

Building Blocks of Transition Services: Independent Living Assessments

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Disclaimer

- This Information was developed for a presentation of October 2018.
- The information contained within this presentation, Power Point slides, and handouts should not be considered the sole source of information on this topic, nor the sole source or complete information that the presenter utilizes in providing services or opinions.
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Overview of presentation:

- Review of independent living skills categories needed for successful transition to post-secondary education/training, employment, independent living, and community participation
- Review of Tools and Methods to evaluate adolescent independent living skills: standardized and informal assessments
- Identify best practices for assessing independent living skills for setting realistic transition goals
- Incorporating independent living skills assessment into VR practice

At the end, session participants will have increased:

- Knowledge of independent living skills categories
 - Knowledge of instruments to measure independent living skills
- Knowledge of report writing for independent living skills
- Knowledge of incorporating independent living evaluations into a VR practice

"If something exists, it exists in some amount.

If it exists in some amount, then it is capable of being measured."

Rene Descartes, Principles of Philosophy, 1644

Why?

Why are Independent Living Skills not being measured?

They are not.

Providing an opportunity for VR professionals to assess Independent Living Skills.

- Theoretical Assumption*
 - A good, comprehensive transition assessment leads to,
 - Good, comprehensive transition planning
 - One does not usually exist in the absence of the other
 - *Research Compilation for: The Transition Planning Inventory and the Individuals with Disabilities Education Improvement Act of 2004, PRO-ED, INC.
- Need to understand strengths limitations and reason behind limitations for intervention and good transition planning

Independent Living Skills

- A to Z
- 360 assessment
- No single assessment will meet needs to assess students
- Multiple assessment needed to assess independent living skills

Independent Living Skills are extremely important for transitioning to adult life

- These skills are not always assessed
- Evaluations not being held to the same standards as in other educational areas
- No set qualifications/guidelines for independent living assessments
- Failure to assess may lead to inappropriate independent living goals and failure to receive needed services

Measurement of Functional Capacity: A New Approach to Understanding Functional Differences and Real-world Behavioral Adaptation in Those with Mental Illness

Annual Review of Clinical Psychology

Vol. 6:139-154 (Volume publication date 27 April 2010)

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3160788/>

Assessment of “life skills”

- Management of personal affairs
- How one manages problems and questions commonly encountered in daily life
- Varies depending on social norms and expectations
- Many life skills are learned from parents/family through observation and experience

Assessment of “life skills”

– Decreased life skills result of:

- lack of learning and experience opportunities
- decreased cognitive and or emotional/behaviors and **not able** to learn through observation and experience
- lack of motivation
- physical problems
- combination of these factors
- inability to apply learned life skills to environment
 - transfer to new situations

– Mastering life skills

- requires the ability to transfer learned experiences to new situations

Activities of Daily Living (ADL's)

VS.

- **Instrumental ADL's**
- **Incidental ADL's**
- **Higher Level ADL's**

ADL's in general self care:

- Bathing
- Grooming/Hygiene
- Toileting
- Dressing
- Transferring/Mobility(short)
- Eating
- Simple Assessments:
 - Barthel Index of Activities of Daily Living
 - Bristol Activities of Independent Living
 - Katz Index of Independence in Activities in Daily Living

ADL's

Do not assuming student is independent for ADL's

- May have difficulties with set-up for:
 - Bathing, washing hair, choosing clothes, dressing preference, brushing teeth
- May need reminders to perform bathing and grooming activities
- May have sensory difficulties that interferes with completing ADL's
- May not understand health and social implications of ADL's
- Activities of Daily Living Scales
 - Questionnaire to student **and** parent or caregiver
 - Find scale online

Bristol Activities of Daily Living Scale

Bucks, R. S., Ashworth, D. L., Wilcock, G. K., and Siegfried, K. (1996)

Bristol Activities of Daily Living Scale

Name of patient:.....

Patient number:

Carer's Name:.....

Assessment date:/...../.....

Relationship:.....

This questionnaire is designed to reveal the everyday ability of people who have memory difficulties of one form or another.

For each activity (No. 1 - 20), statements a - e refer to a different level of ability.

Thinking of the last 2 weeks, tick the box that represents your relative's/friend's AVERAGE ability. (If in doubt about which box to tick, choose the level of ability which represents their *average* performance over the last 2 Weeks. Tick 'Not applicable' if your relative never did that activity when they were well).

1. PREPARING FOOD	<input type="checkbox"/>	a) Selects and prepares food as required
	<input type="checkbox"/>	b) Able to prepare food if ingredients set out
	<input type="checkbox"/>	c) Can prepare food if prompted step by step
	<input type="checkbox"/>	d) Unable to prepare food even with prompting and supervision
	<input type="checkbox"/>	e) Not applicable
2. EATING	<input type="checkbox"/>	a) Eats appropriately using correct cutlery
	<input type="checkbox"/>	b) Eats appropriately if food made manageable and /or uses spoon
	<input type="checkbox"/>	c) Uses fingers to eat food
	<input type="checkbox"/>	d) Needs to be fed
	<input type="checkbox"/>	e) Not applicable
3. PREPARING DRINK	<input type="checkbox"/>	a) Selects and prepares drinks as required
	<input type="checkbox"/>	b) Can prepare drinks if ingredients left available
	<input type="checkbox"/>	c) Can prepare drinks if prompted step by step
	<input type="checkbox"/>	d) Unable to make a drink even with prompting and supervision
	<input type="checkbox"/>	e) Not applicable

KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING*

Activities POINTS (1 OR 0)	Independence (1 POINT) <i>NO supervision, direction, or personal assistance</i>	Dependence (0 POINT) <i>WITH supervision, direction, personal assistance, or total care</i>
BATHING Points: ____	(1 point) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area, or disabled extremity.	(0 points) Needs help with bathing more than one part of the body, getting in or out of bathtub or shower. Requires total bathing.
DRESSING Points: ____	(1 point) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 points) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: ____	(1 point) Goes to toilet, gets on and off, arranges clothes, and cleans genital area without help.	(0 points) Needs help transferring to the toilet, cleaning self, or uses bedpan or commode.
TRANSFERRING Points: ____	(1 point) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.	(0 points) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: ____	(1 point) Exercises complete self-control over urination and defecation.	(0 points) Is partially or totally incontinent of bowel or bladder.
FEEDING Points: ____	(1 point) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 points) Needs partial or total help with feeding or requires parenteral feeding.

TOTAL POINTS: ____

6 = High (client independent)

0 = Low (client very dependent)

Barthel Index Scoring Form

Patient Name: _____ Rater Name: _____ Date: _____

FEEDING

0 = unable
5 = needs help cutting, spreading butter, etc., or requires modified diet
10 = independent

BATHING

0 = dependent
5 = independent (or in shower)

GROOMING

0 = needs to help with personal care
5 = independent face/hair/teeth/shaving (implements provided)

DRESSING

0 = dependent
5 = needs help but can do about half unaided
10 = independent (including buttons, zips, laces, etc.)

BOWELS

0 = incontinent (or needs to be given enemas)
5 = occasional accident
10 = continent

BLADDER

0 = incontinent, or catheterized and unable to manage alone
5 = occasional accident
10 = continent

TOILET USE

0 = dependent
5 = needs some help, but can do something alone
10 = independent (on and off, dressing, wiping)

TRANSFERS (BED TO CHAIR AND BACK)

0 = unable, no sitting balance
5 = major help (one or two people, physical), can sit
10 = minor help (verbal or physical)
15 = independent

MOBILITY (ON LEVEL SURFACES)

0 = immobile or < 50 yards
5 = wheelchair independent, including corners, > 50 yards
10 = walks with help of one person (verbal or physical) > 50 yards
15 = independent (but may use any aid; for example, stick) > 50 yards

STAIRS

0 = unable
5 = needs help (verbal, physical, carrying aid)
10 = independent

TOTAL SCORE = _____

The Barthel ADL Index: Guidelines

1. The index should be used as a record of what a patient does, not as a record of what a patient could do.
2. The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason.
3. The need for supervision renders the patient not independent.
4. A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives and nurses are the usual sources, but direct observation and common sense are also important. However direct testing is not needed.
5. Usually the patient's performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant.
6. Middle categories imply that the patient supplies over 50 per cent of the effort.
7. Use of aids to be independent is allowed.

Flinn Performance Screening Tool

- FPST provides a comprehensive review of daily functions
- Both ADLS/IADLS
- Manual and electronic
- Over 300 photographs depict self-care, home and outside activities, sleep, social participation, education, and leisure tasks
- Photographs instead of written words: Utilize cognitive cues for the client through photographs
- Develop transition plans specific, client-centered, functional goals
- Provide measurable functional outcomes
- <http://flinntools.com/index.html>
- <http://flinntools.com/Preview/index.html> **View On-line version**

Instrumental, Incidental or Higher Level ADL's

- Not necessary for fundamental functioning but necessary for independent living
- Within the home and in community
- Require more complex cognitive processes to complete
- Examples: Money Management, Managing Household, Transportation, Shopping, Cooking

Areas of Assessment

- Basic ADL's
- Transportation (mobility, orientation, safety)
- Money Handling/Money Management
- Time Management
- Household Management
- Nutritional Knowledge/Meal Planning and Preparation
- Health Care/Medical Management
- Mental Health/Emotional Management
- Safety in Community
- Communication in Community
- Recreation/Community Participation
- Social Skills in all environments
- Self Advocacy

Evaluation of Independent Living Skills

- **Direct Observation**

- Measuring the ability to perform a function
- Provides most reliable information of functioning
- Limited by time and resources
- Not practical
- Costly
- Sometimes needed

- **Standardized and Informal**

- Questionnaires vs. Performance
- Questionnaires
 - Self report of caregiver report questionable reliability and validity; under or over estimations depending on the purpose of assessment and consequences of findings
 - Self report of individual questionable under or over estimation of self abilities
- Performance Based
 - Functional
 - Performing activity

Careful Consideration of Evaluation Tools

- Choose Standardized Assessment when possible
- Performance based, best for assessing Independent Living Skills
- Use more than one measure
- Understand purpose, development, and author of questionnaires and informal assessments
- Failure to consider purpose, development, and author of questionnaires/informal assessments provides the opportunity for the conclusions/recommendations/goals to be questioned and challenged

Not Recommended for Assessments, recommended for discussion

- **Casey Life Skills Assessment (CLSA), Developed by Casey Family Services**
 - Support child welfare systems to reduce need for foster care and improve children's life
 - Used to develop meaningful conversations and build effective learning plan
 - Developed to assess youth in foster care to “assess youths knowledge, skills and abilities”, “can be useful for other youth involved in juvenile justice facilities, employment centers, homeless shelters or with other social service providers”

Not a good assessment tool for special education students

- Not a test, self report
- Used to develop meaningful conversations and build effective learning plan
- Free Online form
- Ages 14 to 21; Completed one area at a time, total time 30 40 minutes
- Scale of 1 to 5, assess strengths and gaps
- Use with caregivers; differences should be use as a conversation about agreement and differences

LIFE SKILLS INVENTORY
INDEPENDENT LIVING SKILLS ASSESSMENT TOOL

INSTRUCTIONS

In order to accurately complete the IL assessment, please involve the youth, the Children's Administration social worker, the foster parent or relative caregiver, and any other persons knowledgeable about the skills of the youth.

 **Scoring** should be based on the lowest level of completion.

The level of attainment for each youth completing this assessment is the lowest level where they satisfactorily complete the required number of questions. Youth may be highly competent in some areas, but have limited basic knowledge in others. Having basic knowledge in each area is important for long term success, and plan development should be focused on filling gaps in youth knowledge.

 **Completing Category O**

It is important for all youth to have a basic knowledge of options for pregnancy prevention. It is not the goal for all youth to reach "Exceptional" in this category, unless the youth (either male or female) is or will shortly be in a parenting role. Abuse and neglect issues are not specifically assessed, but competence at the "Intermediate" level should help youth avoid CPS complaints.

 **Time frames for completion**

All youth should be assessed at age 15 to 16. Once you have completed the IL assessment on a youth you do not need to repeat the assessment. All further reporting will be based on the goals of the youth, and their skill level will be indicated by the progress achieved in attaining goals. If the youth remains on the same goal, the skill level doesn't change.

COVER SHEET

NAME OF YOUTH:	CAMIS PERSON ID:	DATE OF BIRTH:
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PERSON(S) INVOLVED IN LIFE SKILLS ASSESSMENT AND DATES OF ASSESSMENT	DATE

	CATEGORY	DATE SKILL ATTAINED			
		BASIC	INT.	ADV.	EXCEL
A	Money Management/Consumer Awareness				
B	Food Management				
C	Personal Appearance and Hygiene				
D	Health				
E	Housekeeping				
F	Housing				
G	Transportation				
H	Educational Planning				
I	Job Seeking Skills				
J	Job Maintenance Skills				
K	Emergency and Safety Skills				
L	Knowledge of Community Resources				
M	Interpersonal Skills				
N	Legal Skills				
O	Pregnancy Prevention/Parenting and Child Care				

Street Survival Skills Questionnaire (SSSQ)

- Designed for assessment and planning of special education students
- Objective measure of adaptive behaviors
- Prediction of a measure of success in adapting to community living
- Some items dated
- Some sections have new items, but new items were not assessed, just substituted

Street Survival Skills Questionnaire (SSSQ)

- Basic Concepts: Color recognition, color matching, spatial concept and quantitative concepts
- Functional Signs: basic community signs and symbols
- Tool Identification and Use: knowledge of tools use for minor repairs
- Domestic Management: ability to use household utensils or appliances
- Health, First Aid & Safety: personal healthcare, hygiene, first aid, and safety
- Public Services: knowledge of community services
- **Time**: tell time, add and subtract time, understand time related concepts
- **Money**: identifying coins and currency, money equivalence, and making time
- **Measurement**: knowledge and measurements of temperature, liquid measure and linear measurements

Independent Living Scales, Pearson/ PsychCorp

- Performance based; 17 and up
- Assessment of competence of instrumental activities of daily living
- Use as guide to determine most appropriate living arrangements for adults and identify needed supports, adaptations or instruction
- Requires problem solving, demonstration of knowledge or performing a task
- Used with adults with cognitive impairments and psychiatric disorders

Texas Functional Living Scale, Pearson/ PsychCorp

- Performance Based; Ages 16 to 90
- Measure of competence for use with neurodevelopment and neurodegenerative disorders
- Lower level of competence than ILS
- Determine level of care needed
- Not dependent on family members reports
- 24 items
- 15 minutes: takes less time than ILS, not as detailed as ILS

The UCSD Performance-based Skills Assessment

- **Performance based** skills assessment
- Role-play assessment designed to evaluate an individual's functional capacity in selected domains of basic living skills
 - Financial Skills
 - Communication
 - Comprehension/Planning
 - Transportation
 - Household Management
 - Medication Management
- Participants utilize props; demonstrate how they perform everyday activities; assessed on how well they execute tasks
- Several versions

Health Literacy


- **Health Literacy: Implications for Case Managers**

The Rehabilitation Professional, 23(3) pp. 157-162, Jennifer L. Nguyen, Sabrina Islam, and Jamie L. Pomeranz

- **9 out of 10 Americans have difficulties understanding health information, including materials encountered regularly through healthcare providers and the media**
- Results of Dept. of Ed National Adult Literacy Survey (NALS) findings that health literacy is a real and pressing issue
- Article reviews 5 measures of health literacy
- www.healthliteracy.bu.edu/about Health Literacy Tool Shed
 - Review of 112 assessments
 - Income and education level not good predictors of understanding

Health Management Checklist

Patient Name: _____ Birthdate: _____ Age: _____
 Completed By: _____ Date: _____

 **Health Management Checklist**

This **Health Management Checklist** is about the skills that help you take care of your health. Your doctor or nurse will talk with you about the areas where you want help. Please complete this checklist by marking the box or boxes that describe you the best. If you do not understand a question, please ask your nurse or doctor for help.

	YES, I do	NO, I want to learn	Someone needs to do this for me	NO, not needed	Need more info
ACCESSING HEALTH CARE - Skills and Abilities:					
1. Do you wear or carry a medical alert (list of allergies, conditions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you speak up for yourself in your doctor's office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you help make health care decisions with your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you see your doctor alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know your rights to keep your health information private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you call your doctor(s) on your own if you have a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you schedule your doctor appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you keep your portable medical summary and/or care plan up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGING YOUR CONDITIONS AND TREATMENTS - Skills and Abilities:					
9. Do you know how to describe your health conditions/disabilities and do you know how they affect your daily life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you know the names of your medicines and why you take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know what can happen if you skip your treatments or medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you almost always take your medicines correctly on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you fill your own prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you use and take care of your own medical equipment and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know when to call for routine checkups, urgent care, and when to go to the emergency room or call 9-1-1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAYING HEALTHY - Skills and Abilities:					
16. Do you understand how smoking, drinking, and/or using drugs can affect your condition (worsen symptoms, react with your medicines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you know how your condition affects sexuality (quality or state of being sexual, the need for closeness, caring and touch)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you know what to do for birth control, safe sex, and reproductive concerns (genetics, pregnancy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you know how to maintain a healthy lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSURANCE - Skills and Abilities:					
20. Do you know what your health insurance covers (co-pays, referrals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know who to call for questions about your insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you know how you will maintain health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BENEFITS, SERVICES AND RESOURCES - Skills and Abilities:					
23. Do you know of resources that can help you to find needed services (job support, transportation, assistive technology, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you know how your condition might affect your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you know what government benefits you might qualify for (SSI, SSDI, Health Benefits for Workers with Disabilities, Home & Community Based Services, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you know about guardianship or power of attorney for health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you know your options for housing (on your own, group home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you know your options for jobs, education, and recreation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you know how to manage your money and pay your bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Got Transition

www.gottransition.org

UNC Transition Scale for Adolescents and Young Adults

Patient Name		Date	
Medical Record #	Transition ID	Institution	

UNC TR_xANSITION Scale™ for Adolescents and Young Adults:

Instructions: Read the question to the patient, and circle the choice on the right that best describes the patient's response. Sum the scores for each section in the "Subtotal" row. Not all questions may be applicable to each patient. Divide the subtotal by the number of applicable questions in each section to obtain the "Proportion".

Type of chronic health condition		Correct	Non-specific	Does not know
1	What is the name of your health condition?	1.0	0.5	0.0
2	What physical symptoms do you experience because you have [name of health condition]?	1.0	0.5	0.0
3	How might [name of health condition] affect your health in the future?	1.0	0.5	0.0
Sum the scores for this section		Subtotal T	_____ out of 3	
Divide the subtotal by the number of applicable questions		Proportion T		

R _x : Medications		Can name all	Can name some	Cannot name any	N/A
4	What are the names of the medicines, vitamins, and/or supplements your doctor has asked you to take for your health condition?	1.0	0.5	0.0	
5	When are you supposed to take [name each medication, vitamin, and supplement patient should be taking]?	1.0	0.5	0.0	
6	What is the purpose of [name each medication, vitamin, and supplement patient should be taking]?	1.0	0.5	0.0	
7	What could happen if you do not take [name each medication, vitamin, and supplement patient should be taking] like your doctor has asked you to?	1.0	0.5	0.0	
Sum the scores for this section		Subtotal R _x	_____ out of _____		
Divide the subtotal by the number of applicable questions		Proportion R _x			

Created under the direction of Dr. Maria Ferris with assistance from Kristi Bickford, Dr. Carol Ford, Caroline Jennette, Dr. Susan Hogan, Donna Harvard, Nicole Fenton, Bradley Layton, Lynn McCoy, James O'Neill, Robert Imperial, the UNC adolescent patients, the interdisciplinary transition team & Teresa Edwards from the Odum Institute.
Funding: The UNC Kidney Center, Center for Education Research and Therapeutics, and K.B. Reynolds Charitable Trust. Version 12_18_09

Transition Readiness Assessment – (Medical)

- Assessment tool for the pediatric care team or other clinicians to begin the conversation about the youth's needed skills to manage their health and health care.
- Condition-Specific Tools
- Evaluate current knowledge about and ability to manage his/her health condition
- Indicates the elements specifically related to the clinical condition that should be assessed
- Revisited and utilized as a teaching and training aid for student to master by the time to transfer to adult care
- **<https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/pediatric-to-adult-care-transitions-initiative/condition-specific-tools>**

The Medication Management Ability Assessment (MMAA)

- Brief role-play test
- Designed to assess prescription medication management ability in older adults with schizophrenia
- Clinical studies for other populations
- Scored on taking their meds at the correct time, and taking them with or without food

Emotional/Mental Health Management & Medical Healthcare Management

- Names diagnosis
- Accepts diagnosis
- Accurately describes diagnosis
- Identifies by name and location of service provider/s
- Knowledge different service providers and understanding of roles
- Acknowledges if service is helpful or not

Development of Informal/Performance Assessments

- Interview
- Observation
 - Observation Forms of critical behaviors needed to perform activity
- Clearly Focused
- Develop a form of checklist and system
 - Examples
 - Functional Reading: abilities and scanning
 - » Map reading
 - » Menu
 - » Food items
 - » Travel schedules
 - Form Completion
 - Measurements
 - Phone messages
 - Sorting

Community Based Assessments

Assessing Ability to Transfer Learned Activities

- Sample statement from comprehensive transition assessment that included observations in community based activities
 - Student demonstrated difficulty in transferring the activities practiced and skills learned in classroom simulation to implementation in the community (in store)
 - Determining correct amount of change
 - Checking change
 - Keeping money in safe place
 - Easily obtaining money/putting money and receipt away

- Synatschk, K., Clark, G., and Paton, J. 2008. Independent Living and Community Participation, Pro-Ed
- Erickson, A. Clark, G., and Patton, J. 2013. Informal Assessments for Transition Planning, 2nd edition, Pro-Ed
- Clark, G., 2007. Assessment for Transition Planning. 2nd Edition, Pro-Ed
- Thoma, C. and Tamura, 2013. Demystifying Transition Assessments, Paul H. Brooks Publishing Co.

Transition Planning Inventory–Second Edition (TPI-2)

- Systematic way to address critical transition planning areas
- Considered for general transition assessment screenings
- Key information is gathered from students, parents, guardians, and school personnel; rating scales and open-ended questions
- Identifying transition needs or complement existing procedure
- Framework for acquiring more detailed assessment information
- Effective tool to identify necessary transition-related goals for the IEP
- PI-2 Profile and Further Assessment

Menu Reading	
Identifies Menu	
Find Sections	
Orders Meal	
Finds Prices	
Adds Bill	
Calculates Tip	
Scanning	
Other	

Food Items						
Identifies Microwave Box						
Finds Cooking Instructions		Reads cooking instructions				
Explains 50%						
Locates nutrition information		Reads nutrition info				
Identifies # of servings	Identifies # of calories	Amount of Fat	Amount of Fiber	Amount of Protein	Amount of Carbohydrates	Amount Sodium
Knows what a serving is	Calories are	What is Fat is	What is Fiber	What is Protein	What is a Carbohydrate	What is Sodium
Scanning						
Handling of item						

Transportation

- Mobility
 - Ability to physically access transportation
 - Auto and public transportation
 - Travel endurance
- Orientation
 - Able to get from point A to point B
 - Knows where he/she is
- Safety
 - Cognitive and Physical Endurance to travel
 - Judgment & public social skills
 - Knows what to do related to changes
 - Handles money/transportation pass

Transportation

Orientation/Planning

- States address and major cross streets
- Finds residence on map, finds school location or locations of important community buildings
- Knows NEWS
- States surrounding towns
- Inputs addresses for online directions, inputs and ability to use GPS
- Can provide step by step directions to driver
- Awareness of location when traveling
- Ability to understand schedule and fees of public transportation, ability to pay
- Arrange transportation

Transportation

Safety

- Money transactions, safe keeping of money
- Social Skills/Public Behaviors
 - Verbalizations
 - Eye contact
 - Physical movements
- Trusting
- Directions and locations
- Planning for the unexpected
- Mobility

The End

Elizabeth M. Watson

Certified Rehabilitation Counselor

Certified Case Manager

Licensed Clinical Professional Counselor

Certified Brain Injury Specialist

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