

Utah State University

DigitalCommons@USU

All Graduate Plan B and other Reports

Graduate Studies

8-2017

Combining Intake and IEP meetings: Evaluation of the Effects of Interagency Collaboration between Vocational Rehabilitation and Special Educators

Katrina Cummings
Utah State University

Follow this and additional works at: <https://digitalcommons.usu.edu/gradreports>

 Part of the [Special Education and Teaching Commons](#), and the [Vocational Education Commons](#)

Recommended Citation

Cummings, Katrina, "Combining Intake and IEP meetings: Evaluation of the Effects of Interagency Collaboration between Vocational Rehabilitation and Special Educators" (2017). *All Graduate Plan B and other Reports*. 1035.

<https://digitalcommons.usu.edu/gradreports/1035>

This Creative Project is brought to you for free and open access by the Graduate Studies at DigitalCommons@USU. It has been accepted for inclusion in All Graduate Plan B and other Reports by an authorized administrator of DigitalCommons@USU. For more information, please contact digitalcommons@usu.edu.



COMBINING INTAKE AND IEP MEETINGS: EVALUATION OF THE EFFECTS OF
INTERAGENCY COLLABORATION BETWEEN VOCATIONAL
REHABILITATION AND SPECIAL EDUCATORS

By

Katrina Cummings

A creative project submitted in partial fulfillment of the
requirements for the degree

of

MASTER OF EDUCATION

in

Special Education

Approved:

Robert Morgan, PhD
Major Professor

Timothy Riesen PhD
Committee Member

Kathleen Oertle, PhD
Committee Member

UTAH STATE UNIVERSITY

Logan, Utah

2017

ABSTRACT

Combining Intake and IEP Meetings: Evaluation of the Effects of Interagency
Collaboration Between Vocational Rehabilitation and Special Educators

By

Katrina Cummings, Master of Education

Utah State University

Major Professor: Dr. Robert L. Morgan

Department: Special Education and Rehabilitation

Collaboration between agencies has been shown to be an indicator of post-school success for individuals with disabilities. While it is shown to be important, collaboration between Vocational Rehabilitation (VR) and Special Educators (SPED) does not always occur. This project examined the effects of combining Individualized Education Programs (IEPs) and intake interviews on the rate and satisfaction of collaboration and the understanding of the other agencies roles and responsibilities. Participants included four SPED teachers and two VR counselors. All participants worked with individuals with disabilities between the ages 15-22 years who attend public education in a school district in the western region of the U.S. Participants completed a pre-survey which included information about (a) demographic information, (b) rate of and satisfaction with collaboration, and (c) understanding of the roles and responsibilities of the other agency. After the presurvey, participants received a training on why and how to conduct IEPs and intake meetings together. Thereafter, they conducted combined IEPs and intake

interviews. After IEP/intake meetings, participants completed a post-survey that included (a) rate of and satisfaction with collaboration, (b) understanding of the roles and responsibilities of the other agency, and (c) satisfaction of combining IEPs and intake meetings. The overall rate of and satisfaction of collaboration increased. Also, all but one participant's overall understanding of the roles and responsibilities of the other agency increased. The one participant that did not increase had a ceiling effect, that is, this individual was unable to rate level of understanding higher than the pre-survey rating. All of the participants were satisfied with combining the meetings. Overall, the participants reported that this process might change scheduling going forward in their career. Findings suggested the process of combined IEP/intake meetings was a viable process that could be used to enroll more students for VR services while increasing the rate of and satisfaction with collaboration between the agencies.

Introduction

Interagency collaboration between special education (SPED) and Vocational Rehabilitation (VR) has been identified as an indicator of post-school success for individuals with disabilities (Mazzotti, Test, & Mustian, 2014; Oertle & Trach, 2007; Riesen, Schultz, Morgan, & Kupferman, 2014; Test et al., 2009). Interagency collaboration is defined by Steere, Rose, and Cavaiuolo (2007) as “key people from school personnel, family members, businesses, and human service agencies working together to promote successful post-school outcomes” (p. 15). Legislation has recognized the importance of interagency collaboration and has mandated collaboration between SPED and VR agencies. Specifically, The Rehabilitation Act’s most recent amendment in 2014, the Workforce Innovation and Opportunities Act (WIOA), and Individuals with Disabilities Education Act of 1997 (IDEA) and its reauthorization in 2004, all contained components which emphasized interagency collaboration. For example, IDEA mandated educators invite other agencies that may assist the individual in the future to all Individualized Education Program (IEP) meetings for students ages 16-21 years. Additionally, the Pre-Employment Transition Services mandate of WIOA require that VR counselors and special educators work together.

Despite legislation mandates, some researchers have indicated there is still minimal collaboration occurring among the agencies within the transition process. For example, Taylor, Morgan, and Callow-Heusser (2016) found that VR counselors reported they were often not invited and did not attend IEP meetings for 16-18 year-old students with disabilities. In many cases, VR counselors were reportedly waiting for educators to initiate collaboration with them (Oertle, Trach, & Plotner, 2013). This is a challenge to

collaboration because a recent study conducted by Cimera, Gonda, and Vaschak (2015) found that 42 out of 50 U.S. states are decreasing the number of students referred to receive VR services.

Limited collaboration between VR and SPED will hinder students' post-school success, therefore, VR counselors and SPED teachers need to create or find ways to increase the collaboration. The proposed study will address a way to increase collaboration and understanding of the other agency's roles and responsibilities. I will examine if combining intake meetings for VR services and IEP meetings increase the amount of collaboration between the agencies.

Review of the Literature

In researching collaboration between VR and SPED, I conducted a search of the literature to identify relevant studies. I searched ERIC via EBSCOhost, PsycINFO via EBSCOhost, and Academic Search Premier. Using search terms *collaboration*, *Vocational Rehabilitation*, *special education*, *transition planning*, *IEP*, *IPE*, *interagency* and combinations of these terms, I found approximately 150 articles. I also reviewed references listed by relevant articles. Only 16 articles were peer reviewed and related to the collaboration between VR and SPED to assist individuals with disabilities in the U.S. Six studies researched and discussed the expectations and limitations to collaboration between VR and SPED specifically. The two most current of these studies were utilized in my literature review. One of my committee members, Dr. Kathleen Oertle, recommended an additional article (Steere & DiPipi-Hoy, 2013) (K. Oertle, personal communication). Therefore, I chose to limit my literature review to these three articles (Oertle et al., 2013; Steere & DiPipi-Hoy, 2013; Taylor et al., 2016).

Taylor, Morgan, and Callow-Heusser (2016) conducted a study that addressed three purposes: (a) to identify the roles of each agency in the transition process, frequency of involvement, and satisfaction with VR participation in transition meetings and planning; (b) to “determine the importance and feasibility of collaboration practices between VR and SPED identified in research literature” (p.164); and (c) to identify respondents’ recommendations on how to improve collaboration between agencies in transition. The participants included 78 VR counselors with transition caseloads and 220 transition teachers from four states. Participants’ opinions on (a) demographic location, (b) VR involvement, and (c) collaboration practices were collected through questionnaires, which were sent electronically.

Surveys from 73 VR counselors (94%) and 130 transition teachers (60%) indicated that VR counselors were integral to transition planning. However, both groups of participants reported perceived barriers preventing collaboration and planning, such as limited availability and lack of sufficient personnel. Only 32% of transition teachers indicated they invited VR counselors to the IEP meetings at least annually, while 32% of VR counselors reported being asked at least weekly. Overall satisfaction with the other agency was higher for the VR counselors (77%) than transition teachers (53%). VR counselors and transition teachers had similar high mean ratings on the importance of collaboration practices. However, they both indicated low mean ratings of feasibility, suggesting they were not optimistic about improvements in interagency collaboration.

Oertle et al. (2013) came to similar conclusions when they assessed 66 rehabilitation professionals’ expectations and perceptions concerning transition services and interagency collaboration. The participants included 42 state VR counselors (25

rehabilitation counselors and 17 transition specialists), 19 community rehabilitation providers (CRP), and five representatives from Centers for Independent Living (CIL). Authors distributed a survey to the participants which gathered information about demographics, transition participation, transition expectations, reasons for being or not being involved in transition planning, services, and interagency collaboration. The results indicated rehabilitation counselors engaged in frequent communication with youth to identify post-school goals and matching skills to jobs. Yet, they attended transition planning meetings less frequently. VR counselors often only participate in IEP meetings if they are invited to attend. However, the results suggest that SPED teachers were not inviting rehabilitation professionals because of their unfamiliarity of the agencies' particular roles. The authors recommended combined professional development between rehabilitation professionals and educators to include how to plan for and run effective planning meetings and how to increase collaboration between the agencies. While both the Taylor et al. (2016) and Oertle et al. (2013) studies indicated needs to increase in collaboration, they did not recommend a specific method to use.

Steere and DiPipi-Hoy (2013) suggested the agencies examine collaboration using their mandated documentation for individuals to receive their services. Authors recognized both the VR and SPED systems had separate documentation requirements for planning and service delivery. However, these requirements contained similar components; therefore, they compared the documents and described how the coordination and interface between them should occur. The authors also described challenges in establishing the interface of documentation and provided suggestions to overcome the challenges. For example, VR clients were required to complete an Individualized Plan of

Employment (IPE) which included one specific vocational outcome (goal) and the services needed to achieve the goal.

VR counselors are mandated by the Rehabilitation Act to ensure clients are using informed choice. Informed choice is when the individual receiving services has the opportunity to use information he/she receives to make an informed choice on selecting a desired vocational outcome, the specific VR services that are provided in the IPE, the selection of the agency that will carry out the VR services, and the methods used to obtain VR services. The IPE meeting must be held annually; yet, the goal may be changed sooner if the client no longer wishes to pursue the vocational outcome.

Similarly, students who receive SPED services are required to have an IEP meeting at least annually, however, if changes are needed prior to the year, an IEP may be held sooner. Steere and DiPipi-Hoy (2013) chose to focus on transition IEPs required for all students receiving SPED services ages 16 years and older (age 14 in Utah). Inviting students to their transition IEP is a requirement under IDEA. The transition IEP includes transition outcome statements (long-term goals) for employment, for post-secondary education, and optionally, for independent living. These outcome statements are used to support the decision of which goal and services are utilized that year.

One key component which both documentation systems require is the goal for the individual's vocational outcome. This outcome should be consistent between the agencies. The types of services and supports needed to assist the student in reaching his/her goal are also listed in both the IEP and IPE. Steere and DiPipi-Hoy (2013) found a few challenges in establishing the desired interface that included (a) lack of collaboration between the agencies, (b) lack of clarity in vocational outcomes, (c)

student's feeling uncomfortable with participating in the IEP, and (d) families having difficulties with processing their child's future.

Steere and DiPipi-Hoy (2013) suggested more frequent and efficient communication between the agencies, which should increase as the student gets closer to transitioning to adulthood. This may also assist in encouraging families to apply for VR services in a timely manner. The authors state that ensuring VR participation in person-centered planning and vocational assessments process should increase the collaboration between the agencies. Research is needed to extend Steere's and DiPipi-Hoy's recommendations for increased collaboration and more efficient use of transition services. One way to increase efficiency is to combine the IEP and intake meeting for VR services. In doing so, the student, parent, VR counselor, SPED teacher, and others could work together to develop the IEP and apply for VR services (intake) in the same meeting. Yet, existing research has not described or evaluated such an approach. Combining the IEP and intake meetings may not only increase efficiency, but also facilitate collaboration across agencies.

Purpose Statement

The purpose of this project is to determine if combining IEPs and VR interviews meetings will increase interagency collaboration and understanding of roles between SPED and VR. The research questions addressed in this study will be:

- To what extent does intake meetings at IEP meetings increase collaboration between VR counselors and SPED as measured by a satisfaction survey?

- To what extent does intake meetings at IEP meetings increase the understanding of the other agencies roles and responsibilities as measured by a rating scale survey?

Method

Participants

In this study, participants included four SPED teachers and two VR counselors. Table 1 displays the demographic information collected for the VR participants. Table 2 presents demographic information collected for the SPED participants. All participants worked with individuals who attend public education in a school district in the western region of the U.S. Teacher participants included four female adults licensed in either mild/moderate or severe disabilities according to certification standards required in the state. Two teachers had a bachelor's degree while the other two had master's degrees in special education. VR counselors included one male and one female who are Certified Rehabilitation Counselors both had a master's degree. The female participants had additional schooling in addition to her master's degree.

All selected participants worked with individuals with disabilities between the ages of 15-22 years on their caseload. The individuals with disabilities attended a high school or post-high school program in the particular district. Levels of experience, training, and interdisciplinary knowledge and skills varied across participants.

The required individuals at each IEP/intake meeting included (a) the student, (b) parent(s)/guardian(s), (c) SPED teacher(s), and (d) VR counselor. For this study, the key participants at each meeting included one SPED teacher and one VR counselor.

Participants were excluded from the study, if they did not meet the above criteria, if they did not complete at least one post-survey, and/or if they selected “No, I do not agree to participate in this study.” after reading the informed consent document for this study. Two SPED participants were excluded from this study because they submitted a pre-survey, however, did not complete and return a post-survey.

Settings

Training. An online training session was held via Adobe Connect. Participants had access to this training anywhere they had access to the internet. The online setting will required the use of a computer microphone, camera, and speakers.

Meetings. IEP/intake meetings were held at a large table within the SPED teacher’s school. An average of six individuals attended each IEP/ intake meeting.

Response Measurement

Pre-/post-survey. An electronic pre-survey (See Appendix A) was comprised of three components: (a) demographic information, (b) rate of and satisfaction with collaboration, and (c) understanding of the roles and responsibilities of the other agency. The survey was sent via e-mail to all participants. The surveys for SPED teachers and VR counselors were nearly identical. One variation was the wording of the questions to address the participants from the other agency (i.e. SPED teacher survey: How often are VR counselors invited to attend IEP meetings? VR counselor survey: How often are you invited to attend IEP meetings?). Another variation was the questions within the third component including information based on the other agency’s various roles and responsibilities.

Demographic information. The purpose of the questions in this component was to gather information about participants. Information included gender, level of education, years of experience, primary age range of students/clients, job related certifications, settings where students were given instruction, number of students/clients on the caseload, and primary disability categories served.

Rate of and satisfaction with collaboration. To measure the first dependent variable (degree of collaboration), I collected opinions for each participant on a pre-survey prior to any training or IEP/intake meetings. Participants were instructed to complete the survey based on their current collaboration with the other agency. Questions based on the rate of collaboration used a scale of five items (never (0), about once a year (1), about once every 6 months (2), about once a month (3), about once every other week (4), about once a week (5)) to measure the frequency of collaboration. Questions asking the satisfaction with collaboration included a scale of four items (very dissatisfied (0), dissatisfied (1), satisfied (2), very satisfied (3)) to measure the participant's feelings toward the collaboration prior to the training or combined IEP/intake meeting. A text box was offered to allow participants to express why they selected the level of satisfaction; however it was not required for them to leave a comment. After the participants completed the training, they were asked to complete a post-survey after each combined IEP/ intake meeting they held for the remainder of the study.

Understanding of roles and responsibilities of the other agency. To measure the second dependent variable (understanding of the other agency's roles and responsibilities) I collected opinions for each participant on a pre-survey prior to any training or IEP/intake meetings. Participants were instructed to complete the survey based

on their understanding of the roles and responsibilities of the other agency prior to any training or combined IEP/intake meetings. These questions were derived from the Utah's Transition Action Guide for Students with Disabilities and Team Members (2015). Questions used a scale of four items ranking the level of current understanding (no understanding (0), minimal understanding (1), moderate understanding (2), expert level of understanding (3)). After the participants completed the training, they were asked to complete a post-survey after each combined IEP/ intake meeting they held for the remainder of the study.

Evaluating the effectiveness of the study. To determine how the participants liked the combined IEP/intake meetings and how they would use the information learned throughout the study in the future, I utilized a yes/no question and two different ranking scales with a text box to allow participants to further explain their answer. The yes/no question was "Do you like holding the IEP and intake meetings together?". The first ranking scale in this section asked participants to indicate how aspects of their job may change because of this new approach to collaboration. There were five different areas in which the participants were asked to use the following ranking scale: This approach and combined meeting *does not change anything* going forward (0), This approach and combined meeting *might change things a little* going forward (1), This approach and combined meeting *might change a lot of things* going forward (2), This approach and combined meeting *changes everything* going forward (3). A textbox was available, if the participant wanted to explain their selected response.

The second rating scale in this section asked participants to indicate their agreement or disagreement with the statements that relate to their future activities. The

scale included four items for participants to choose from strongly disagree (0), disagree (1), agree (2), strongly agree (3). A textbox was available if the participant wanted to explain their selected response.

Survey content and development. The surveys consisted of request response questions and questions using rating scales with and without text boxes for additional responses. The demographic information and evaluating the effectiveness of the study components included open-ended questions to obtain information that cannot be expressed in other question forms. Professors on my committee reviewed and evaluated the survey to assess the clarity and relevance of the questions.

Procedures

Pre-survey. Prior to training, an e-mail containing a brief description of the study and a hyperlink to an electronic pre-survey was distributed to all the high school and post-high school teachers, who teach students with significant disabilities in the selected school district. The same e-mail was distributed to VR counselors whose caseload included students from the selected district. A follow-up email was sent to participants who have not responded to the original e-mail after a week. An additional follow-up e-mail was sent about a week after the second e-mail was sent.

Training. After the pre-survey was collected, an email to schedule the training was sent to all who had completed the pre-survey. In the email, I thanked the participant for supporting the project and included a link to a Doodle Poll in which participants indicated preferred meeting dates and times. The meeting time that the most participants could attend was selected for the online training session. The online training lasted

approximately half an hour via Adobe Connect. The training was recorded and an email with the link to the recording was sent to all participants, so those who could not attend had an opportunity to gain the information. Also, those who wished to review the information later were able to. The training contained information on the following topics; (a) the current research supporting holding the meetings together, (b) how to assist students in completing a VR application, (c) what materials need to be brought to the meeting (d) when to get parent/guardian consent to have VR at the IEP meeting, and (e) a step-by-step example of how to conduct the IEP/intake meeting. After discussing these topics, participants had time to ask any additional questions they had. Once all questions were answered, the participants were provided with my contact information to clarify any concerns that occurred later.

Post-survey. A post-survey was completed by participants after each combined IEP/intake meeting the participant attended after the training. The post-survey used the exact questions as the pre-survey. However, the demographic information component was omitted. Also, an evaluating the effectiveness of the study component was added.

Procedural Fidelity

The researcher attended randomly selected IEP/intake meetings and recorded data on the components of training topics described above. Procedural fidelity was collected in 66% of total meetings held to assess whether SPED teachers and VR counselors actually carried out procedures that were taught in the training. The total percentage score of 90% was calculated by dividing the number of components of the trainings implemented correctly by the total number of components of the trainings and

multiplying by 100%. This percentage score reflects the extent to which the IEP/intake meetings were conducted according to training procedures.

Data Analysis

The researcher calculated difference scores between the pre-survey and post-survey responses for each participant. The difference score was computed by subtracting the pre-survey rating from the post-survey rating for the same question and for each participant. If the difference was positive, it indicated an increase in the rate or satisfaction with the collaboration or understanding of the other agency's roles and responsibilities. If the score was zero or negative, it indicated no increase or a decrease in the rate or satisfaction with the collaboration or understanding of the other agencies roles or responsibilities. The larger the difference score number is, the more increase or decrease the participant indicated in that area. Each question was calculated for every participant. The collected data is presented using descriptive statistics in figures and tables below.

Results

Pre- and post-data were compiled to reflect rate of collaboration, satisfaction with collaboration, understanding of the other agencies' roles and responsibilities, and evaluating the effectiveness of the study. The results were divided into responses from VR and SPED participants. Results from these variables are described below.

Collaboration between VR and SPED

Rate of collaboration. As shown in Table 3, the difference scores on the rate of collaboration for VR participants remained consistent or decreased. The table contains

the pre-survey and post-survey scores for the five questions related to the rate of collaboration. The maximum score possible was a total sum of 25, while the minimum score was a total sum of 0. Participant #1's difference score remained consistent. Participant #2 decreased with a difference score of 5. After getting the post-survey, I contacted this participant to determine the cause of the decrease. When I asked him to tell me why, he indicated that he was not invited to IEPs as often, he explained that he was not being invited to as many IEPs because most of the teachers he works with were done with their IEPs for the year. This also resulted in him attending IEPs less often, which was another area that there was a decrease. I also asked why he indicated he was given student specific transition information less often. He explained that he had been working with the students to complete job readiness workshops, so the teacher was giving him more information about each student near the beginning of this study. By the time he took the post-survey, he was more familiar with the students because of the workshops, so the teacher did not need to share as much specific transition information.

Table 4 displays the difference scores for SPED teachers. For the five questions in this component of the survey, the maximum score possible was a total sum of 25. The minimum score was a total sum of 0. All participants indicated an increase in the rate of collaboration. Participant #3 evidenced difference score of +3 with all areas increasing besides VR's involvement in other areas besides IEP meetings. Participant #4 evidenced the largest increase in collaboration with the VR counselor with a +8 difference score. All of her areas increased, however, two areas with the largest increase were how often VR actively collaborated to plan transition-related activities and how often VR counselors attended the meetings. Both of these areas increased from "about once a month" to

“about once a week”. Participant #5 increased slightly with a difference score of +1. The area which increased was how often VR counselors were involved in other activities besides IEPs. Participant #6 increased with a difference score of +3.

Satisfaction with collaboration. The difference score on the satisfaction with collaboration rating scales for VR and SPED participants increased overall. Tables 5 and 6 contain the pre-survey and post-survey scores for the four questions related to the satisfaction of collaboration. The sum total for this component of the survey had a possible maximum score of 12 and a minimum score of 0. As shown in Table 5, Participant #1 increased her satisfaction with a difference score of +1. The area that increased from satisfied to very satisfied was the rate of collaboration on non-IEP related topics. All of Participant #2’s responses stayed the same. Table 6 displays the difference scores for SPED teachers. All of the participants increased their satisfaction. Participants #3 and #4 evidenced a difference score of +4, both indicating an increase from satisfied to very satisfied in all four areas. Participant #5 evidenced a difference score of +2, two areas increased from satisfied to very satisfied. The two areas were rate of collaboration outside of IEP meetings and rate of collaboration on non-IEP related topics. Participant #6 evidenced an increase of +1; she indicated she was very satisfied in all areas. The area that increased from satisfied to very satisfied in the post survey was the efficiency of collaboration.

Understanding of Other Agency’s Roles and Responsibilities

The difference score on the questions pertaining the understanding of the other agency’s roles and responsibilities rating scales for VR and SPED participants increased or remained consistent. Table 7 contains the pre-survey and post-survey scores for the

five questions related to SPED teachers' roles and responsibilities that were answered by the VR counselors. The maximum score possible is a total sum of 15, while the minimum score is a total sum of 0. Participant #1 increased with a difference score of +4, rating at the *expert level of understanding* in all areas. Participant #2 increased with a difference score of +1. The area which increased was educators use age-appropriate transition-related assessments to help students identify their goals.

Tables 8 contains the pre-survey and post-survey scores for the five questions related to the VR roles and responsibilities that was completed by SPED teachers. For this component of the survey, the maximum score possible is a total sum of 15, while the minimum score is a total sum of 0. Participant #3 evidenced a difference score of +6. All but one area increased to an *expert level of understanding*. Participant #4 evidenced a difference score of +5. All areas increased from *moderate understanding* to *expert understanding*. Participant #5 evidenced a difference score of +1. While there was a +1 increase, Participant #5's answers varied slightly in a few areas between the pre-survey and the post-survey. The area of VR counselors having to determine eligibility for each client before providing services increased from *minimal understanding* to *moderate understanding*. The area of VR counselors providing additional restoration services if needed to improve a client's ability to work improved from *no understanding* to *minimal understanding*. Although these areas increased, one area decreased was VR counselors creating an IPE. Participant #6 answers remained consistent with a ceiling effect because she was unable to score any higher on her post-survey. Participant 6 had the most experience in the field compared to the other participants in this study.

Evaluating the Effectiveness of the Study

Results regarding the joint meetings together are represented in the Table 9. All participants indicated they liked holding the IEP/intake meeting together. Participant #2 wrote to explain his answer, “I have not done a lot like this, but I believe a lot less (clients) would fall through the cracks.”

The results for the questions in the rating scales have been separated into VR counselors and SPED. Table 10 shows the number of VR participants who indicated each category for each question. Participant #1 indicated that joint meetings *would change everything going forward*. In the text box provided, Participant #1 wrote, “I think it could help many clients.” Participant #2’s answers varied from *it might change a lot of things* to *it might change things a little going forward*. As an explanation for the why this approach and combined meeting might *change a lot of things going forward* in scheduling IEP and intake meetings together, he wrote, “It saved time for all involved.”

Table 11 shows the number of SPED participants who indicated each category for each question. Participant #3 indicated the way of scheduling IEP and intake meetings together and changing my management of transition caseload might *change a lot of things* because of the approach. The other areas were marked as *changes everything going forward*. Participant #4 indicated that this approach *changes everything* in working more closely with VR counselors and attending more VR meetings. The other areas were marked as *might change a lot of things going forward*. She explained her selected answer on scheduling IEP and intake meetings stating: “It definitely streamlines the process which makes it easier.” Participant #5 marked that this approach *changes everything* when scheduling IEP and intake meetings together going forward and provided the following explanation.

“Before we explained VR services and parents were interested. However, the follow through of completing the application and then contacting VR to set up the intake meeting sort of gets pushed to the bottom of the to do list. Holding the intake meeting at the same time gets the 1st hurdle out of the way and then VR is now able to start contacting the family to make sure they continue on in the application process.”

The items “work more closely with VR counselors” and “share this approach with other educators” were marked as *might change a lot of things going forward*. “Change my management of transition caseload” was marked as *might change things little going forward*. “Attend more VR meetings” was the only one marked *does not change anything going forward*. Participant #6 marked “sharing this approach with other educators” as *changes everything going forward*. The other areas were marked as *might changes a lot of things going forward*. Participant #1 wrote the following statement as an explanation for why she will continue to collaborate more often with educators to increase enrollment in VR: “I think increased collaboration is one of the only ways to insure access and utilization of these resources.”

Table 12 represents the number of VR participants who indicated the level of agreement to each of the four statements about their future activities. Participant #1 strongly agreed with all four areas. Participant #2 strongly agreed with discussing with clients and families how VR services can work with school and disagrees with informing colleagues about educator’s responsibilities. He agreed with the other two activities.

Table 13 displays the number of SPED participants who indicated the level of agreement to each of the four statements about their future activities. Participants #3, #4,

and #5 all indicated that they strongly agreed in all four areas. Participant #5 marked strongly agree in three areas, but disagreed with “informing my colleagues about VR services”.

Discussion

This study focused on two questions related to collaboration and understanding of roles that may change as a function of training and a combined meeting. Findings suggested that combining these meetings increased the collaboration overall. While the rate of collaboration decreased for one VR counselor, he provided reasonable explanations, which were not a consequence of the current study. Overall, SPED teachers had an increase in the rate of collaboration. The majority of the teachers selected the rate that VR counselors attended the IEP meetings increased. There was also an overall increase in the satisfaction with collaboration for all of the participants. All participants marked they were at least satisfied in each of the listed aspects of collaboration.

Overall, all participants indicated a growth in their understanding of the other agencies roles and responsibilities. The only participant that did not show an increase was unable to increase because of a ceiling effect on the post-survey rating. This growth is important because it may lead to less role confusion of the other agency. Role confusion may be related to why teachers are not inviting rehabilitation counselors to meetings for students according to Agran et al. (2002). Therefore, knowing the other agencies' roles and responsibilities may increase the invitation to meetings that will create opportunities to collaborate to better support students. In addition, understanding the other agencies roles and responsibilities may also assist in working more effectively together to assist students in reaching their goals (Plotner et al., 2012).

The results from three independent meetings and the positive feedback from the participants indicate the process of combining IEP/intake meetings is a viable option for increasing the rate and satisfaction of collaboration and increasing the knowledge of the other agencies roles and responsibility. The combined meetings may also be used to streamline the process of enrolling individuals for VR services by decreasing the number of meetings parents/guardians need to attend to enroll their child. Participant #4 specifically mentioned the way she scheduled IEP and intake meetings together might change a lot going forward because “it definitely streamlines the process which makes it easier.” The results show that combining these meetings will increase the collaboration between VR and SPED, which research has shown is an indicator of post-school success for students with disabilities (Mazzotti, Test, & Mustian, 2014; Oertle & Trach, 2007; Riesen, Schultz, Morgan, & Kupferman, 2014; Test et al., 2009).

Limitations

Two limitations to this study need to be taken into account. First, the number of selected participants was low. This study was held at the end of the school year when a majority of SPED teachers were finished holding their yearly IEP meetings. In addition, many high school teachers were taking on additional responsibilities, such as ensuring students were ready to graduate. Second, the study was limited to one school district and one regional VR office in the western U.S. Therefore, results will not be generalizable to the population of SPED teachers or VR counselors in this particular state, the western U.S., or elsewhere. Although these limitations severely affect generalizability of the findings, the results serve as a useful pilot project calling for replication.

Future Research

Future research should be conducted at a different time of the school year. The best time of the score year to replicate this study would be between September and November. This would allow SPED teachers to have enough time to become settled with their new students for the school year and would avoid the stress of the holiday season in December. Additionally, to improve generalizability, future research should be conducted with a larger group of participants who serve clients in various parts of the country. Finally, a follow-up study should be held to determine if the combination of these meetings result in acquiring employment for clients/students more frequently and efficiently than for clients who do not have this opportunity.

Implications

Despite the limitations of this study, the results indicate that this process may be a feasible and efficient option to increasing collaboration between the two agencies. This data should be discussed with the local district SPED office and the regional VR office to describe the effectiveness. Together, the agencies should determine how the training and process of the combined meetings could be expanded to other teachers and counselors who work with students who receive services in a mild/moderate classroom setting. If these trainings and combined meetings do occur, data should be collected to determine whether clients receive VR services for efficiently and whether job placement occurs more expeditiously.

References

- Agran, M., Cain, H.L., & Cavin, M.D. (2002). Enhancing the involvement of rehabilitation counselors in the transition process. *Career Development for Exceptional Individuals, 25*, 141-154. doi: 10.1177/088572880202500204
- Benz, M. R. (1995). Improving collaboration between schools and vocational rehabilitation: Stakeholder identified barriers and strategies. *Career Development for Exceptional Individuals, 18*(2), 133-44
- Benz, M.R., Lindstrom, L., & Latta, T. (1999). Improving collaboration between schools and vocational rehabilitation: The youth transition program model. *Journal of Vocational Rehabilitation, 13*(1), 55-63.
- Cimera, R. E., Gonda, J., & Vaschak, J. (2015). Are high schools referring transition-age youth with intellectual disabilities to vocational rehabilitation? A state-by-state analysis. *Journal of Vocational Rehabilitation, 42*(3), 263-270. doi:10.3233/JVR-150747
- Edmondson, C.A., & Cain, H. M. (2002). The spirit of the Individuals with Disabilities Education Act: Collaboration between special education and vocational rehabilitation. *Journal of Applied Rehabilitation Counseling, 33*(4), 10-14
- Honeycutt, T., Thompkins, A., Bardos, M., & Stern, S. (2015). State differences in the vocational rehabilitation experiences of transition-age youth with disabilities. *Journal of Vocational Rehabilitation, 42*(1), 17-30. doi:10.3233/JVR-140721

- Individuals with Disabilities Education Improvement Act, P.L. 108-446, H.R. 1350, 108th Congress (2004).
- Kellems, R. O., & Morningstar, M. E. (2010). Tips for transition. *Teaching Exceptional Children, 43*(2), 60-68
- Kirkpatrick, D. L., & Kirkpatrick, J. D. (2006). *Evaluating training programs. The four levels*. San Francisco, CA: Berrett-Koehler Publishers, Inc.
- Luecking, D. M. & Luecking, R. G. (2015). Translating research into a seamless transition model. *Career Development and Transition for Exceptional Individuals, 38*(1), 4-13
- Mazzotti, V. L., Test, D. W., & Mustian, A. L. (2014). Secondary transition evidence-based practices and predictors: Implications for policymakers. *Journal of Disability Policy Studies, 25*(1) 5-18 doi: 10.1177/1044207312460888
- Oertle, K. & Trach, J. S. (2007). Interagency collaboration: The importance of rehabilitation professionals' involvement in transition. *Journal of Rehabilitation, 73*(3), 36-44.
- Oertle, K. M., Trach, J. S., & Plotner, A. J. (2013). Rehabilitation professionals' expectations for transition and interagency collaboration. *Journal of Rehabilitation, 79*(3), 25-35.
- Plotner, A. J., Trach, J. S., & Strauser, D.R. (2012). Vocational rehabilitation counselors' identified transition competencies: Perceived importance, frequency, and

preparedness. *Rehabilitation Counseling Bulletin*, 55(3), 135-143.

doi:10.1177/0034355211427950

- Povenmire-Kirk, T., Diegelmann, K., Crump, K., Schnorr, C., Test, D., Flowers, C., & Aspel, N. (2015). Implementing CIRCLES: A new model for interagency collaboration in transition planning. *Journal of Vocational Rehabilitation*, 42(1), 51-65. doi:10.3233/JVR-140723
- Riesen, T., Schultz, J., Morgan, R., & Kupferman, S. (2014). School-to-work barriers by special educators, vocational rehabilitation counselors, and community rehabilitation professionals. *Journal of Rehabilitation*, 80(1), 33-44.
- Steere, D. & DiPipi-Hoy, C. (2013). Coordination in transition planning: The IEP /IPE interface. *Journal of Applied Rehabilitation Counseling*, 44(1), 4-11.
- Steere, D.E., Rose, E., & Cavaiuolo, D. (2007). *Growing up: Transition to adult life for students with disabilities*. Boston, MA: Pearson.
- Stevenson, B.S., & Fowler, C.H. (2016). Collaborative assessment for employment planning: Transition assessment and the discovery process. *Career Development and Transition for Exception Individuals*, 39(1), 57-62.
- Taylor, D. L., Morgan, R. L., & Callow-Heusser, C.A. (2016). A survey of vocational rehabilitation counselors and special education teachers on collaboration in transition planning. *Journal of Vocational Rehabilitation*, 44(2), 163-173.
doi:10.3233/JVR-150788

- Test, D. W., Mazzotti, V .L., Mustain, A. L., Fowler, C. H., Kortering, L., & Kohler, P. (2009). Evidence-based secondary transition predictors for improving postschool outcomes for students with disabilities. *Career Development for Exceptional Individuals*, 32(3), 160-181
- The Employment Partnership, Utah Coordinating Council for People with Disabilities. (2015). *Utah transition action guide for students with disabilities and team members*. Salt Lake City, UT: Utah State Board of Education.
- The Rehabilitation Act and its amendments, 29 U.S.C. 794.
- Workforce Innovation and Opportunities Act, H. R. 803, 113th Congress (2014).

Table 1

Demographic information on VR participants (n=2)

	n	%
<i>Gender</i>		
Male	1	50
Female	1	50
<i>Level of Education</i>		
Master's degree	1	50
Master's degree plus additional schooling	1	50
<i>Years of experience with transition- aged clients</i>		
1-5 years	1	50
6-10 years	1	50
<i>Current job position</i>		
Vocational Rehabilitation Counselor	2	100
<i>Job related certifications</i>		
Bachelor's in psychology, Master's in Counseling and Community Psychology	1	50
<i>Number of transition aged clients on caseload</i>		
Approximately 80	1	50
10	1	50
<i>Average age range of clients on caseload</i>		
16-22	1	50
18-22	1	50
<i>Primary disabilities served on caseload</i>		
Clients with significant disabilities	1	50
Clients with mild disabilities	1	50

Table 2

Demographic information on SPED participants (n=4)

	N	%
<i>Gender</i>		
Female	4	100
<i>Level of Education</i>		
Bachelor's degree	2	50
Master's degree	2	50
<i>Years of experience with transition- aged clients</i>		
1-5 years	3	75
16+ years	1	25
<i>Current job position</i>		
High school teacher	1	25
Post-high school teacher	3	75
<i>Job related certifications</i>		
Bachelor's in SPED with an emphasis in severe disabilities	1	25
Mild/Moderate certificate	1	25
Mild/Moderate certificate, Severe certificate, Master's in SPED	1	25
Mild/Moderate SPED teaching certificate	1	25
<i>Setting where transition related curriculum and instruction are taught</i>		
Special education classroom	4	100
Community-based setting	4	100
<i>Number of transition aged clients on caseload</i>		
11	2	50
13	1	25
15	1	25
<i>Average age range of clients on caseload</i>		
16-18	2	50
18-22	2	50
<i>Number of students who have applied for VR services</i>		
2	1	25
3	1	25
6	1	25
9	1	25
<i>Primary disabilities served on caseload</i>		
Clients with significant disabilities	4	100

Table 3

VR sum of scores on rate of collaboration

Participant	pre-survey score	post-survey score	difference score
Participant 1	21	21	0
Participant 2	23	18	-5
Note: max. total sum score = 25, min. total sum score = 0			

Table 4

SPED sum of scores on rate of collaboration

Participant	pre-survey score	post-survey score	difference score
Participant 3	20	23	+3
Participant 4	14	22	+8
Participant 5	16	17	+1
Participant 6	15	18	+3
Note: max. total sum score = 25, min. total sum score = 0			

Table 5

VR sum of score on satisfaction with collaboration

Participant	pre-survey score	post-survey score	difference score
Participant 1	11	12	+1
Participant 2	10	10	0
Note: max. total sum score = 12, min. total sum score = 0			

Table 6

SPED sum of score on satisfaction with collaboration

Participant	pre-survey score	post-survey score	difference score
Participant 3	8	12	+4
Participant 4	8	12	+4
Participant 5	8	10	+2
Participant 6	11	12	+1
Note: max. total sum score = 12, min. total sum score = 0			

Table 7

VR sum of score on understanding of roles and responsibilities

Participant	pre-survey score	post-survey score	difference score
Participant 1	11	15	+4
Participant 2	6	7	+1
Note: max. total sum score = 15, min. total sum score = 0			

Table 8

SPED sum of score on understanding of roles and responsibilities

Participant	pre-survey score	post-survey score	difference score
Participant 3	8	14	+6
Participant 4	10	15	+5
Participant 5	6	7	+1
Participant 6	15	15	0
Note: max. total sum score = 15, min. total sum score = 0			

Table 9

Evaluating the effectiveness of the study: Results for All Participants (n=6)

Question	Yes	No
Do you like holding the IEP and intake meetings together?	6	0

Table 10

VR participants (n=2) perception of the consequences of the new approach(IEP/intake meeting)

Question	This approach and combined meeting <i>does not change anything</i> going forward	This approach and combined meeting <i>might change things a little</i> going forward	This approach and combined meeting <i>might change a lot of things</i> going forward	This approach and combined meeting <i>changes everything</i> going forward
Schedule IEP and intake meetings together.	0	0	1	1
Work more closely with IEP teams.	0	0	1	1
Attend more IEP meetings.	0	1	0	1
Change my management of transition caseloads.	0	1	0	1
Share this approach with other counselors.	0	0	1	1

Table 11

SPED participants (n=4) perception of the consequences of the new approach (IEP/intake meeting)

Question	This approach and combined meeting <i>does not change anything</i> going forward	This approach and combined meeting <i>might change things a little</i> going forward	This approach and combined meeting <i>might change a lot of things</i> going forward	This approach and combined meeting <i>changes everything</i> going forward
Schedule IEP and intake meetings together.	0	0	3	1
Work more closely with VR counselors.	0	0	2	2
Attend more VR meetings.	1	0	1	2
Change my management of transition caseloads.	0	1	3	0
Share this approach with other educators.	0	0	2	2

Table 12

VR participants' (n=2) opinion on using the information in the future

Question	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)
I will discuss with clients and families how VR services can work with school.	0	0	0	2
I will inform my colleagues about educator's responsibilities.	0	1	0	1
I will collaborate more often with educators to increase student enrollment in VR.	0	0	1	1
I will collaborate more often with educators to increase my involvement in other activities besides IEPs (i.e. parent teacher conference; parent education nights, job readiness workshops)	0	0	1	1

Table 13

SPED participants' (n=4) opinion on using the information in the future

Question	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)
I will inform parents/guardians and students about VR services.	0	0	0	4
I will inform my colleagues about VR services.	0	1	0	3
I will collaborate more often with my school's VR counselor to increase student enrollment in VR.	0	0	0	4
I will collaborate more often with my school's VR counselor to increase their involvement in other activities besides IEPs (i.e. parent teacher conference; parent education nights, job readiness workshops)	0	0	0	4

Appendix A

Pre-survey – VR Participants

Section A - Demographic Information

1. Gender – Please indicate your gender

- Male
- Female

2. Level of Education – Choose the item that best describes the level of education you have completed.

- Bachelor’s degree
- Bachelor’s degree plus additional schooling
- Master’s degree
- Master’s degree plus additional schooling

3. Including this year, select the number of years you have worked with transition aged (14-22 years old) clients. (If answer is "0", there is no need for you to proceed with the survey. Thank you for your time.)

- 0 years (I don't work in transition)
- 1-5 years
- 5-10 years
- 10-15 years
- 15+ years

4. Position – Choose the item that best describes your position.

- Vocational Rehabilitation Counselor
- Vocational Rehabilitation Supervisor
- Other (3) _____

5. In the text box below, please list the type(s) of certifications you currently hold.

6. In the box below, indicate the number of students within the transition age (ages 14-22) on your caseload.

7. Please select the average age range of students in your caseload. (You may select more than one.)

- 14-18
- 16-18
- 18-22

8. Please indicate who you primarily serve on your caseload.

- Students with mild disabilities (e.g., mild intellectual disability, mild brain injury, specific learning disability, emotionally disturbed)
- Students with significant disabilities (e.g., autism, severe intellectual disability, severe brain injury, visual impairment, multiple disability)

Section B---- Part 2---- Satisfaction with Collaboration

Please indicate your overall satisfaction with the collaboration process between you and transition teachers.

	Very Dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)	Explanation for selected response:
14. Overall satisfaction with collaboration in IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Overall satisfaction with the rate of collaboration outside of IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16. Overall satisfaction with the rate of collaboration on non-IEP related topics (i.e. parent nights, sharing student information that is not in the IEP, Job readiness workshops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Overall satisfaction with the efficiency of collaboration (i.e., how well time is used in meetings with other agencies to collaborate on cases involving students in transition).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Section C----- Roles and Responsibilities

Please indicate your current understanding of special education transition teachers' roles and responsibilities.

	No understanding (0)	Minimal Understanding (1)	Moderate understanding (2)	Expert understanding (3)
18. Educators must get parents/guardians consent for me to attend the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Once a student turns 14 years old, educators must ensure his/her IEP contains individualized transition related goals. (i.e. employment, education, and independent living)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Educators must report on each student's progress toward transition related goals at least once a year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Educators identify and explain other agencies that can assist students outside of school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Educators utilize age-appropriate transition assessments to help students identify their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pre-survey: SPED Participants

Section A - Demographic Information

1. Gender – Please indicate your gender

- Male
- Female

2. Level of Education – Choose the item that best describes the level of education you have completed.

- Bachelor's degree
- Bachelor's degree plus additional schooling
- Master's degree
- Master's degree plus additional schooling

3. Including this year, select the number of years you have worked in transition. (If answer is "0", there is no need for you to proceed with the survey. Thank you for your time.)

- 0 years (I don't work in transition)
- 1-5 years
- 6-10 years
- 11-15 years
- 16+ years

4. Position – Choose the item that best describes your position.

- Junior high school teacher
- High school teacher
- Post-high teacher

5. In the text box below, please list the type(s) of special education certifications you currently hold.

6. In what setting are your students given transition-related curriculum and instruction? (You may select more than one.)

- Special education classroom
- General education classroom
- General school settings
- Community-based setting
- Not applicable given my current position
- Other _____

7. In the box below, indicate the total number of students receiving special education transition services (ages 14-22) on your caseload.

8. Please select the average age range of students on your caseload. (You may select more than one.)

- 14-16
- 16-18
- 18-22

9. In the box below, indicate the number of students on your caseload who have applied for Vocational Rehabilitation services.

10. Please indicate who you primarily serve on your caseload.

- Students with mild disabilities (e.g., mild intellectual disability, mild brain injury, specific learning disability, emotionally disturbed)
- Students with significant disabilities (e.g., autism, severe intellectual disability, severe brain injury, visual impairment, multiple disability)

Section B--- Part 2--- Satisfaction with Collaboration

Please indicate your current satisfaction with the collaboration process between vocational rehabilitation counselors and yourself.

	Very Dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)	Explanation for selected response:
16. Overall satisfaction with collaboration in IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Overall satisfaction with the rate of collaboration outside of IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Overall satisfaction with the rate of collaboration on non-IEP related topics (i.e. parent nights, sharing student information that is not in the IEP, Job readiness workshops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19. Overall satisfaction with the efficiency of collaboration (i.e., how well time is used in meetings with other agencies to collaborate on cases involving students in transition).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Section C----- Roles and Responsibilities

Please indicate your current understanding of Vocational Rehabilitation counselors' roles and responsibilities.

	No understanding (0)	Minimal understanding (1)	Moderate understanding (2)	Expert understanding (3)
20. VR counselors need to hold an intake interview to review applications with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. VR counselors have to determine eligibility for each potential client before providing services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. VR counselors have to follow an order of selection when funding is limited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. VR counselors create an Individualized Plan for Employment (IPE) (when the individual becomes a client), which creates goals and objectives for achieving an employment goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. VR counselors can provide additional restoration services (to improve or stabilize a disability) if needed to improve a client's ability to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your overall satisfaction with the collaboration process between you and special education teachers since you received training.

	Very Dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)	Explanation for selected response:
6. Overall satisfaction with collaboration in IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Overall satisfaction with the rate of collaboration outside of IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Overall satisfaction with the rate of collaboration on non-IEP related topics (i.e. parent nights, sharing student information that is not in the IEP, Job readiness workshops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Overall satisfaction with the efficiency of collaboration (i.e., how well time is used in meetings with other agencies to collaborate on cases involving students in transition).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate your understanding of special education transition teachers' roles and responsibilities since you received training.

	No understanding (0)	Minimal understanding (1)	Moderate understanding (2)	Expert understanding (3)
10. Educators must get parents/guardians consent for me to attend the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Once a student turns 14 years old, educators must ensure his/her IEP contains individualized transition related goals. (i.e. employment, education, and independent living)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Educators must report on each student's progress toward transition related goals at least once a year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Educators identify and explain other agencies that can assist students outside of school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Educators utilize age-appropriate transition assessments to help students identify their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your opinion on the following questions and write a response (if applicable).

15. Do you like holding the IEP and intake meetings together?

YES

NO

Please indicate what you plan to do in the future because of this new approach to collaboration.

	This approach and combined meeting does not change anything going forward (0)	This approach and combined meeting might change things a little going forward (1)	This approach and combined meeting might change a lot of things going forward (2)	This approach and combined meeting changes everything going forward (3)	Explanation for selected response:
16. Schedule IEP and intake meetings together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Work more closely with IEP teams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Attend more IEP meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19. Change my management of transition caseload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Share this approach with other counselors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate your agreement or disagreement with the following questions that relate to your future activities.

	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)	Explanation for selected response:
21. I will discuss with clients and families how VR services can work with school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. I will inform my colleagues about educator's responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. I will collaborate more often with educators to increase student enrollment in VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. I will collaborate more often with educators to increase my involvement in other activities besides IEPs (i.e. parent teacher conference; parent education nights, job readiness workshops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate your overall satisfaction with the collaboration process between you and Vocational Rehabilitation counselors.

	Very Dissatisfied (0)	Dissatisfied (1)	Satisfied (2)	Very Satisfied (3)	Explanation for selected response:
6. Overall satisfaction with collaboration in IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Overall satisfaction with the rate of collaboration outside of IEP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Overall satisfaction with the rate of collaboration on non-IEP related topics (i.e. parent nights, sharing student information that is not in the IEP, Job readiness workshops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Overall satisfaction with the efficiency of collaboration (i.e., how well time is used in meetings with other agencies to collaborate on cases involving students in transition).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate your understanding of Vocational Rehabilitation counselors' roles and responsibilities since you received training.

	No understanding (0)	Minimal understanding (1)	Moderate understanding (2)	Expert understanding (3)
10. VR counselors need to hold an intake interview to review applications with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. VR counselors have to determine eligibility for each potential client before providing services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. VR counselors have to follow an order of selection when funding is limited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. VR counselors create an Individualized Plan for Employment (IPE) (when the individual becomes a client), which creates goals and objectives for achieving an employment goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. VR counselors can provide additional restoration services (to improve or stabilize a disability) if needed to improve a client's ability to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your opinion on the following questions and write a response (if applicable).

15. Do you like holding the IEP and intake meetings together?

YES

NO

Please indicate what you plan to do in the future because of this new approach to collaboration.

	This approach and combined meeting does not change anything going forward (0)	This approach and combined meeting might change things a little going forward (1)	This approach and combined meeting might change a lot of things going forward (2)	This approach and combined meeting changes everything going forward (3)	Explanation for selected response:
16. Schedule IEP and intake meetings together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Work more closely with VR counselors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Attend more VR meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19. Change my management of transition caseload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Share this approach with other educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate your agreement or disagreement with the following questions that relate to your future activities.

	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)	Explanation for selected response:
21. I will inform parents/guardians and students about VR services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. I will inform my colleagues about VR services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. I will collaborate more often with my school's VR counselor to increase student enrollment in VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. I will collaborate more often with my school's VR counselor to increase their involvement in other activities besides IEPs (i.e. parent teacher conference; parent education nights, job readiness workshops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	