the partnership among the business site, Board of Education, Vocational Rehabilitation, Developmental Disability services, Supported Employment agencies, and other involving parties is the foundation of PS. Creating this partnership is not an easy task. O'Bryan et al. (2014) indicate that it requires the boundaries to be crossed. Although, partnership is not only efficient but also it most effectively use the partners' resources. Thus, it is more cost effective over time. As partnership for PS is established and each partners' role and responsibilities are determined, they are able to take charge, share knowledge and skills, and solve the problems as a team.

New Jersey Division of Vocational Rehabilitation Services (NJ DVRS)

State Vocational Rehabilitation agencies are designated to serve individuals with disabilities to accomplish their employment goal. The New Jersey Division of Vocational Rehabilitation Services (NJDVRS) is an state agency that is dedicated to the provision of vocational rehabilitation services to individuals with mental, cognitive, or physical disabilities as provided under the Federal Rehabilitation Act of 1973, as amended by the Workforce Investment Act of 1998, and recently WIOA.

The goal of NJDVRS is to prepare for employment eligible individuals with disabilities who, because of the significance of their conditions, would be unable to secure or maintain employment. In addition, NJDVRS is also focused to provide and promote comprehensive services for independent living to meet the needs of individuals whose disabilities are so significant that they are not ready for employment at the time, but may benefit from rehabilitation services and function as independently as possible (NJDVRS Policy Manual, 2015, p. 5).

To achieve these ends, NJDVRS promotes the development of needed resources and supports a wide range of services for eligible individuals with disabilities through cooperation with industry, representatives of organized labor, the State Rehabilitation Council (SRC), and community rehabilitation programs. NJDVRS coordinates its efforts with the public, federal, state and local agencies (See NJ DVRS Balanced Scorecard in Appendix A).

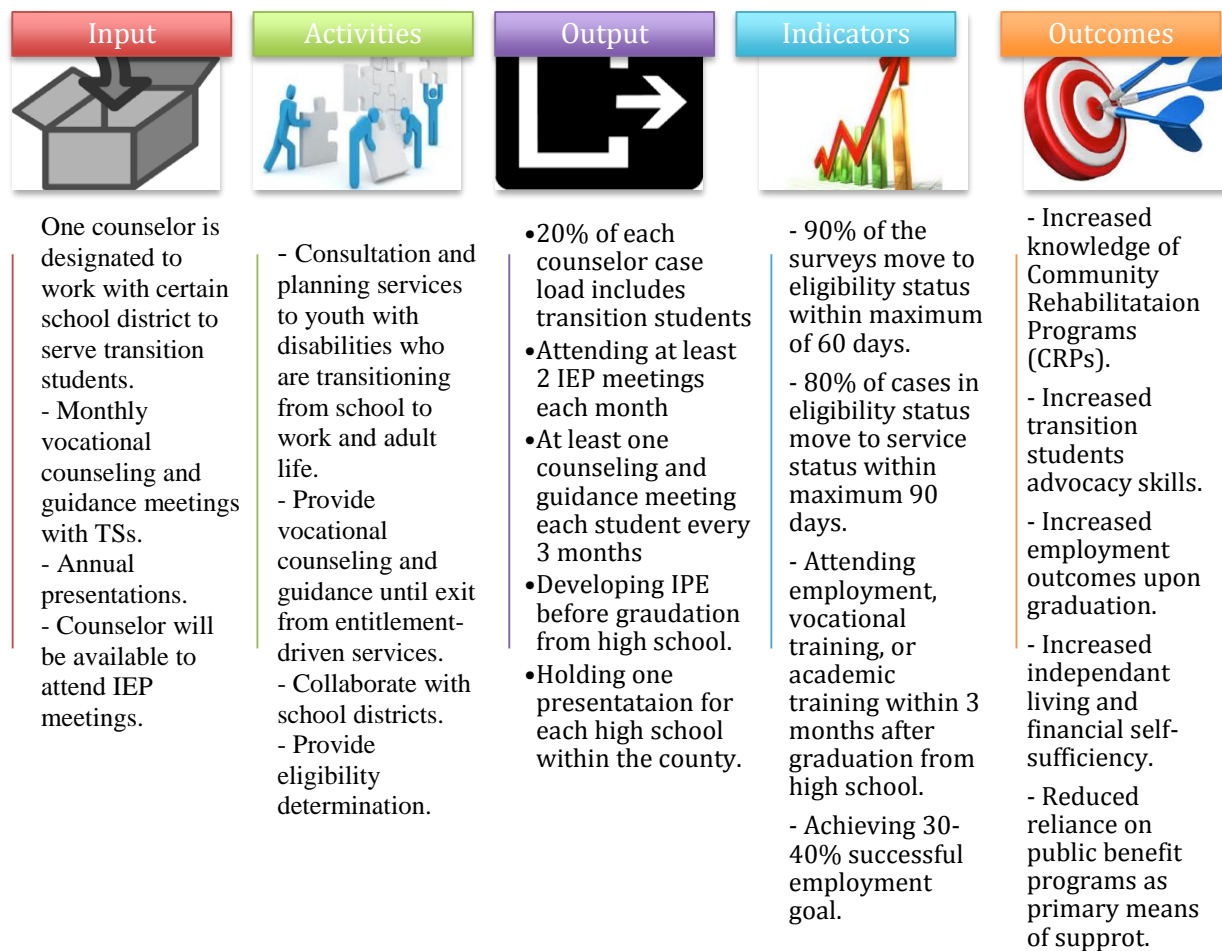


Figure 1: New Jersey Division of Vocational Rehabilitation Transition Services Logic Model

NJDVRS Transition from School to Work Program.

Transition services are designed to promote or facilitate the accomplishment of vocational rehabilitation goals. They are the responsibility of the Local Education Agency (LEA) while the student is in school. NJDVRS collaborates with school districts to provide eligibility determination, consultation and planning services to youth with disabilities who are transitioning from school to work and adult life. NJDVRS identifies a transitioning student as a student with a disability who is between the ages of 14 and 21 years and meets criteria of the federal Individuals with Disabilities Education Act or section 504 of the Rehabilitation Act of 1973, as amended (NJDVRS Policy Manual, 2015, p. 40).

As early as age 14, VR Counselors can, on request, provide consultation in the form of telephone consultations to parents, students or education professionals; interviews with students and parents or guardians, and/or participation in the Individualized Education Program (IEP) meetings.

At the beginning of the junior year or within two years prior to exiting entitlement-based system, VR counselors will, on request, open cases of transitioning students and determine their eligibility for DVR services. NJDVRS encourages referrals within this timeframe as it is considered to be in the best interest of most students to begin the process prior to exiting the school system (NJDVRS Policy Manual, 2015, p. 41).

Prior to leaving the school setting, VR Counselors works with child study team, parents, and with eligible students to develop and approve Individualized Plans for Employment (IPE) that is in coordination with the IEP. Local offices assign a VR Counselor to each secondary school to consult regarding referrals and provide in-service training and consultation as needed. The role of the VR Counselor while students are still in school is to provide consultation on

disability and vocational rehabilitation matters in addition to providing vocational counseling & guidance for students who have developed an Individualized Plan of Employment (IPE) with the VR Counselor. VR Counselors also provide educational seminars and presentations to school personnel, students and their families regarding NJDVRS and the transition from school to work (NJDVRS Policy Manual, 2015, p. 40).

Lead Transition Counselors.

NJDVRS recognizes the importance of consistent communication between school district personnel and the local offices in the transition process. One Transition Coordinator in Central Office and a Lead Transition Counselor in each local office are assigned to facilitate seamless transition for a student with a disability with post school activities. NJDVRS Policy Manual (2015) described the duties of the Lead Transition Counselors as:

- 1) To function as resource person for local office staff regarding information on the transition process,
- 2) To collect transition data from VR Counselors in their local office and provide this information to the Transition Coordinator in central office on a monthly basis in order to have a view of activities statewide,
- 3) To serve as local office liaison to central office for transition issues,
- 4) To train local office VR Counselors on transition procedures and to serve as a conduit for transition information sent from central office for local office staff, and
- 5) To function as the primary contact to school districts within the local service area, to respond to general questions on division policy and requests for information and resources (p. 42).

Project Search Pilot in New Jersey.

NJDVRS tried to initiate PS several years ago. Unfortunately, the attempt to run the program was unsuccessful and PS did not continue its existence even through its initial steps for unidentified reasons for this author. In 2015, NJDVRS and NJ Board of Education recognized the need for more structured, complex, collaborative partnership for the success of the youth population and to meet WIOA indicators. Union County Education Service Commission (UCESC) secured the PS's license to start the pilot program in Union county and started the initial discussions for partnership with NJDVRS. This author was selected as the liaison between local DVRS office, Union County, and PS and serve the students enrolled in the program from the initial steps to case closure. The steering committee was formed with the combination of UCESC supervisor, NJDVRS program coordinator, this author as DVRS local liaison, DDD representative, New Jersey Travel Independence Program (NJ TIP), Access Link representative, and Westfield superintendent. The steering committee was trained in October of 2015. NJDVRS sent Notice of Grant to potential Supported Employment (SE) agencies to use one full-time, on-site job coach and one part-time job developer, and UCESC started the process to hire one teacher and one paraprofessional staff. Partners started developing Memorandum of Understanding (MOU) to determine each partners' roles and responsibilities, the tasks, and the timeline expected to complete each task to align the process and resources, and prevent any conflict in future (See Appendix B for MOU between PS partners). It was also helpful to clarify what non-employer partners have to offer the main business partner. It was critical to make sure that all partners understand each other and their roles and share the same goal.

The steering committee met regularly every month to ensure the program's requirements and conditions were met and to share the information, communicate about the concerns and

issues, and work on student selection and eventually internship development. As two potential host businesses, Merck and Overlook hospital, which expressed interest to host PS, Overlook hospital as part of Atlantic Health System finalized the process as the host business. Meanwhile, the steering committee reviewed submitted proposals for SE agencies and interviewed two candidates. Arc of New Jersey, Project Hire was eventually selected as the PS SE provider. One full-time job coach would be available on site and one part-time job developer for job development. Union county PS was supposed to be the pilot program in NJ; while steering committee was notified that two other programs, in Camden and Bergen counties, have started in NJ. This was clearly discouraging for some partners specially UCESC and Overlook hospital. The partners were able to communicate their concerns and bring it up to NJDVRS program coordinator's attention. It was understandable that there was no control over other programs within the state and the partners were able to align process across such unexplored and unexpected boundaries and honored it for success.

The interns have been interviewed and nine are selected by steering committee through the applications received from different districts within Union county. The program is planned to eventually launch in July 2016 by having formal orientation and travel training the interns through NJ TIP. All interns are expected to use public transportations to commute back and forth to the hospital except one student who might need to use Access Link initially and gradually utilize other forms of public transportation, as she feels more confident and independent. The steering committee is working hard and diligently to move forward and grow with the program. We have also been able to communicate with the other two PS' steering committees within the state and share information. We have a long way and future is bright.

Union County Partnership for Transition.

This author has been assigned as lead Transition Counselor in Union County, DVRS Elizabeth office since 2011. With the passion to work with youth population as a former teacher, individuals with disabilities as a VR counselor, identifying the need to educate the youth with disabilities and their families, and finally recognizing the demand for a consistent partnership with community resources and services for transition, this author picked up what was left loose before and formed “Union County Partnership for Transition” with this mission statement, “Our mission is to empower young people with disabilities to transition from school to adult life as responsible, contributing citizens by maximizing employment potential, independence, and integration into the community.” The vision was to bring in together all resources in the community and educate the target population and their parents about these resources. It was also critical to link youth population with CRPs and these services and provide them with the chance and opportunity to access these resources to meet their needs for smooth transition to world of work. This author organized two annual partnership meetings to collaborate and coordinate transition activities for each school year. This author was also able to host two annual major events; Transition Family Forum and Option to Adult Life Transition Expo to provide the opportunity for youth with disabilities to face-to-face interact, communicate, and gather information from CRPs. These activities have been very productive and reported to be positive steps toward successful transition of youth population in Union county. The mentioned activities have been unique within the scope of NJ DVRS practice. We hope to pass the message to other VR local offices and observe change in service delivery process for transition population in future.

Discussion

Youth with disabilities has faced and would continue to face challenges transitioning to adult life, taking on employment roles, and adjusting to new demands and expectations of the world of work. Most students with disabilities and their families may feel helpless and frustrated due to the lack of information about community resources and services, overwhelming eligibility process to link with adult services, lack of linkage among CRPs, lack of self-advocacy skills, and many more unexpected challenges. Although, legislations, on a bigger picture mandate local entities to utilize resources and serve individuals with disabilities, and programs such as PSand Union County Partnership for Transition are without a doubt detrimental for successful transition of youth with disabilities and accomplishing their future vocational goal. Local agencies including VR and DDD play important roles in linking this population with required services and resources and collaborating with other CRPs as the advocate and funding resource. Consequently, it is critical for the educators to continue expanding programs such as PS.

The main purpose of this project was to review the literatures regarding available resources and services for students with disabilities who transition into workforce and adulthood to maintain maximum employment outcome. Although, this paper is not intended to discuss the services for all individuals with disabilities and in all age groups. The author later narrowed down the discussion to NJ and identifies available resources and initiatives within this state. Future researches can focus on other states and successful programs other than project Search. Additionally, further studies can focus on other challenges for this population such as independent living, re-entry services for juveniles with criminal history, and clarify linkage and collaboration between different stakeholders in the field of transition and eventually provide guidelines to accomplish this important goal without crossing other partners' boundaries.

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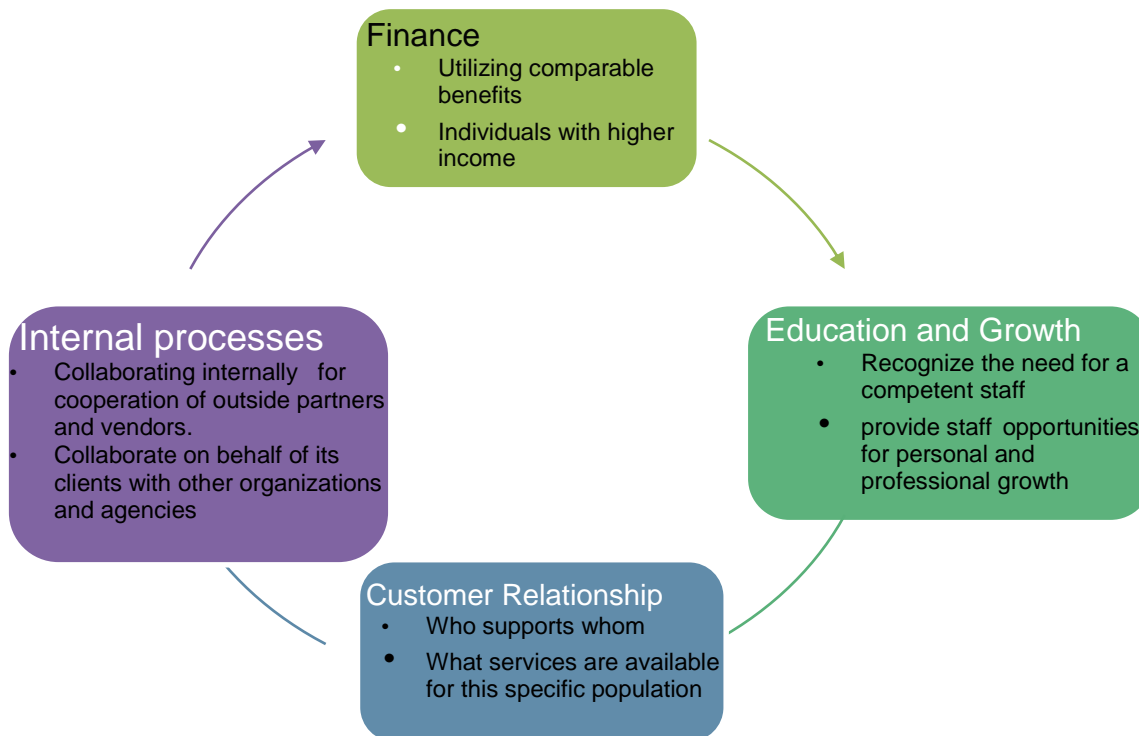
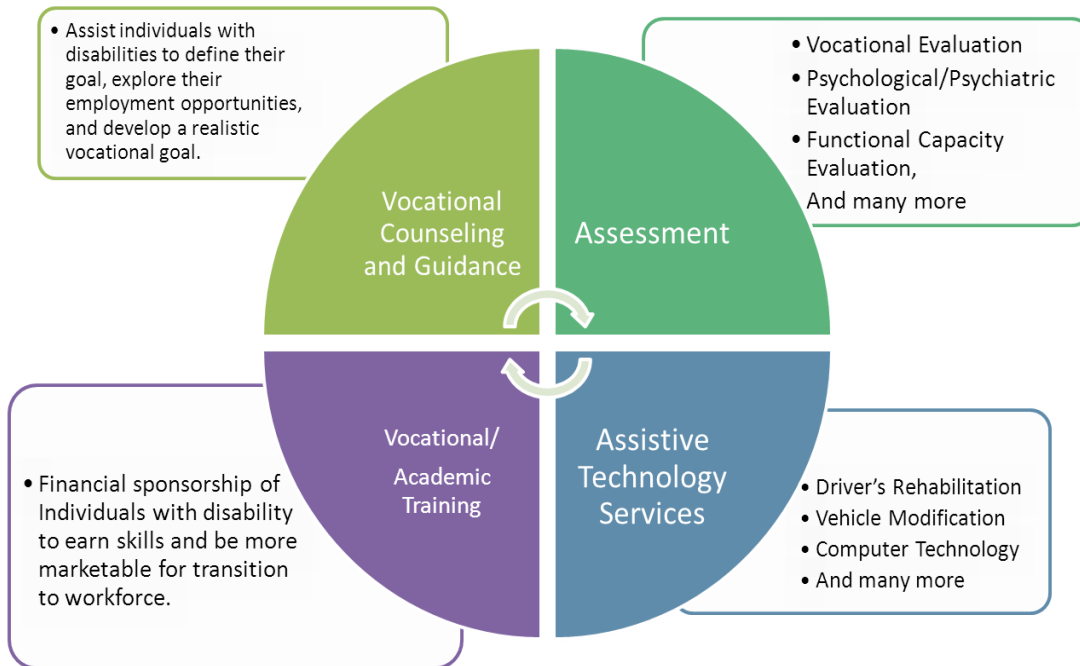
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APPENDICES

Appendix A

Balanced score card NJDVR services



Appendix B

Project Search Memorandum of Understanding



Memorandum of Understanding For Project SEARCH Program

The Parties to this Memorandum of Understanding (“MOU”) are AHS Hospital Corp.\Overlook Medical Center (“AHS”), Union County Educational Services Commission (“UCESC”), the NJ Division of Vocational Rehabilitation Services, the New Jersey Division of Developmental Disabilities, and the Community Service Provider (to be named later). (Each of which may be hereinafter referred to individually as the “Party” and collectively as the “Parties”).

I. Purpose:

The Parties to this MOU will collaborate and cooperate to create a High School Project SEARCH Transition program at Overlook Medical Center for students with developmental disabilities, and to foster and facilitate the acquisition of jobs by program participants when possible. This MOU specifies the roles and responsibilities of the Parties as they work in partnership to increase opportunities for persons with disabilities. The program will be titled “Overlook Medical Center – Project SEARCH”. It is modeled after Project SEARCH at the Children’s Hospital Medical Center in Cincinnati, Ohio.

II. Roles and Responsibilities:

The Parties agree to the following roles and responsibilities. For the purpose of this MOU, “Business” shall be the business of Atlantic Health System, Inc.

A. AHS will:

- Provide classroom/work space (with telephone and computer outlets that support both hard line and wireless internet access). All parties agree to collaborate in determining how to best furnish the classroom/work space with needed items by August 1st 2016.
- Provide access to use of a telephone (inside work space), photocopy equipment, computer and email access for onsite Project SEARCH team (1 instructor, 1 paraprofessional, and 1 job coach).
- Provide a single business liaison that is available on a frequent basis to assist with internship development in various departments, introduce Project SEARCH (may also be referred to as “PS”) staff to the Overlook Medical Center staff, assist with any onboarding requirements for student participants, market the program internally, attend periodic meetings to discuss, evaluate program progress, and work with the Project Search Instructor to reinforce workplace rules.

- Support Project Search Staff to facilitate the development of meaningful internship experiences within the business and provide a single point of contact in each department for the purpose of teaching competitive, marketable skills to the program participants.
- Facilitate the participation of department managers, where internship experiences are taking place, to provide direction, feedback and evaluation to students during their internship rotations.
- Provide access to hiring opportunities if a Project SEARCH participant is appropriate for an internal job opening.
- Provide badges and parking access for 3 onsite Project SEARCH staff.
- Provide access to a conference space at Overlook Medical Center or other AHS Hospital Corp. facility for up to two open house events per year.
- Provide assistance to the Project SEARCH staff through the business' marketing department, including marketing materials and public relations expertise related to the program.
- Establish student eligibility guidelines and select students for program as a participating partner of the Project Search Steering Committee.
- Provide a tour of the business for Project Search students and families prior to the program beginning.
- In the event of an injury sustained by a Project SEARCH student participant, Overlook Medical Center will promptly contact the instructor from the UCESC's on-site operations team. UCESC will be then contact the student's emergency contact.

In the event of an injury sustained by an employee of the UCESC, AHS will promptly contact the UCESC's Project Search Program Supervisor, and if possible, the employee's emergency contact. Emergency Treatment. AHS shall provide emergency treatment in its Emergency Department to the Project SEARCH student, UCESC employee or agent, who become ill or injured (including potential bloodborne pathogen exposures) at an Atlantic Health facility. Project SEARCH will be responsible for any charges that result from care of said student or employee, and shall seek reimbursement for the cost of treating.

- AHS may provide General Liability and any Excess Liability Insurance through AHS Insurance Co. Ltd. (the "Captive") with an AM Best rating of A-, at an adequate insurance coverage for the requirements herein.
- Notwithstanding Article V, AHS agrees to indemnify, defend and hold harmless the UCESC, its employees, agents, officers, managers, Board Members, and directors, from

and against any and all liability, damages, suits, claims, fines, fees, costs and expenses (including reasonable attorneys' fees) suffered, incurred or paid in connection with any claim, suit, damages, demand for payment or settlement arising out of any gross negligence or willful misconduct of AHS' employees, agents, volunteers, officers, managers and directors, and/or for. The foregoing defense obligation and indemnification is further subject to the following conditions: (1) UCESC gives prompt notice to the other of any claims threatened or made, or suits instituted against it which could result in a claim or right to indemnification as provided herein; (2) UCESC cooperates in the defense of any such claim or action; and (3) AHS shall not settle action or claim without the prior consent of UCESC, which consent shall not be unreasonably withheld. In addition, at its option, UCESC may engage separate counsel to appear on its behalf in such action or proceeding without waiving its rights or AHS' obligations under this paragraph. This provision shall survive expiration and/or termination of this MOU.

B. Union County Educational Services Commission will:

- Provide a Special Education Instructor with transition experience to coordinate/teach the program on-site.
- Provide one paraprofessional to support the instructional program on-site.
- Develop and provide curriculum and instructional materials that encompass employability skills, functional academics, transition, job development and job readiness. Project SEARCH Curriculum already approved by the Ohio Department of Education can be used (and adapted for use if necessary).
- Assist the agency on development of internship experiences in each department, and coordinate and monitor intern activities.
- Facilitate student recruitment activities.
- Facilitate family involvement activities.
- Establish student eligibility guidelines and select students for program as a participating partner of the Steering Committee.
- Secure commitment from the NJ Division of Vocational Rehabilitation Services (NJDVRS) to allow for funding of Job Coaching and Job Development services for Project Search participants.
- Facilitate referral to NJDVRS for each student to ensure eligibility and allow for career counseling, job coaching and job development.

- Coordinate student meetings between, student interns, parents, NJDVRS counselor and other applicable partners to discuss and evaluate student progress each four to six weeks.
- Provide travel training for students as necessary before program begins.
- Provide expertise in adaptations and accommodations, and implement as necessary.
- Secure commitment from the NJ Division of Developmental Disabilities to allow for funding of long term follow along support for Project Search participants.
- Coordinate regular meetings to discuss and evaluate program progress.
- Collect data on student outcomes and report to all partners and enter data into national data base.
- Liaison with Cincinnati Project SEARCH for technical assistance, data collection and other issues related to model integrity
- Assist with public relation activities to promote Project SEARCH.

C. The Community Service Provider (as contracted by NJDVRS) will:

- Provide a supervisor to assist in coordinating the planning and implementation efforts and ensure that program is moving forward within the framework of the projected timeline, and to assist in any way necessary to facilitate success of the program.
- Provide one full-time job coach to collaborate with the special education teacher and paraprofessional on site to support the student interns at the business.
- Provide one part-time job developer to collaborate with the on-site team to support the development of integrated, competitive employment opportunities for the student interns at the business or at other community businesses.
- Work as part of on-site team to interface with business liaison and departments to identify appropriate internship experiences for individuals with disabilities and perform job analyses.
- Work with Human Resources Staff and PS Instructor at the business to examine existing open positions and determine their applicability for people with disabilities and PS student interns; and predetermine high turnover, entry level support positions, or other applicable positions for proactive job analysis, and recommend pre-screened applicants to the business.
- Assist with classroom set-up, curriculum development and work site rotation planning.

- Assist with student recruitment activities.
- Assist in the process of establishing student eligibility guidelines and selection of students for the program as a participating partner of the Project Search Steering Committee.
- Support travel training module for students as necessary before and during the program.
- Provide expertise in adaptations and accommodations, and implement as necessary.
- Work with assigned Department of Vocational Rehabilitation Services Counselor to assist with obtaining adaptations and accommodations as necessary, and to help secure funding for job coaching and job development.
- Provide education and training to Overlook Medical Center employees regarding supporting people with disabilities in the workplace as necessary.
- Participate in interns' employment planning meetings each four to six weeks.
- Attend regular meetings with team members from the Parties to this MOU to discuss and evaluate program progress.
- Assist with public relation activities to promote the Project SEARCH program.
- Work through steering committee to liaison with Cincinnati Project SEARCH for technical assistance, data collection and other issues related to model integrity.

D. The New Jersey Division of Vocational Rehabilitation Services (NJ DVRS) will:

- Identify and select a Community Service Provider to deliver job-coaching and job development services to the student participants at Project Search at Overlook Medical Center.
- Provide funding support for at least one full-time (12-month) job coach and one part-time job developer to support student participants at Project SEARCH at Overlook Medical Center.
- Provide a single Vocational Rehabilitation counselor from the Union County office to be assigned to the cohort of students in the Overlook Medical Center Project Search program.
- Provide expertise and assistance in adaptations and job accommodations.
- Establish student eligibility guidelines and select students for program as a participating partner of the Steering Committee.

- Provide support in securing fare vouchers through NJ Transit for Project Search interns to utilize during travel training and initial three months of the program.
- Attend steering committee meetings to discuss and evaluate program progress.
- Assign the Vocational Rehabilitation counselor to participate in interns' employment planning meetings each four to six weeks.
- Assist with public relation activities to promote Project SEARCH.
- Work through steering committee to liaison with Cincinnati Project SEARCH for technical assistance, data collection and other issues related to model integrity.

E. The New Jersey Division of Developmental Disabilities (NJDDD) will:

- Assign one liaison from the Union County Regional Office to participate as a member of the Project Search Steering Committee.
- Support the development and implementation of the Project SEARCH program.
- Provide at least one workshop/training session in collaboration with DVRS and DDD for Project Search students and families per school year to educate them about the process of applying for and accessing DDD-funded services including supported employment, job coaching, and/or follow along services.
- Assist with the process of establishing student eligibility guidelines and selection of students for the program as a participating partner of the Steering Committee.
- Coordinate education and training to the Host organization employees regarding disability employment information.
- Attend regular meetings with team members from the Parties to this MOU to discuss and evaluate program progress.
- Assist with public relation activities to promote the Project SEARCH program.
- Work through steering committee to liaison with Cincinnati Project SEARCH for technical assistance, data collection and other issues related to model integrity.

III. Measurable Objectives:

All Parties will work collaboratively to:

- Provide internship opportunities for a minimum of 8 student participants (per school year) with disabilities for the 2016-17 school year.
- Develop a minimum of 8 to 12 internship sites during the first school year of the program that support the teaching of marketable, competitive skills, and continue to develop work sites as the program progresses.
- Obtain competitive employment for each intern that completes the program.
- Publicize the collaboration and program activities with a minimum of two written materials and two public presentations each school year.

IV. Period of MOU:

The effective term of this MOU will be February 1, 2016 through June 30, 2017. Upon sixty (60) days' written notice, any party may provide its intent to terminate this MOU.

V. Limitation of MOU:

It is understood among the parties that, with the exception of Articles VII, VIII, and IX, this MOU is not a contract and is not binding.

VI. Relationship of Parties:

No agent or employee of either party shall be deemed an agent or employee of the other party. Each party will be solely and entirely responsible for the acts of its agents, subcontractors, or employees.

This MOU is executed for the benefit of the Parties and the public generally. It is not intended nor may it be construed to create any third party beneficiaries.

VII. Confidential Information.

A. Definition. Each Party may be given access to the other Party's confidential and proprietary information. "Confidential Information" shall mean material or information proprietary to either Party or designated as Confidential Information by such Party and not generally known by third parties. Confidential Information includes, but is not limited to, the following types of information and other information of a similar nature (whether or not reduced to writing): the existence and terms of this MOU; protected health information, patient, customer, employee and student records, including names, addresses, telephone numbers, and other information related to patients, customers, employees, and students; marketing techniques and materials; marketing and development plans and procedures; and financial information.

B. Duty to Protect. Each Party will protect the other Party's Confidential Information and will not disclose Confidential Information other than as permitted or required by the MOU or as required by law. Any disclosures shall be to persons only as needs to be known with such

persons being apprised of the confidentiality obligations and willing to comply with the terms of this MOU.

C. Exclusions. Confidential Information will not include information which: (a) is or becomes available to the general public through no fault of the party receiving the Confidential Information (the “Recipient”); (b) is independently developed by the Recipient as evidenced by Recipient’s own records; (c) is rightfully received by the Recipient from a third party without a duty of confidentiality; or (d) is required to be disclosed by court order or as required by law. Before disclosing Confidential Information under a court order or as required by law, the Recipient shall provide the other party (the “Injured Party”) reasonable notice and the opportunity to object to or limit such disclosure. In addition to any other rights or remedies available to it at law, in equity, or pursuant to this MOU (including without limitation the right to terminate the MOU), the Injured Party shall be entitled to injunctive relief to enforce the terms of this MOU because the Injured Party may suffer irreparable harm in the event that the Recipient fails to comply with the terms of this MOU and monetary damages may be inadequate to compensate for such breach.

VIII. INSURANCE, INDEMNIFICATION AND BACKGROUND CHECKS/HEALTH SCREENINGS

- Each of UCESC, NJDVR, Community Service Provider and NJDDD shall maintain, for the duration of this MOU, at its cost, a policy or policies of commercial general liability insurance arising out of its activities and indemnification obligations. This includes the following insurance coverage: (a) Commercial General Liability Insurance on an occurrence basis including bodily injury, broad form property damage including personal injury and death, with minimum limits of \$1,000,000 single limit per occurrence and \$3,000,000 general aggregate; and (b) Workers’ Compensation – covering all employees and subcontractors with statutory limits and Employers Liability with limits no less than \$1,000,000. Each of UCESC, NJDVR, Community Service Provider and NJDDD will make certificates evidencing such insurance available for examination upon request and will name AHS as an additional insured under its Commercial General Liability policy. Each of the above coverages may be carried under one single policy or a combination of a primary and excess/umbrella policies. The limits of any insurance coverage shall not limit the applicable Party’s liability under the indemnification provisions of this MOU. If any insurance is provided to a Party under a “claims made” policy, said Party shall obtain appropriate continuing coverage for claims that arise out of this MOU and provide to AHS evidence of the continued effect of such “claims made” policy for five (5) years after the termination of this MOU or the purchase of an extended reporting endorsement (“Tail”) if the “claims made” policy is terminated at any time up to five (5) years after the termination of this MOU.
- Each of UCESC, NJDVR, Community Service Provider and NJDDD, agrees to defend, indemnify and hold harmless AHS, its directors, trustees, officers and employees from and against any and all claims and liability (including reasonable attorney’s fees and expenses incurred in the defense thereof) arising out of the acts or omissions, or the breach of this MOU, by each of UCESC, NJDVR, Community Service Provider and

NJDDD, the students, faculty members employees, agents, and Project SEARCH Staff in arising out of this MOU. Such indemnification shall include the costs of defense, including all reasonable legal fees, as well as the cost of any settlement or judgment. The foregoing defense obligation and indemnification is further subject to the following conditions: (1) AHS gives prompt notice to the other of any claims threatened or made, or suits instituted against it which could result in a claim or right to indemnification as provided herein; (2) AHS cooperates in the defense of any such claim or action; and (3) the indemnifying Party shall not settle action or claim without the prior consent of AHS, which consent shall not be unreasonably withheld. In addition, at its option, AHS may engage separate counsel to appear on its behalf in such action or proceeding without waiving its rights or the indemnifying Party's obligations under this paragraph. This provision shall survive expiration and/or termination of this MOU.

General: When onsite at AHS's premises, each of UCESC, NJDVR, Community Service Provider and NJDDD shall use its reasonable efforts to avoid unreasonable interference with AHS's operations. In addition, each of UCESC, NJDVR, Community Service Provider and NJDDD shall ensure that its employees, independent contractors, students and agents abide by all AHS's rules and regulations while working on AHS's premises, including rules and regulations concerning security, identification badges, patient confidentiality and privacy. The parties agree that each of UCESC NJDVR, Community Service Provider and NJDDD shall perform, or have performed, background checks and health screenings for all UCESC, NJDVR, Community Service Provider and NJDDD employees, independent contractors agents, and/or students ("personnel") who engage in on-site activities for AHS, prior to providing services at AHS's facility as more fully described in Exhibit A. IX. Miscellaneous.

Corporate Compliance. Each Party acknowledges that AHS must abide by Section 6032 of the Deficit Reduction Act of 2005, including any Corporate Compliance Program now or hereafter instituted by AHS and its affiliates and AHS's Code of Ethics. AHS has made its Code of Ethics and Corporate Compliance Program available at <https://www.atlantichealth.org/en/atlantic/policies.html> (Login: policies; Password: dra2005). The Parties acknowledge that these are available to its employees, agents and contractors, as necessary for its interaction with AHS.

Sanctioned Entity. The Parties represents and warrants that it is not, and its personnel are not, a Sanctioned Person or Entity. For purposes of this MOU, the term "Sanctioned Person or Entity" means a person or entity that (a) has been excluded by the Office of the Inspector General of the Department of Health and Human Services from participation in Medicare, Medicaid or any state health care program (defined at 42 C.F.R. § 1001.2) pursuant to 42 C.F.R. Part 1001 or (b) has been excluded by the State of New Jersey Department of Human Services from participation in New Jersey's Medicaid program pursuant to 42 C.F.R. Part 1002. The Parties shall notify AHS within ten (10) days after it receives notice that it, or any Party personnel doing work for or on behalf of AHS, is a Sanctioned Person or Entity. AHS shall have the right to terminate this MOU without penalty at any time after learning that any Party or any Party personnel doing work for or on behalf of AHS, is a Sanctioned Person or Entity.

Jeopardy. If, as a result of a change in law or regulation or a judicial or administrative decision or interpretation, the performance by either party hereto of any provision of this MOU should jeopardize the licensure of AHS, its participation in Medicare, Medicaid, Blue Cross or other reimbursement or payment programs, its exemption from taxation under Internal Revenue Code Section 501(c)(3) or its full accreditation by The Joint Commission, or if it should constitute a violation of any statute, regulation or ordinance, or be deemed unethical by any recognized agency or association in the medical or hospital field, AHS may request that this MOU be renegotiated to eliminate the jeopardy and, if agreement is not then reached, terminate this MOU forthwith.

Terry Foppert, Superintendent
Union County Educational Services Commission

AHS Hospital Corp.

Alice Hunnicutt, Director, DVRS
New Jersey Department of Labor and Workforce Development

Jennifer Joyce, Director, Supports Program and Employment Services
New Jersey Division of Developmental Disabilities

XXX, XXX
Community Service Provider (TBD)

EXHIBIT A

- Each background check shall comport with the Atlantic Health System background check procedure and shall include, at a minimum, statewide criminal checks with out-of-state checks as may be necessary due to prior addresses and places of employment. AHS prefers that the background check shall be performed by TABB Inc., 555 Main Street, Chester, New Jersey 07930, 800-887-TABB, however, if an alternate company is utilized, UCESC, NJDVR, Community Service Provider and NJDDD, as applicable, will be responsible for the integrity of the background check. Without limiting the generality of the foregoing, the background check must include all arrests and convictions for UCESC, NJDVR, Community Service Provider and NJDDD, as applicable, personnel from age eighteen (18) to the current date in all states in which an individual has resided, including on a temporary basis for education purposes or prior employment. In states in which a statewide check is not available, each county must be checked and AHS shall not accept a background check from such states where only the county of residence has been checked. Each of UCESC, NJDVR, Community Service Provider and NJDDD, shall comply in all respects with all applicable provisions of New Jersey Health Care Professional Responsibility and Reporting Enhancement Act and all statutes and regulations encompassed therein or promulgated pursuant thereto.

Each of UCESC, NJDVR, Community Service Provider and NJDDD, as applicable, must submit in writing on the Party's letterhead signed by an authorized representative to AHS the following:

- Name and address of company completing the background check;
- Name of the individual;
- Status of the individual's background check. Next to each name indicate "CLEAR" or, in cases where the criminal conviction history search comes back "adverse" indicate "Adverse record sent to Atlantic Health/Pending."
- Any individual whose record shows an adverse finding must be presented to the Atlantic Health Director of Security, Alan J. Robinson, via fax number 973-660-9276, for review and AHS may decline to assign any proposed Individual to an Atlantic Health System facility based upon the information contained in the background check.
- Each of UCESC, NJDVR, Community Service Provider and NJDDD, as applicable, shall immediately notify AHS after it receives notice that any UCESC personnel has subsequently been arrested and/or convicted. AHS shall have the right to request removal and/or replacement of personnel, and the applicable Party shall replace such personnel within a reasonable period of time, if: (i) AHS reasonably believes that the results of such background checks, including subsequent notifications, cause an individual to be an unsuitable candidate for on-site support; and/or (ii) AHS for reasonable cause determines such personnel to be unsuitable for on-site, training and/or implementation support.

***Immunization/Training Record
for Non-Atlantic Health
Student, Agency, or Contract Personnel***

Name: _____ Social Security #: _____ DOB: ___/___/___

Address: _____

Name of School/Agency: _____

Supervisor (if applicable): _____

IMMUNIZATION	YES/DATES	NO
<p><u>Hepatitis B:</u> (Must have one of the following)</p> <p>A. Proof of having all three doses of the Hepatitis B Vaccine: _____</p> <p>B. Documentation of a positive Hepatitis B Surface Antibody (HBsAb): _____</p> <p>C. Vaccine Waiver Form: (see attached) _____</p>		
<p><u>Rubeola (Measles):</u> (Must have one of the following)</p> <p>A. Rubeola Titer – demonstrating immunity. Immune: _____</p> <p>B. If born on or after 1957, proof of at least two doses of live measles (or MMR) vaccine after his/her first birthday: _____</p> <p>C. If born before 1957, laboratory evidence of immunity or proof of at least one dose of live measles (or MMR) vaccine: _____</p>		
<p><u>Rubella (German Measles):</u> (Must have one of the following)</p> <p>A. Rubella Titer– demonstrating immunity. Immune: _____</p> <p>B. Proof of one dose of rubella: (or MMR) vaccine after his/her first birthday, except women of childbearing age who have 1 or 2 documented doses of rubella-containing vaccine and have rubella-specific IgG levels that are not clearly positive should be administered 1 additional dose of MMR vaccine (maximum of 3 doses) and do not need to be retested for serologic evidence of rubella immunity: _____</p>		
<p><u>Mumps:</u> (Must have one of the following)</p> <p>A. Mumps Titer – demonstrating immunity. Immune: _____</p> <p>B. If born on or after 1957, proof of two doses of mumps (or MMR) vaccine after his/her first birthday: _____</p> <p>C. If born before 1957, laboratory evidence of immunity or proof of at least one dose of mumps (or MMR) vaccine: _____</p>		
<p><u>Varicella Titer:</u> (Must have one of the following)</p> <p>A. Proof of two doses of varicella vaccine, 4-8 weeks apart: _____</p> <p>B. Varicella Titer: – demonstrating immunity. Immune: _____</p>		
<p><u>Influenza Vaccination during flu season</u> (defined annually by the CDC): _____</p>		

Appendix C

Some Typical Departments and Sample Tasks/Duties that Project Search

Interns Expected to Perform at Overlook Medical Center

Medical/Surgical Nursing Units

- The Joint Commission Compliance checklists: Solution for “areas in need for improvement”. Verifies that interior temperatures are recorded for all medication and nutrition refrigerators. Checks ceiling clearance for supplies. Secures any free standing oxygen cylinders. Monitors level of sharp’s containers.
- Assemble blood culture kits: Assemble 7 products into a kit that is used each time a nurse needs to access the central line on a patient. The kits were developed to reduce blood contamination rates. Notes expiration date of oldest product in kit on outside of bag. Significant savings have been obtained by assembling kits in house.
- Mother Baby Unit: Stock holding nursery, clean breast pumps, make discharge packets, clean and stock medicine room, clean refrigerators, make circumcision packets, clean IV poles, organize formula room, set up mother/baby rooms, check blood tubes for expiration.
- Patient room cart stocking: Replenish all supplies/gloves in patient rooms after filling supply cart in central supply area. Supplies snacks in all family visitation areas.
- Admission packets: Compile admission packets in numerous departments throughout the hospital.
- Post-Surgical: pickup breakfast trays, deliver and pickup lunch trays, take refrigerator temp, make welcome packets, deliver packets, print stickers and place in patient charts, fill safety boxes, stock gloves, stuff charts with blank order sheets and doctor notes pages,

breakdown charts.

Emergency Department

- Medical Cart Stocker: Remove carts from Acute/Express Care and clinical decision area of ED, take to supply room, wipe down, replenish supplies, return carts.
- ED suites restock: Set up main cart with supplies. Stock medical carts in the ER, CDU and EC. Stock blanket warmer. Unpack boxes and place stock on shelves, change beds, stock all medical supplies in the ED rooms: IVAC covers, ear exam covers, gloves and sani-cloth wipes. Get supplies for patients i.e. water and blankets. Re-fill spray bottles.

Operating Room

- Room turnover: Pull case carts from the OR after cases and take to decontamination area for sterilizing. Change linen on stretcher beds and wipe down. Check Oxygen tanks for fullness. Clean room and dispose of waste products.
- OR Technician: Take specimens to lab, blood cultures to/from blood bank. Take items to/from Breast Imaging Department, pick up nourishments from the Dietary Department for OR staff and patients. Pick up meds in Pharmacy and supplies/equipment from Central supply and deliver to OR.
- Vendor payment clerk: Prepares requisitions for medical reps to be reimbursed for equipment, sales and services used by surgeons in the OR.
- Anesthesia cart stocker: Stock anesthesia carts in the OR following surgeries. Maintain supplies in the central stockroom of the OR. Stock carts in the pre-op area.

Central Sterilization

- Case Cart tech: Pull supplies for next day surgery and place them on case carts. Put supplies in appropriate area of sterile processing room. Stock supplies in the center core

and outside area of OR. Clean doctor's instruments used in the OR.

- Central Sterile Technician: Make rounds of floors to collect soiled isolation carts, code carts, ALPs and respiratory Apparatus. Bring items to the soiled are of CS, clean, sanitize, and wrap items for use in OR. Receive surgery carts, sort, scan, place in appropriate cleaning areas. Take carts to washer.

Radiology

- Tech Assistant: Transport patients to and from ED and designated floors. Assist CT techs in transferring patients to table. Input "Q-C" patient documentation, restock supplies in CT and holding area, deliver reports to appropriate reading rooms, sanitize and place clean linen on stretchers.

Materials Management/Bio Med Engineering

- IV Equipment Distribution: Collects soiled IV pumps/poles for all nursing units. Brings equipment to designated area to sanitize, check Biomedical stickers, battery levels. Checks par levels on all units and replenish with clean units. Responds to calls from units for additional equipment.
- Delivery Tech: Delivers supplies from central supply to all hospital units. Stocks unit shelves as needed. Completes documentation and receives signatures for deliveries.
- Stock Clerk: Works in central supply and stocks new supplies coming in and pulls items to deliver to departments.

Pharmacy

- Pharmacy tech assistant: separates conjoined, individually sealed pill packets and places them in designated containers; organizes them to be loaded into robot, matches narcotics sheets.

- Pharmacy stocking tech: Prepares unit dose Ibuprofen by drawing liquid into 5ml and 10 ml oral syringes. Place labels on filled syringes. Bags, labels, enters in logbook, has pharmacist sign off. This saves pharmacy significant dollars verses buying in unit dose.

Outpatient Infusion Center

- Support partner: Delivers/retrieves blood samples, pharmaceutical drugs, plasma and other medical supplies and patient samples to and from the infusion units. Provides patients with blankets, water and physical assistance. Stocks all nursing carts in the unit. Clean equipment, patient chairs, stocking carts. Changes blankets and pillow cases as soon as patient leaves.

Admissions

- Greeter/Transporter: Greets patients and visitors in the out patient area. Copies ID and insurance cards, faxes and tubes information as needed, escorts visitors from waiting room to Pre-Op and PACU areas, assembles packets, stamps parking tickets, keeps lobby free of trash, retrieves wheel chairs.
- Patient Account Representative: Performs the admissions process including patient interview, data entry, and escorting patients and families to appropriate area within hospital.

Human Resources

- File Clerk: Files all employee personnel data, maintains complete confidentiality.

Medical Records

- Medical Records Assistant I: Receives patient records from clinical units. Organizes according to “Q-A” procedure. Eliminates non -essential data, removes staples and feeds documents into scanner.

Patient Accounts/Business office

- Patient accounts clerk: Data entry of receivable information, copy, collate, stuff envelopes, scan, shred, recycle.

Food Services and/or Dietary Department

- Stocking clerk: Stocks all drinks and pre prepared items in refrigerator for next day.
- Dining room assistant: Clears tables, fills all condiment containers.

Housekeeping/Environmental Services/Linens

- Housekeeping assistant: Vacuums floor.

Patient Care**Mail Room**

Appendix D

Teaching and Coaching For Success Tuesday and Wednesday, July 12 and 13, 2016 New Jersey Agenda



Day 1: Tuesday, July 12, 2016

9:00 Welcome and Introductions

9:30 Overview, Need and Value – Driven Partnerships

- Project SEARCH Partners, Roles and Responsibilities
- Expectations of high level training, internships, skill acquisition and jobs!
- Preparation for independence: challenging, complex work
- Focus on meeting needs of all stakeholders while achieving goal of employment!
- Skills Versus Deficits – Value Driven Approach to employment!

10:45 Developing Quality Internships to Achieve the Goal of Employment

- ▶ Examining our Communities with Employment in Mind
- ▶ Host Business → Competitive Employment
- ▶ Choosing Internships That Develop Core Skills
- ▶ Environmental Analysis, Work Rotation Analysis, Job Analysis
- ▶ Standing in the Circle – Departments and Internships
- ▶ Industry Training Matrix
- ▶ Vocational Fit Assessment

12:15 Lunch

1:15 Systematic Instruction: Preparing to Teach

- ⌋ Task Design
- ⌋ Standard Work
- ⌋ Task Analysis

2:30 Systematic Instruction & Teaching Interns

- ★ Teaching Strategies and Learning Styles
- ★ Delivering an Fading Assistance
- ★ Video Observation and Discussion
- ★ 360 Degree Evaluation of Interns
- ★ Questioning Techniques to Build Critical Thinking Skills

4:00 Adjournment for Day One

Day 2: Tuesday, June 21, 2016

8:45 Networking Time

9:00 Gathering Information for Internship Planning

- 🕒 Creating Student Vocational and Training Profile
- 🕒 Building the Individualized Training Plan

9:45 Performance Standards

- 🕒 Productivity, Quality and Error Proofing
- 🕒 Using Technology to Enhance Training and Independence

10:30 Employability Skills: Teaching Abstract Concepts

- ▶ Motivation and Initiative
- ▶ Problem Solving
- ▶ T-Charts, Frayer Model, Social Stories and other activities!
- ▶ Teacher Expectations and Student Performance

11:30 Lunch**12:30 Business Collaboration, Communication and Partnership**

- ★ Communication with Business and other Partners and Stakeholders
- ★ Working with Family Members as Partners
- ★ Language and Business Etiquette
- ★ Student → Intern → Employee

2:00 Next Steps: How Will I Use This Information and Plus Delta Evaluation**2:30 Adjournment for Day 2**

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Bachelor of Art in Teaching English as a Second Language, May 1993

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Special Honors and Awards:

- Certificate of Recognition from Union County Board of Chosen Freeholders, 2015
- National Association for Rehabilitation Leadership Award winner, 2014
- Best Counselor Award by America Works, 2012
- English Department Teacher of the Year, 1999-2000
- District Teacher of the Year, 1996-1997
- Recognition for achievement for working with underprivileged children, 1994-1995

Research Paper Title:

Transition From School to Work for Students With Disabilities: Challenges, Legislations, and Programs

Major Professor: Dr. William Crimando