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What is This?
Status of Community-Based Transition Programs: A National Database

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Abstract. The goal of transition services is to improve the postschool outcomes for students with disabilities, but more than 10 years after the Individuals with Disabilities Act (IDEA) mandated transition services, students with disabilities are still exiting high school with significantly different postschool outcomes than their peers. Community-based instruction, work experience, family involvement, interagency collaboration, and postsecondary training have been highlighted as methods to improve student outcomes. This article identifies 101 community-based transition programs that incorporate community-based instruction, work experience, and postsecondary education especially designed for students aged 18-21 years old. Findings regarding disability populations, ages served, community locations, funding sources, interagency collaboration, and staffing of these programs are discussed.

Educators have long acknowledged the importance of community-based instruction for students with disabilities (Sailor et al., 1989). Since the passage of the transition requirements of IDEA, this service delivery model has been considered by practitioners to be an important approach for implementing transition services for youth with disabilities (Wehman, 2001). Agran, Snow, and Swaner (1999) noted that 77% of secondary-level educators serving students with severe disabilities agreed that community-based instruction (CBI) helped prepare students for successful postschool outcomes. Others have found that special educators reported positive views of community-based job experiences for students with mild and moderate disabilities (Cook, 2002). Further, in Kohler and Hood’s (2000) review of promising practices for transition, almost all of the programs described included a component of community-based instruction.

The traditional secondary-school experience for students with disabilities has been to offer CBI and vocational programs from within the “home base” of a high school setting. Morningstar and Lattin (2004) point out that while there are tremendous benefits to participating in a curriculum of this nature, this approach often creates barriers to typical and age-appropriate interactions and
experiences with peers without disabilities who are 18 years old and older. This service delivery model is especially difficult to reconcile among advocates of inclusive educational experiences, who also recognize the importance of a community-based approach (Bauer, 2001). Yet, many professionals agree that a combination of inclusion in general education classes and community-based instruction more often leads to desired postschool outcomes for students (Agran et al., 1999).

The importance of improving postschool outcomes for students with disabilities is an ongoing and critical effort of secondary educators. Research continues to find consistently poor postschool outcomes of young adults with disabilities compared to their peers without disabilities. With respect to employment, the most current census data show that as of 2000, only 60.1% of working-age men with disabilities and 51.4% of working-age women with disabilities were employed, leaving over 17 million working-age adults with disabilities unemployed (U.S. Census Bureau, 2003). Janiga and Costenbader (2002) estimated that the number of college students with disabilities is as low as .075% of the total enrollment in postsecondary institutions. Given the continuing inequities in attaining successful adult outcomes for students with disabilities, it is clear that new models are needed for providing services in which high academic expectations are combined with full inclusion in community life. In fact, the U.S. Department of Education’s 23rd Report to Congress (2001) stressed that students with disabilities should be held to high academic expectations, as well as be given opportunities to participate in vocational education, service learning, community work experience, and adult living skills.

An emerging approach to improving student outcomes is to differentiate secondary education according to the age of the student, with inclusive high school-based educational experiences offered during the typical high school years (ages 14 to 18) and a transition-focused community-based program offered for students aged 18-21 (Fisher & Sax, 1999). This alternative service delivery model (referred to in this article as community-based transition programs) has been described as a deferred graduation program, an 18-21 program, or a commencement model (Schuh, Tashie, Lamb, Bang, & Jorgensen, 1998). Because IDEA allows students with disabilities to receive special education services (including transition services) until age 21, these programs are becoming a viable alternative. Such programs are designed to support students with disabilities who have met the requirements for graduation (diploma or exit certificate) but have unmet transition needs and goals in their IEP (Grigal, Neubert, & Moon, 2001).

Community-based transition (CBT) programs are designed as an option on the continuum of services offered to students with disabilities. They are not designed to replace inclusive education for high school students but, instead,
expand this inclusion to age-appropriate community settings for young adults (Fialka, n.d.). Thus, CBT programs provide an opportunity for students to receive the best of both worlds – inclusive education during the traditional high school years and a comprehensive community-based program after commencement but before official graduation (Izzo, Johnson, Leviz, & Aaron, 1998). Specifically, community-based settings allow students to expand social relationships with age-appropriate peers, ongoing educational experiences, recreation and leisure activities, and work experiences (Grigal et al., 2001).

The most unique aspect of CBT programs is that they are entirely community-based. Many CBT programs are located on postsecondary campuses (i.e., at universities, community colleges, and vocational-technical schools), or in offices, storefronts, and businesses (Grigal, Neubert, & Moon, 2002; Morningstar, Kleinhammer-Tramill, & Lattin, 1999). Other programs may be found in apartments or houses where students learn functional independent and daily living skills (Baska et al., 2003). Regardless of location, students in CBT programs are completely immersed in community activities and learn skills that directly impact their desired adult living outcomes (Morningstar & Lattin, 2004). Typically, all services, including occupational therapy and speech-language therapy, are provided in natural age-appropriate community settings, such as at a job site or local gym. Functional skills are also imbedded throughout the student’s day, regardless of the setting (Hall, Kleinert, & Kearns, 2000).

Community-based transition programs incorporate many of the recommended effective practices in transition, including (a) an ecological approach of learning and performing tasks in a variety of environments, (b) service coordination, (c) community experiences, (d) parental involvement, and (e) supports for postsecondary education (Flexer, McMahan, & Baer, 2001). CBT programs are designed to be flexible and person-centered to meet each student’s transitional needs and goals (Morningstar & Lattin, 2004). For example, one student may learn to do laundry and cook at his or her own apartment or home; another student may be learning to use the community transportation system to get to and from work, whereas yet another student may be supported to enroll in courses at a college or university. If the program uses an apartment or house, students may also have an opportunity to experience overnight stays for periods of up to two weeks (Kranich & Erstling, 1996). Program participants also learn how to handle issues related to getting along with roommates, such as making decisions together about meals, budgets, and paying bills (McKenzie & Wildgen, 1999).

Before entering a CBT program, most students, with the support of parents, teachers, friends, and community service providers, develop a person-centered transition plan. This planning process allows for the development of open and trusting relationships (Flexer et al., 2001), the identification of the student’s
dreams and transition goals, and the development of potential supports and
service coordination. The person-centered plan often considers postsecondary
education and/or training, employment, self-determination, functional living
skills, recreation/leisure activities, community mobility, and linkages to adult
service agencies (Neubert, Moon, & Grigal, 2002). Person-centered planning
strengthens IEP planning and development because of the student- and/or
family-centered focus, as well as the structured long-term transition planning,
resulting in a more detailed plan of action (Furney, 1992). Information from
the person-centered plan is included in the IEP, and each student’s schedule
and individual program is designed based on the outcomes identified in the
person-centered plan (Baska et al., 2003).

Typically, as students complete their fourth year in high school, they attend
the commencement ceremony with their peers without disabilities. Under these
circumstances, however, the student’s diploma is withheld until he or she exits the
CBT program and the school system. Participation in commencement allows
students to “finish” high school with their peers and move into the next stage of
young adulthood with a sense of closure. Because the diploma is held by the local
district, students are able to receive continued services and funding under IDEA.
Upon completion of all transition goals in the IEP, or upon aging out of special
education services, students then exit public education (Baska et al., 2003).

Because services are provided in the community and students are 18 or
older, coordination with adult service agencies is an important component of
CBT programs, with the expectation that adult services providers will get to
know the students before they exit the school system (Neubert et al., 2002).
Active participation of outside agencies also increases the variety of educational
and employment options available to students, thereby enhancing the overall
transition planning process (Benz, Lindstrom, & Yovanoff, 2000; Luecking &
Certo, 2002; Nuehring & Sitlington, 2003). Often CBT programs and adult
service agencies are able to create a seamless transition and design supports so
that the student’s last day of school looks no different than his or her first day
out of school (Sax, Noyes, & Fisher, 2001).

Community-based transition programs have been developed throughout the
United States, but little is known about their characteristics, student outcomes,
stakeholders’ satisfaction, or cost-benefits (Neubert, Moon, Grigal, & Redd,
2001). Thus, an exhaustive search of educational databases has identified
limited research directly related to CBT programs. However, some studies have
explored the components embedded into such programs. For example, Sax and
colleagues (2001) found that students with severe disabilities who
experienced both inclusion in general education classes and a seamless
transition experienced consistently higher employment outcomes. Further,
Wehman (2001) reported that community-based experiences appeared to
decrease the likelihood of students dropping out of high school. Finally,
enrollment in additional transition services, such as CBT programs, beyond graduation has been found to lead to significantly higher earnings and higher rates of participation in postsecondary training programs (Izzo, Cartledge, Miller, Growick, & Rutkowski, 2000). In short, the results of these studies suggest that the components of CBT programs may positively impact adult life outcomes such as employment and postsecondary education.

As unique features of CBT programs have begun to emerge, creating a national picture of such programs is timely. Therefore, the purpose of this study was to develop a better understanding of CBT programs as they currently exist across the country. Specifically, this study involved identifying, contacting, and interviewing professionals involved in CBT programs regarding (a) disability population, (b) ages served, (c) funding sources, (d) community location, (e) date established, (f) student/staffing patterns, and (g) operational location. Supported by the Transition Coalition, an on-line searchable database was created, allowing practitioners and researchers alike open access to the data (Gaumer, 2003; http://www.transitioncoalition.org). Data continue to be gathered beyond the 101 programs reported in this article. Regular updates to the Transition Coalition database will reflect this body of ongoing work.

**Method**

**Data Collection Procedures**

This study employed a descriptive research design with data collected over six months, beginning in March 2003 and ending in August 2003. For sampling purposes, contact information for CBT programs was collected through network or snowball sampling (Merriam, 1998). Transition coordinators from state departments of education (or other state education agency [SEA] staff who were familiar with secondary/transition programs for students with disabilities) as well as university professors in the field of transition were contacted via email or telephone for information about CBT programs in their state. In addition, a request for information about CBT programs was posted on a national transition listserv maintained by the Transition Research Institute at the University of Illinois. More than 400 education professionals responded to these inquires and offered information regarding the location and contact information for CBT programs. All responses from all sources were followed up through email or telephone contact.

Once a teacher or coordinator for a CBT program was identified, he or she was sent (typically by e-mail) a questionnaire requesting factual information about the program. We used the six major areas of interest to this study (i.e., disability, age, location, size, length of existence, student/staff ratio) as the basis of the questionnaire. Almost all (101 of 117; 86%) of the questionnaires sent
out were completed and returned. Upon receipt of the information, a
summary of the program was developed and sent back to the
teacher/coordinator for a member check. Further, after validation of the data
by the teacher/coordinator, a peer examination was conducted to ensure inter-
rater reliability and that all necessary information had been obtained
(Merriam, 1998).

Data Analysis
Descriptive statistics (i.e., frequencies and means) were used to quantitatively
descibe disability populations, locations, funding, year established,
student/staff patterns, ages served, and operational schedules. Once all
descriptive statistics were compiled, additional comparisons were made,
primarily with regard to how programs of different sizes differed along these
seven characteristics. An analysis of variance (ANOVA) test was also used to
examine the data for associations among interval-level variables (e.g., the
relationship between the size of the program and year the program was
established). An alpha level of .05 was set a priori for all statistical tests.

RESULTS

Size of the Program
In order to evaluate relationships between the size of CBT programs and
other study variables, each program was categorized as small, medium, or large.
A frequency distribution indicated three clusters. Small programs were defined
as those with 5 to 20 students \( (N = 48) \). Medium-sized programs were those
serving 21 to 60 students \( (N = 28) \), and large programs were those serving 61 to
1,000 students \( (N = 24) \). One of the CBT programs did not report the number
of students; therefore, this program was not included when data were analyzed
by program size.

Location of Programs
CBT programs were identified in 29 states. Minnesota and Maryland
represented the highest proportions of programs with 16 and 12, respectively
(see Table 1). Descriptive statistics revealed that of the programs contacted,
48% were based at postsecondary institutions, with 16% located at four-year
universities, 26% at community colleges, and 6% at vocational-technical
schools. Other programs were identified as being located in houses/apartments, community business locations, or were non-site based (see
Table 2). Non-site-based programs did not have a specific base of operation, but
provided individualized supports to students in community environments as
appropriate for the given student.
Disability Populations

Community-based programs were designed for students with a range of disabilities. Thus, 27% of the programs served students of any severity level or type of disability. When broken down into inclusive disability groups, 55% of the programs supported students with mild disabilities, while 88% of the programs supported students with moderate and 63% supported students with significant disabilities, respectively (see Table 2). Two programs served only students with a specific disability diagnosis such as an emotional disability or blindness.

Funding Sources

Almost all programs (97%) were funded primarily by the local education agency. In fact, 66% received funding solely through the local education agency. Some programs also received grants from their state education agency (12%), the U.S. Department of Education (7%), or collaborated with other sources such as community service providers and postsecondary institutions (15%) to provide funding (see Table 2).

Ages Served

The vast majority of programs (88%) served students in their final two to three years of their public school experience (ages 18-21). A few programs also incorporated younger students, with 16% serving students under the age of 18.
Table 2
Frequency of Programs with Specified Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Location</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postsecondary Institution</td>
<td>48*</td>
<td>26</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Apartment/House</td>
<td>13</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Non-Site Based</td>
<td>13</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Business Locations</td>
<td>27</td>
<td>11</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td><strong>Disability Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild/Moderate</td>
<td>28*</td>
<td>14</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Moderate/Significant</td>
<td>46</td>
<td>28</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>All</td>
<td>27</td>
<td>6</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Education Agency Only</td>
<td>67</td>
<td>39</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>State Education Agency</td>
<td>12*</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>U.S. Department of Education</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>4</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Ages Served</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only 18-21</td>
<td>63</td>
<td>36</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Also under 21</td>
<td>16*</td>
<td>1</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Also over 21</td>
<td>27</td>
<td>11</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td><strong>Operational Calendar</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Education Agency</td>
<td>74*</td>
<td>40</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Postsecondary Institution</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Year-Round</td>
<td>21*</td>
<td>6</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

*One program did not report the number of students and, therefore, is only included in the data regarding all programs.

Through interagency agreement and coordination, some programs extended their services to students over the age of 21. This includes 27% that served students aged 22. Of this group, almost half also supported students over the age of 22.

**Yearly Operational Schedule**
The majority of programs (73%) were conducted during the local public school’s calendar, while the remaining programs either operated year-round (21%) or followed the local postsecondary institution’s calendar (6%). When analyzed across community locations, almost half (46%) of the non-site-based programs operated year-round, whereas 22% of those in postsecondary settings and 18% of those in residential settings operated year-round.
Year Established

Figure 1 indicates the number of programs established by year. As illustrated, the majority of programs were established in the mid to late 1990s. Three programs began in the 1970s, 15 in the 1980s, 64 in the 1990s (21 between 1990-1994 and 43 between 1995-1999), and 19 between 2000-2002.

A one-way analysis of variance was conducted to evaluate the relationship between size of a program and length of time the program has been in existence. The results of the test were significant, ANOVA, $F(4,95) = 9.51, p<.05$, Adjusted R Squared = .286. Fisher’s least significant difference was then conducted to follow up the results of the ANOVA. This revealed a statistically significant difference at the .05 level between all program sizes and the length of time the program has been in existence. Overall, large CBT programs were established first ($x = 1989$), medium-sized programs came next ($x = 1993$), and small programs are the most recent ($x = 1997$).

Staffing Patterns

The number of staff (including teachers, paraprofessionals, job coaches, and related service providers) varied widely among programs, ranging from 2 to 67. Staff was computed by adding the number of full-time employees to the proportion of time worked by part-time employees. Small programs had 2 to 13 staff; medium programs had 2 to 15 staff; and large programs had 4 to 67 staff members.

A student-staff ratio for each program was computed by dividing the total number of students by the total number of staff. This calculation may be inflated because it does not take into account students who only access the programs for part of the day. The average student-staff ratio was 6:1. Small programs had the lowest student-staff ratio (approximately 3:1), followed by medium-sized programs (approximately 6:1), and finally large programs (approximately 11:1). A one-way analysis of variance was conducted to evaluate the relationship between the size of a program and the student-teacher ratio. The results of this test were significant, ANOVA, $F(2,97) = 6.27, p<.05$, Adjusted R Square = .115. Fisher’s least significant difference was conducted to follow up the results of the ANOVA. This revealed
a statistically significant difference at the .05 level between the student-teacher ratios of small and large programs, with large programs having a statistically significantly higher student-to-teacher ratio than small programs.

Goals

As part of the questionnaire, each teacher was asked to identify the mission or goal of their CBT program, in which the teachers discussed the transition from school to adult life. Many used phrases such as “bridging the gap,” helping students become “productive members of society,” or “as independent as possible,” developing the skills to “pursue their new beginning,” “achieve independence,” or take on “their new role as adults in the community.” Although teachers were not directly asked how students transitioned from the CBT program to adult life, all of the teachers commented that students typically made the transition to work (85%), postsecondary education (51%), adult services (41%), or a combination of the three.

DISCUSSION

CBT programs were often difficult to find; therefore, conclusions regarding the overall characteristics of CBT programs must be tempered by the fact that random sampling was not appropriate for this study. In addition, the sample size of 101 programs does not reflect the total number of programs currently in existence. Unfortunately, due to the lack of standard reporting systems at local, state, and national levels, the exact number of programs in existence is difficult to ascertain. The information gathered in this study does, however, offer the first concerted effort to quantify a national set of data regarding CBT programs. The purpose of this study emerged from our work during the development of an operational manual for CBT programs, which led to the broader question that underlies this study, “What do CBT programs across the country look like and do?”

Community Location

The key defining feature of CBT programs was their location outside of a public school building. Indeed, programs referred to us that were housed in a high school or other public school buildings were not included in the dataset. It would appear that the location of the program was facilitated by a particularly important mission for the district, including (a) apartments or houses (set up to enable students to learn functional home living skills); (b) non-site-based programs (utilizing the students’ natural environments for instruction without having a “home base” for instruction); and (c) those in community business locations (e.g., offices, businesses, storefronts that emphasized employment skills). The results suggest that CBT programs are most likely to be located at
postsecondary institutions (universities, community college, and vocational technical schools), a common educational location for young adults aged 18-21. However, our data may be skewed by the possibility that CBT programs located at postsecondary institutions have been more often publicized (Grigal et al., 2001; Grigal et al., 2002; Hall et al., 2000; Neubert et al., 2001; Neubert et al., 2002), which may account for their predominance in this study.

Disability Populations

One third of all CBT programs in this study supported students with any disability type or level of severity via individualized supports based upon the goals of each student. Other programs supported students with a more narrow range of disabilities. Small programs were more likely to serve students with moderate to significant disabilities. On the one hand, this may be due in part to the need for small programs to limit the number of students eligible for the CBT option because of a limited number of staff. On the other, it may be that students with moderate and significant disabilities are more likely to remain in high school up until the age of 21, and that therefore, this new service option would be developed for this group.

Conversely, there was no statistical difference in the number of programs serving each disability population in medium to large programs; that is, medium and large programs served a range of disability types. This stands in contrast to the perception that CBT programs are only for students with moderate to significant disabilities. Our survey did not include specific questions about the criteria for admitting students into CBT programs; however, many survey respondents described the criteria as involving IEP team referrals, parent surveys, student interviews, and diploma/certificate option requirements. With more information about why certain groups of students are served in CBT programs, a clearer picture will emerge.

Funding Sources

The data revealed that the vast majority of programs were funded primarily by the local education agency. A few programs also received seed grants through the SEA or the U.S. Department of Education. These grants usually helped support start-up costs, with a transfer of all cost to the local education agency when the program was well established (i.e., typically after three years). A much smaller percentage of programs (15%) received support from community service providers (i.e., adult service agencies) through interagency agreements. These funds typically supported job training and job coaches, functional living and computer classes, case management, and/or the transfer of all support services as the student neared the end of public education. When CBT programs were housed at postsecondary institutions, funding provided by these institutions was often in-kind support such as office and/or classroom.
space, furniture, computers, access to classes and facilities, and volunteers. Neubert et al. (2002) found similar results regarding the funding contributions of postsecondary institutions.

The results of this study suggest that CBT programs are more likely to be funded solely by local education agencies than through other funding sources. An exception is medium-sized programs, which are often assisted by a broader range of funding sources. Further research is needed to understand the intricacies of funding for these programs in more detail.

**Ages Served**

At the inception of this study, it was anticipated that CBT programs would be serving students aged 18-21 only. However, this assumption was proved wrong as some programs reported serving younger students under age 18 (16%) or students older than 21 (27%). Younger students typically spent only part of their day in the community, often returning to their high school for academic instruction. The older students remained in the community the entire day. Students beyond the age of 21 often were supported though interagency agreements with adult service providers. An exception was the programs in Michigan, the only state to mandate special education services through the local education agency until age 26.

Small programs often served only students ages 18-21 across an entire day of support services, whereas larger programs typically included students supported in the CBT for their entire day, as well as those who operated independently in the community part of the day or who were still taking high school classes for a portion of their day. In some programs, students were only supported for the part of the day in which they needed support as identified in their IEP. For example, this might include a student with mild disabilities who was enrolled in postsecondary classes in the morning without any additional CBT support but who received CBT support in the afternoon regarding career development and on-the-job support. Interagency collaboration also seemed to enable some programs to support students through their entire college career. It would appear from this study that adult service agencies and the local education agency frequently coordinated services in such a way that the student experienced a smooth transition from school to adult life, with 41% of the participating teachers specifically mentioning working with adult service agencies.

**Yearly Operational Schedule**

Most CBT programs operated on the local education agency’s calendar, while a few at postsecondary institutions operated on this calendar. Interestingly, nearly one fourth of all programs adopted a year-round operation similar to that of an adult service agency. Non-site-based programs were more likely to operate year-round than any of the programs at the other community locations. It would seem that since non-site-based models do not require a place
to “house” the program, this may enable them to be more flexible in their dates of operation. Without further investigation regarding this issue, it is not possible to make a definitive statement as to the reasons why.

Year Established

The implementation of IDEA in 1990 and the reauthorization in 1997 seems to have sparked increases in the number of CBT programs nationwide. In fact, over half of all of the CBT programs were established during the 1990s. This trend has continued, with almost 20% of the programs starting within the last four years (see Figure 1). Additionally, we heard from many school districts that expressed a desire to start a community-based transition program in the next two years or expand their existing program to more sites and more students. Results indicated that most large CBT programs were established prior to the 1990 transition requirements of IDEA, whereas medium-sized programs typically began in the early 1990s. More recently, many school districts have been developing relatively small programs.

Student and Staffing Patterns

Large programs appeared to have a higher student-to-staff ratio than small programs. Interestingly, programs supporting primarily students with significant disabilities had similar student-to-staff ratios as programs serving primarily students with mild to moderate disabilities. It would have been expected that programs serving students with significant disabilities would have lower ratios. Unfortunately, it is beyond the scope of this initial research to ascertain why this was the case.

Highlights of Unique Characteristics

Each CBT program was unique and based on the needs of the participating students and particular characteristics of the community. However, several programs are highlighted here because of some of the unique and extraordinary aspects of their program. For example, two urban programs, one in Pueblo, Colorado, and one in Kansas City, Kansas, collaborated with the local Housing Authority (U.S. Housing and Urban Development) for the donation and upkeep of program residential property. In a suburban district in Kansas, the local Builder’s Association built a fully accessible house with completely donated labor. The school district raised private donations for the costs of all materials.

Accessing volunteers and in-house expertise proved fruitful to one program in Florida. In this case, the University of Central Florida’s Department of Engineering adapted equipment for students in an on-campus CBT program. This relationship proved beneficial to both the student in the CBT program and those in the Department of Engineering. Other programs found unique ways to focus on vocational training and employment outcomes. For example,
programs in St. Cloud, Minnesota, and Cincinnati and Columbus, Ohio, were located in medical centers, while a program in Milton, Florida, was located at a naval base, all common places of employment for adults in those communities. Students in the programs learned employment and social skills that often led to competitive employment in the same setting.

In Eugene, Oregon, and State College and Hazelton, Pennsylvania, students had the opportunity to stay in the programs’ residential settings overnight to practice independent living skills. The independent living courses developed by a program at Bellevue Community College in Washington were approved for fulfillment of the requirements for an Associate of Arts degree.

An example of true collaboration is illustrated by the program at Buffalo State College in New York, which has developed a unique collaboration among the local education agency, community service providers, and the university. The local education agency provided one teacher, one paraprofessional, a part-time job coach, administrative supervision, textbooks, and IEP provisions. The local education agency then coordinated with Medicaid to provide speech therapy to students with disabilities at the college clinic. The Office of Mental Retardation and Developmental Disabilities also provided one program manager, one community-based instructor, rent, office equipment, textbooks, and modified instructional materials. Finally, Buffalo State College provided in-kind support through community service volunteers, independent study students, a computer and furniture, access to campus and classes, parking permits, and the waiver of course audit fees. Together these entities supported six students ages 18-21 through the local education agency and six students ages 18-23 through the adult service agency. More information about all of the community-based transition programs included in this study may be found at the Transition Coalition website, www.transitioncoalition.org.

Curricular Issues

One issue that emerged across all of our conversations and correspondence with program representatives was that of curriculum. Only a small percentage of programs reported using a specific published curriculum (23%). In addition, few published curricula were mentioned by programs as having helped them either develop their program or teach functional living skills. The two curricula that were identified as being used by several CBT programs were Brolin’s (1997) Life Centered Career Education (LCCE) curriculum (mentioned by nine program teachers), and the Syracuse Community-Referenced Curriculum Guide developed by Ford and colleagues (1989) (mentioned by three program teachers). Additionally, one published assessment, the Brigance Employability Skills Inventory (Brigance, 1995), was mentioned by two teachers.

Many program staff expressed a strong interest in learning about curricula and assessments used by other CBT programs. Overall, it would appear that
programs were designed around the individual needs of each student and that each program developed its own curriculum based on those needs. Teachers communicated that this often worked well but, at times, led to disjointed programming and extensive planning for the staff. Certainly, there is an ongoing need to expand this line of research and develop a way to network among programs for purposes of sharing curricular ideas. On-Campus Outreach at the University of Maryland has taken the initiative to fill this void through a forum where interested parties can pose questions and share answers regarding CBT programs (http://www.education.umd.edu/oco).

**Reporting Systems**

Unfortunately, transition coordinators at state departments of education were often unaware of CBT programs in their states. In fact, only about 5 of the 50 state coordinators we contacted were able to identify a specific CBT program in their state. Part of the problem appears to be how local data are reported to the state. In most states, school districts only report the location in which students are enrolled (e.g., the local high school) regardless of whether students spend any time in the high school building. Under most circumstances, students in CBT programs are still listed as enrolled at the high school, or in some cases, at the administrative building housing their records. This issue could be alleviated by refining reporting systems to include the location in which students with disabilities receive community-based services.

**Guidance Regarding Establishing CBT Programs**

Very few guidelines exist for school districts interested in developing CBT programs (Neubert et al., 2001). Recently, Grigal (2000) designed specific steps for developing CBT programs, and in 2003 the University of Maryland’s On-Campus Outreach launched an online module, *A Needs Assessment for Students Age 17-21 with Significant Disabilities*, to bridge this issue (Grigal, 2003; http://www.education.umd.edu/oco/oco-training-modules/). Indeed, one of the reasons why the present study was undertaken was the direct result of the development of guidelines for CBT programs. The Transition Coalition supported the work of Baska et al. (2003) by developing a local CBT manual that is now available for free downloading (http://www.transitioncoalition.org/freepub.php3/). It is clear that through coordinating with other programs and the accumulating research more districts will be able to develop effective CBT programs.

**Future Research**

Transition planning must meet the needs of students and enable them to live productive adult lives. We need to know more about CBT programs through case studies, in-depth analyses of program characteristics, comparisons of programs at different settings and with differing program emphases, and longitudinal analysis
of postschool outcomes for students. In addition, it is critical to continue the development of an accessible national database to be able to know what is happening and how barriers are overcome among different programs. Expansion of this type of research to include entry and exit criteria for students, program evaluation components, curriculum development and use, and student outcome data would significantly enhance the database.

The funding of CBT programs is another issue that requires further examination. It is unknown whether these programs cost significantly more or less than school-based programs; yet, many local education agencies assume that the cost is prohibitive. Also, with current budget cuts in all areas of education, many CBT programs may be on the chopping block unless cost-benefit analyses of CBT funding and postschool outcomes are completed. It is critical to the field that programs begin to evaluate the success of their efforts compared to more traditional and segregated programs. In this way, the effectiveness of the programs, even if they cost more, will be clearly communicated with the policymakers who also hold the purse strings. Proving that the long-term benefits and investments during school pay off in the end is a critical next step for programs.

Most important, there is a need for large-scale studies regarding the effects of CBT programs on the quality of adult life for individuals with disabilities in the areas of employment, postsecondary education and training, functional living skills, self-determination, community mobility, and recreation and leisure. Thus, we need to compare community-based programs to other options, such as inclusive-only education, transition programs offered in high school settings, and students with disabilities, ages 18-21, who are unsupported in postsecondary and employment settings.

It is clear that an increasing number of local education agencies are implementing CBT programs to meet the IDEA requirements for transition and improve postschool outcomes for students with disabilities. Too often these programs are created in isolation due to a lack of coordination and research regarding such programs. Studies like this one will help make the venture of creating, maintaining, and evaluating CBT programs a more manageable and successful effort.

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