

Parent Perspectives on Preparing Students with Intellectual Disabilities for Inclusive Postsecondary Education

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Abstract

Using a three-round Delphi survey, researchers explored parent perspectives regarding the personal competencies students with intellectual disabilities (ID) needed to be better prepared for participation in an Inclusive Postsecondary Education program (IPSE). An expert panel comprised of parents of students with ID in IPSE programs participated. Three Delphi rounds consisted of open-ended questions and cycles of subsequent rating scales on identified perspectives to establish a quantitative basis for consensus. The parent panel reached consensus on a list of 30 personal competencies that support student preparation for IPSE. A description of the methodology, results, and implications for practice are discussed.

Keywords: intellectual disability, inclusive, postsecondary education, parents

Plain Language Summary

- Parents of students with intellectual disabilities (ID) who have attended a college-based program designed to support students with ID to fully participate in a college experience were asked what personal skills they thought students with ID needed to be better prepared to go to college.
- These parents agreed on a list of 30 skills that could help students with ID be more prepared to succeed in these types of inclusive college programs.
- Details about how parents were chosen to be in the study, what questions they were asked, and the full results of what they said are described in this article.
- How the results of this study could be used by parents and professionals to help students with ID be more prepared and successful in college-based programs is also discussed.

In recent years, the number of postsecondary education (PSE) programs supporting the unique needs of young adults with intellectual disability (ID) has grown rapidly in the U.S. To date, there are approximately 300 PSE programs across the U.S. that afford students with ID the opportunity to engage in higher education (Think College, 2020). This growth is in part due to the provisions made by the Higher Education Opportunity Act (HEOA, 2008), which provided funding for Transition and Postsecondary Education Programs for Students with Intellectual Disability (TPSID) demonstration projects. According to the U.S. Department of Education (2020), there have been a total of 74 federally-funded TPSID demonstration projects, tasked with creating or expanding high-quality, inclusive postsecondary education (IPSE) opportunities specifically for students with ID. The overarching goal of this federally-funded effort to increase access to high-quality IPSE opportunities is to improve outcomes related to competitive integrated employment and independent living for students with ID, improvements that recent research is beginning to document (Grigal et al., 2019; Smith et al., 2018; U.S. Department of Education, 2020). Consequently, as the number of opportunities for these students to participate in IPSE programs continues to expand, it becomes increasingly important for all stakeholders to gain a better understanding of how to help prepare students for meaningful IPSE participation.

Parents and families play critical roles in preparing youth for their transition to adult life and are often the stakeholders most intimately aware of the youths' strengths and opportunities for growth. Family involvement was one of five categories identified in Kohler's Taxonomy for Transition Programming for delineating effective practices (1996). Based on a review of secondary transition correlational research, parent involvement in planning the Individualized Education Program (IEP) was found to be a potential variable associated with successful employment outcomes (Test et al., 2009). In a more recent literature review, Mazzotti et al. (2021) found that parent expectations were a research-based predictor of postschool employment. For example, parents' expressing their expectations that their child gain paid work after high school was associated with future employment (Cmar, 2015; Simonsen & Neubert, 2013). Rowe et al. (2021) reviewed literature and found that parent engagement was an evidence-based practice predicting successful transition outcomes for youth with disabilities. Several researchers (e.g., Mazzotti et al., 2021; Rowe et al., 2021) recommended identifying factors within family engagement that influence successful transition outcomes. Asking parents of students who have participated in a TPSID program what personal skills, knowledge, and attributes they think students need to develop to be better prepared to participate in and benefit from an IPSE experience, could provide valuable insights to other families and professionals who are preparing young adults with ID for PSE.

Parental Involvement in Preparing Youth with ID for IPSE

Parents of students with ID have been a driving force in the movement to develop and expand IPSE opportunities for their children (Grigal & Hart, 2010; Grigal & Neubert, 2004; Hart et al., 2006; Neubert et al., 2001). Researchers have demonstrated a strong relationship between parental expectations and participation in PSE for students with ID (Doren et al., 2012; Griffin et al., 2010; Hirano et al., 2016; Martinez et al., 2012). The likelihood of students participating in PSE programs increases when parent expectations

for a college experience are part of the transition planning process. In a comprehensive review of best practices in transition to adult life for youth with ID, Papay and Bambara (2014) found that family involvement in transition planning was consistently identified as one of the seven most common best practices. They reported that “youth who had experienced family involvement [in transition planning] were 41 times more likely to have attended PSE between 2 and 4 years out of high school than youth whose families were not involved” (Papay & Bambara, 2014, p. 144).

Despite the recognition that parents play an essential role in planning and preparing their student with ID to participate in IPSE programs, few studies were found on the parent perspective regarding what is needed for successful participation. Hirano et al. (2018) explored school, adult service, and family barriers to transition planning in a qualitative metasynthesis. Although their focus was identifying barriers, families generally expressed the need for individualized supports for their youth, a focus on strengths and preferences, and respect for family circumstances. As Papay and Griffin (2013) point out, “intentionally soliciting the perspectives of students with ID and their families can help to ensure that new programs and opportunities develop in a way that meets their needs” (p. 114). Accordingly, the current study sought to identify what specific personal skills, knowledge, and attributes that parents of former TPSID students consider important to develop. Given the current state of postsecondary education research, we addressed the following research question: From a parent perspective, what personal skills, knowledge, and attributes do students with ID need to develop to be prepared to participate in an IPSE program?

Method

Delphi Methodology

Using the Delphi method, researchers seek input from a group of experts to establish priorities that are based on group, versus individual opinion (Clayton, 1997; Yousuf, 2007). This qualitative research method can be particularly useful when precise information about a complex issue is not readily available or when there is little or no information on the topic of study (Fleming et al., 2015; Yousuf, 2007). Because these conditions applied to the topic of exploration in this study, a three-round Delphi method was used to survey an expert panel of parents whose student with ID had participated in at least one semester of a TPSID program. During the first round of a Delphi survey, participants are asked to respond to a few open-ended questions, producing qualitative data. Researchers then take this qualitative data and develop items for participants to rank on a Likert-type rating scale in the second and third rounds to establish a quantitative basis for meeting a predetermined level of consensus among the participants (Vázquez-Ramos et al., 2007). The use of a three-round Delphi method for this study was based on the assumption that parents comprising the expert panel would be willing and able to respond honestly and accurately to each round of the survey.

Participants

The expert status of parents on the lived experience and needs of their children is clearly referenced in the aforementioned literature (Mazzotti et al. 2021; Rowe et al., 2021). Accordingly, parents with lived experience in supporting a child that attended a TPSID program were recruited. Participants were from the population of parents whose students with ID participated in at least one semester in one of the first two rounds of TPSID grantees. On behalf of the researchers, the National Coordinating Center for TPSIDs disseminated an initial email description of the study to all 44 participating TPSID grantees at the time of recruitment. The exact number of parents reached by email is unknown. The individual TPSID programs were then asked to forward the study invitation to the parents of all current and former students who had participated in their program for at least one semester. This procedure produced a purposive sample of parent experts from TPSID programs. For this study, an individual was considered a parent if they were the biological, adoptive, or step-parent of a student with ID, or if they currently or previously served as the legal guardian/primary caretaker for a significant portion of the student's life, prior to enrolling in a TPSID program.

Of the 29 initial respondents, 23 were mothers (79%), 24 were white (83%), and 22 were Non-Hispanic (76%). Most participants were between the ages of 46–57 years (66%) with a group over the age of 58 years (17%) and a group under the age of 40 years (14%). The ages of the participants' students were 18–26 years old, with the largest single age category being 19 years old (28%). A doctoral degree (28%) was the most frequently selected education level of participants, followed closely by bachelor's degree (24%) and high school diploma (24%). Finally, participants were from four of the nine geographic subdivisions recognized by the U.S. Census Bureau (i.e., Regions 3, 5, 8, & 9).

Procedures

Twenty-nine parents responded to the initial email invitation, leading to an expert panel of 29 participants for the first round of the survey. Of the original 29 participants, 21 (72%) completed the second round and 17 (59%) completed the third round. Attrition between rounds of a Delphi is not uncommon (Clayton, 1997; Hsu & Sandford, 2007) and the attrition rate for this study was almost identical to the attrition rate reported in the most closely related study found in the literature (Milsom & Dietz, 2009). The final sample of 17 participants who completed all three rounds of the survey kept the sample size within the expected parameters recommended in the literature (Clayton, 1997; Skulmoski et al., 2007).

Round 1

Participants were asked to complete a set of demographic questions and respond to the following open-ended prompt:

In this section of the survey we are going to ask you to list the personal skills, knowledge, attributes, or other factors that you think students with intellectual disabilities need to be ready to participate in an inclusive postsecondary education program, like the program your student has participated in.

Definitions for the terms along with common examples fitting each definition were provided by the researchers to assist participants in understanding how to respond to the prompt. Other factors were defined by the researchers as “any items you think do not fit in the categories of personal skills, knowledge or attributes”. Following the process for systematic content analysis outlined in Milsom and Dietz (2009), the participant-generated list of words and phrases in Round 1 were independently reviewed by two researchers and discussed to condense and eliminate duplication and redundancy or expand and clarify key concepts. The results of this process reduced the list of 221 independently generated words/phrases to 46 items related to students with ID being prepared to participate in a TPSID program. These items loosely fell into the general categories listed in the prompt for Round 1: (a) personal skills, (b) knowledge, (c) attributes, or (d) other factors, and served as the foundation for the items to be rated by the expert panel in Round 2. In addition to the 46 items generated by the expert panel in Round 1, 10 items from a study by Milsom and Dietz (2009), which focused on college readiness for students with learning disabilities, were deemed relevant by the researchers and added to the list of items to be rated. This action brought the total number of items to be rated in Round 2 to 56.

Round 2

In Round 2, the 21 continuing participants were asked to rate the importance of each of the 56 items related to preparing students with ID for participation in IPSE on a scale of 1 (not at all important) to 7 (very important). At the end of Round 2, measures of central tendency and dispersion were calculated for each item, including the median and interquartile range (IQR) using IBM SPSS Statistics (Version 24) predictive analytics software.

Round 3

Following the data analysis for Round 2, the same list of 56 items was provided to the remaining 17 participants who completed all three rounds of the survey, along with measures of central tendency and frequency distribution for each item. Consistent with Delphi methodology, participants received an explanation of how to interpret these measures of central tendency, which reflected how the overall group viewed the importance of each item and were asked to compare their individual rankings of the items from Round 2 to see if they wanted to change their ranking based on this additional information. The opportunity to change individual ranking of items between Rounds 2 and 3, based on information from the groups' rankings, is at the heart of reaching consensus in a Delphi study. Participants were explicitly instructed that it was their choice to rate each item the same way they did in Round 2 or to change their rating based on the additional information provided.

Analysis

Measures of central tendency and dispersion are the typical statistics reported for a Delphi study (Hsu & Sandford, 2007) and the median and IQR are the most common of these measures that are reported, particularly for final results based on scales that do not have equal intervals, such as the one used in this study (Hsu & Sandford, 2007; Jenkins & Smith, 1994). At the end of Round 3, a final median and IQR were calculated for each item to identify items that were considered to have reached consensus. For the purposes of this study, consensus was defined as an item having a median of 6.00 or higher and an IQR of 1.50 or lower. These cutoff scores were based on guidance from the literature (Hsu & Sandford, 2007; Jenkins & Smith, 1994; Milsom & Dietz, 2009) and ensured that only items that reached a high level of agreement among participants related to the overall importance of the item for IPSE preparation (i.e., median) with minimal variation in the range of responses (i.e., interquartile range) were retained.

Results

Round 1

Participants generated 221 words and/or phrases in response to the prompt to list the personal skills, knowledge, and attributes, or other factors that they thought students with ID need to be ready to participate in an inclusive postsecondary educational program. After a systematic review by two researchers (described above), this list of words and/or phrases was condensed to 46 items for Round 2. Ten additional items from a previous study by Milsom and Dietz (2009) related to college readiness for students with learning disabilities, deemed to be relevant to the current study by the researchers, were added to the parent-generated list of 46 items for a total of 56 items included in Round Two.

Rounds 2 and 3

In Round 3, 33 of the 56 items (59%) met the consensus cutoff. Between Round 2 and 3, there were 12 items that moved into the consensus range (i.e., items # 9, 12, 14, 15, 18, 19, 24, 25, 26, 27, 28, 29, & 30 [see Table 1]) and seven items were dropped from the consensus range (i.e., *knows how to compete a task or do a job well; demonstrates desire to participate in all areas of the IPSE program and integrate into campus life; takes initiative and is self-motivated to get assignments and daily living tasks done; demonstrates knowledge of available supports and how to advocate for their individual accommodations; can make a plan to achieve their individual goals with or without support; demonstrates knowledge of their strengths and weaknesses; has a basic understanding of interpersonal communication skills*). This action led to the net gain of five items that shifted the number of total items reaching consensus from 28 in Round 2 to 33 in Round 3. Researchers then conducted an additional review of the 33 items reaching consensus to eliminate any remaining redundancy or duplication in items. During this process, researchers agreed that an additional three pairs of items could be further combined, (i.e., *“ability to ask for help in both academic and social situations” was combined with “able to ask for clarification, or ask for more information when needed” into item #2 [see Table 1]; “ability to psychologically and/or emotionally adjust to unexpected changes in routine” and*

“Can self-regulate behavior and emotion when they don’t get their way” were combined into item #15; *“Can track time and follow a schedule using a watch or phone”* was combined with *“Can plan ahead for schedule changes”* for item #9) reducing the final list of IPSE preparation items reaching consensus to 30 (see Table 1).

The final 30 IPSE items (see Table 1) representing the personal competencies (e.g., personal skills, knowledge, attributes and other factors) identified by the panel were further categorized by researchers into one of four primary categories: (a) Academic/Study Skills, (b) Independent Living (IL) Skills, (c) Social Skills/Working with others, and (d) Personal Characteristics. The most highly rated items (#1-9) on the list all had a median of 7, the highest possible rating for level of importance for IPSE preparation. A majority (7) of these top nine items seemingly had less to do with Academic/Study skills or Personal Characteristics and instead were focused more on what we categorized as either IL skills (i.e., able to manage medications independently, demonstrates basic hygiene skills, accepts responsibility for their actions, and demonstrates knowledge of personal safety awareness), or Social/Working with others skills (i.e., able to follow instructions/directions, able to ask for help/clarification across variety of settings, is kind to self and others). The one item in the top nine that we categorized as primarily an Academic/Study Skill was “time management.” While these items may not be new, and each could conceivably be grouped in one of the other four categories we chose, all of them reflect areas, that if focused on more intentionally at an earlier age, could help all stakeholders more adequately prepare students with ID to successfully participate in IPSE. The same could be said for the other 21 items on the list.

Discussion

This study explored parents’ perspectives regarding the personal competencies important for students with ID to develop in preparation to successfully participate in IPSE programs. The purpose of this study was to bring the parent perspective more explicitly into the ongoing conversation about how well we as stakeholders are preparing students with ID for IPSE programs. The phrasing around having parents list personal skills, knowledge, and attributes in Round 1 of the survey was intended to encourage the broadest response possible, in a way that encouraged participants to move beyond only providing general statements about students needing communication skills, self-advocacy skills, and so forth. For example, with many of the 30 final items (see Table 1), there was both a “knowing how to” element and a “willingness to do” component of the item, which means they could be categorized as either a personal skill or knowledge, or both.

Many of the items on this list involved concrete and/or discrete skills (i.e., time management, personal hygiene, behavioral and emotional regulation, etc.) that were familiar to most stakeholders who work to support the education and life skills development of students with ID. Several of the items on this list were explicitly and regularly addressed in special education programming at the K-12 level and in the home by parents from an early age (although how effectively they were addressed is an area open to additional research). However, some of the items on this list (e.g., being kind to self and others, has a sense of curiosity, or is patient with self and others) were not typically considered preparatory skills, but instead, traits of socialization, ambition, or self-

regulation important in higher education (NCWD, 2016). These competencies go beyond the typical academic achievement standards that are indicative of college readiness for students without disabilities and recognize the need to assess the readiness of students with ID for PSE by examining the strengths, personal skills, knowledge and attributes these students have in other life areas. As stated by the National Collaborative on Workforce and Disability (NCWD, 2016), “[there are] a wide range of personal competencies and non-academic factors [that] have an impact on a student’s chance of persisting and completing a postsecondary credential or degree” (p. 1). Brandt et al. (2013) and NCWD (2016) list factors such as self-awareness, independence, decision-making skills, resiliency, self-advocacy skills, interpersonal relationship skills, self-management skills, ability to seek out and use assistance, and the ability to find, request, and use supports and accommodations. The top IPSE preparation items in Table 1 (#1-9) represent a mix of personal competencies that clearly fit within at least one, if not several, of the competency areas listed by Brandt et al. (2013) and NCWD (2016). The same can be said for the remaining 21 items reaching consensus (see Table 1). This finding demonstrates that the items identified by parents as being most important in preparing students with ID for IPSE programs are similar if not identical to the personal competencies and non-academic college readiness factors identified in the literature (Brandt et al., 2013; NCWD, 2016). Ultimately, the items reaching consensus in this study help to inform the broader conversation about if, and how, we are addressing IPSE preparation for students with ID, compared to the college readiness efforts focused on other groups of students with and without disabilities. Additionally, consensus items show that parental perspectives tend to align with best practices, suggesting that including parents throughout the process of working with students with ID can be complementary to the overall experience and is important for future practice considerations.

Recommendations for Future Research

Notably, the current study did not explicitly ask participants if their student lived at home or on-campus/away from home while they were enrolled in an IPSE program. Several of the final 30 items meeting consensus may be more applicable and relevant to students participating in IPSE programs with a residential component. For example, items related to personal hygiene, health and safety, time management, healthy eating and sleep may take on additional significance for students living on campus, where they would need to be prepared to take responsibility for these types of tasks without the regular and direct support of parents or 24/7 staff support. Future research should explore how the types of IPSE preparation competencies correlate with residential and nonresidential program contexts.

Additionally, future researchers may want to expand on findings by developing and assessing these 30 items on a rating scale, evaluating them in relation to key student outcomes including initial IPSE preparation, student engagement while in the program, persistence to completion/graduation, and later employment and independent living indicators. Building predictive validity around these items could greatly improve their utility and strengthen their weight in informing future programming practices. Researchers might also consider the use of additional methodologies (e.g., large scale stakeholder

surveys, in-depth key-informant interviews, focus groups, etc.) to more thoroughly explore the topic considered by the current study.

Finally, future research could use the list of items meeting consensus in Table 1 to explore how other stakeholders, especially students with ID, IPSE program staff, special educators at the high school level, and vocational rehabilitation counselors, might similarly or dissimilarly rate the importance of each item. Discovering similarities and differences among stakeholder groups regarding which IPSE preparation competencies each view as being a priority could lead to more effective collaborations and the development of psychometrically sound measures to evaluate IPSE preparation.

Implications for Practice

There are several opportunities for parental involvement in the transition process for students with disabilities, including ID. Kohler's Taxonomy for Transition Programming (1996) recognized that families are a major natural support of students with disabilities who should be empowered to become more involved in decision making throughout the transition planning and preparation process. As natural supports, parents can use the list of items developed in this study to assess what areas they consider strengths for their student and what areas they might focus more effort and attention on, at home as a family, to help their student develop additional independent living competencies that would allow them to be better prepared for an IPSE setting. Parents and students might also consider using the list of IPSE preparation items from this study to create an informal, comprehensive family IPSE preparation plan which complements the official IEP/ITP but draws on additional systems of natural support in the community, beyond the education system.

Additionally, parents working in partnership with special educators could use the items on this list to help inform and refine their student's Individualized Education Program (IEP) goals and Individualized Transition Plan (ITP) by advocating for the services and supports related to key competencies on the list that they think will better support their students' IPSE preparation. Similarly, the findings of this study can be used to support additional parent-professional partnership opportunities with IPSE staff and other key stakeholders, such as Vocational Rehabilitation Counselors, leading to more informed conversations and effective planning around how best to prepare and support individual students to succeed in specific IPSE programs/settings. This study explicitly acknowledges the expert status of parents in understanding the critical IPSE readiness competencies that all stakeholders need to consider when preparing students with ID to maximize the utility and benefits of IPSE opportunities. Further, it underscores the essential role of intentionally seeking to understand and incorporate the parent perspective into the transition planning and intervention process, if we are truly committed to parent-professional partnerships that support the best possible outcomes for students with ID participating in IPSE.

Existing and future IPSE programs might use the results of this study to develop and/or enhance a screening tool (Hirano et al., 2018; Morgan & Riesen, 2016) to help assess the overall preparation level of students applying for admission. Having this additional information about individual students could provide staff with valuable insight into how

prepared a student is to make the transition into the IPSE program. This can assist staff in making important decisions regarding the timing of program admission and/or the need for prospective students to develop additional IPSE preparation competencies before making this transition. Additionally, such an enhanced screening tool could help IPSE service providers develop a better a priori understanding of the individualized supports and resources that incoming students may need to aid their transition into the program, before they arrive on campus for the first day of classes. This could support a smoother and more effective transition for both students and IPSE program staff.

Limitations

In the current study, a nonrandom purposive sample of parents of students with ID who had participated in a TPSID program were considered to meet the standards outlined in the literature regarding who might be deemed an expert on a topic (Clayton, 1997; Hsu & Sandford, 2007). However, had a different sample of parent experts participated in this study, the results reflected in Table 1 may have differed, as results of expert panels may vary depending on sampling method (Clayton, 1997). Thus, there are limitations regarding the generalizability of the results that are inherent with Delphi methodology. Second, it was assumed that personal competencies related to personal skills, knowledge, and attributes needed for students with ID to be prepared to participate in IPSE programs could be identified by the expert panel based on the initial prompt in Round 1. It is possible that had the initial prompt been stated differently, the expert panel might have provided different responses. Finally, the results of the study may have been influenced by the relative homogeneity of the sample, high levels of education, and limited diversity of the expert panel. A panel with greater diversity may have altered the results. These issues should be considered in future research.

Conclusion

As research documenting the positive impact that participation in PSE can have on the employment, independent living, and quality of life outcomes for individuals with ID continues to grow, the number of families who are eager for their student to pursue these opportunities is likely to increase exponentially. Therefore, family and system-level stakeholders have an increased responsibility to ensure that students with ID who want to pursue PSE as part of their transition plan to adulthood are intentionally and adequately prepared to participate and be successful in these programs. The parent perspective on preparing students with ID for PSE explored in this study can provide a critical perspective to inform the broader conversation and collective effort around improving PSE preparation for students with ID and provide a useful tool with which to facilitate these conversations.

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Table 1*Final List of PSE Preparation Items Meeting Consensus*

Item	Median (<i>n</i> = 17)	IQR
1. Able to follow instructions/directions	7	1
2. Able to ask for help/clarification across variety of settings	7	1
3. Able to manage medications independently (e.g., take the appropriate amount at the appropriate time, can order or tell someone when they need refills, can describe any side effects they may be having)	7	1
4. Demonstrates basic hygiene skills without regular prompting (e.g., showers regularly, teeth brushing, nail care, wearing clean clothes, etc.)	7	1
5. Accepts responsibility for their actions	7	1
6. Demonstrates resilience	7	1
7. Is kind to self and others	7	1
8. Demonstrate knowledge of personal safety awareness (e.g., stranger danger, how to navigate a new environment safely, know who to contact in an emergency or what to do when feeling unsafe, etc.)	7	1.3
9. Time management skills (e.g., can track time using a watch or phone, can follow a schedule with or without prompts, use a planner, etc.)	7	1.3
10. Demonstrates persistence or perseverance	6.5	1
11. Makes decisions about participation in daily activities with or without support	6	0.3

(table continues)

Item	Median (<i>n</i> = 17)	IQR
12. Able to work, or learn to work, in a group environment collaborate w/ others	6	0.3
13. Has a sense of curiosity	6	1
14. Has confidence and/or high self-esteem	6	1
15. Ability to adjust to unexpected changes in routine and self-regulate behavior and emotion when things don't go as planned	6	1
16. Is patient with self and others	6	1
17. Able to be out of their comfort zone	6	1
18. Able to appropriately express emotions/feelings (e.g., loneliness, sadness, anger, being overwhelmed)	6	1
19. Has a sense of independence from parents/family	6	1
20. Demonstrates desire to learn and willingness to improve and work hard	6	1
21. Able to keep track of and take care of personal belongings (e.g., clothes, phone, backpack and school supplies, etc.)	6	1
22. Able to make healthy food choices with or without prompting	6	1
23. Demonstrates the ability to regulate sleep (when they go to bed and get up)	6	1
24. Understands the different roles of a professor versus student or peer mentors versus students being mentored	6	1
25. Able to use assistive technology that helps them learn (e.g., smart pens, speech to text software, various apps on a phone or iPad).	6	1

(table continues)

Item	Median (<i>n</i> = 17)	IQR
26. Understands their personal learning style or how they learn best (e.g., listening to audio books versus reading books; writing notes versus having written notes supplied; actively drawing versus looking at pictures)	6	1
27. Is proactive or purposeful in developing a daily schedule	6	1
28. Makes decisions related to making and/or having goals for their future with or without support	6	1
29. Has a basic understanding of social cues (e.g., eye contact, personal space/boundaries; body language, tone of voice)	6	1
30. Has basic housekeeping skills (e.g., keeping a bedroom clean, doing laundry, washing dishes)	6	1.3
