
Hello...my name is Jason



Jason is 15 year old freshman with severe/multiple disabilities including ID & cerebral palsy. His only form of communication is eye gaze. Jason has a molded wheelchair but can't operate an electric model. Jason has physical therapy exercises which are done twice daily.

Possibilities

Peer Tutoring

Engage Switches

Access Community with Family

Possible Transition Assessments:

STAT

Enderle-Severson Transition Rating Scale—Student & Parent Forms

Likes and Dislikes

OUTSIDE
AGENCIES:

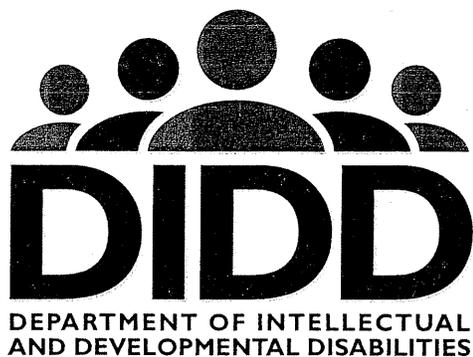
DIDD

GUIDANCE
CENTER

Visit TN Disability Pathfinders to locate

(Parents)

Respite Care



DIDD's mission is to provide leadership in the development and maintenance of a system that offers a continuum of services and support for persons with intellectual and developmental disabilities.

About DIDD

The Department of Intellectual and Developmental Disabilities (DIDD) is the state agency responsible for administering services and support to Tennesseans with intellectual and developmental disabilities. DIDD administers services directly or through contracts with community providers.

DIDD strives to partner with the people it supports and their family members and friends. This partnership begins when individuals or family members ask for assistance from DIDD.

The Bureau of TennCare contracts with

DIDD to operate three Medicaid Home and Community Based Services (HCBS) Waiver programs for persons with intellectual disabilities. Waiver programs allow individuals to receive long-term care in their homes and the community.

As the State's agency that administers services and support for people with intellectual disabilities, it is the responsibility of DIDD to: assist eligible individuals and families in obtaining the services and supports available;

assist and support other State and community agencies to provide services and supports; monitor the services and supports to ensure health and safety; and, help individuals know and understand the rights and protections available under DIDD policy and State and Federal laws.

DIDD assists with several different types of programs for persons with intellectual

DIDD state employees will: provide Case Management services; provide persons with information about DIDD programs and services; and direct individuals to other community resources, advocacy organizations, and support groups.

The regional offices of DIDD are the local points of entry to the Department's community service system. The regional offices are responsible for the enrollment

of people with intellectual disabilities into a service delivery system that best meets their individual needs for support. It is

the mission of these offices to develop and support opportunities for persons with intellectual disabilities to live as contributing members of their chosen community.

DIDD operates two developmental centers which provide residential and habilitative services; Clover Bottom Developmental Center in Nashville and Greene Valley Developmental Center in Greeneville.

Tennesseans with intellectual and developmental disabilities

should have the opportunity and needed support

to be part of the community in which they live.

and developmental disabilities not enrolled in an HCBS Waiver, such as Family Support and Case Management services.

The Family Support program is a community-based, state-funded program that provides assistance to families with a family member who has a severe disability.

Case Management services are available to people on the DIDD waiting list.



How does a person apply for services?

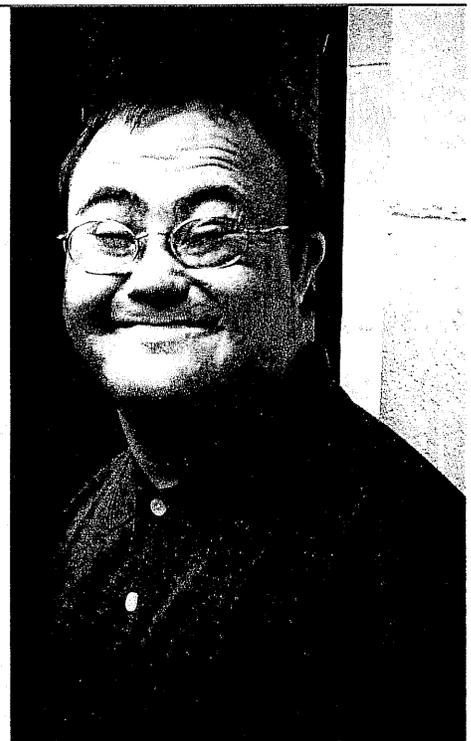
- Contact the DIDD Regional Office in the area where the person lives
- The Regional Office will provide information regarding services and assistance in completing the application
- After a face to face meeting with a representative from DIDD the person will be placed on the waiting list

Contact us

Department of Intellectual and
Developmental Disabilities

15Th Floor Andrew Jackson Building
500 Deaderick Street, Nashville, TN 37243

615-532-6530 / 800-535-9725
866-249-0711 (TTY toll free)
615-532-9940 (Fax)
www.tn.gov/didd/



Regional Offices

West

PO Box 949
11437 Milton Wilson Rd
Arlington, TN 38002
901-745-7357
901-745-7361
901-745-7251(Fax)

Middle

291 Stewarts Ferry Pike
Nashville, TN 37214
615-231-5047
615-231-5150 (Fax)

East

5908 Lyons View Drive
Knoxville, TN 37919
865-588-0508
865-594-5180 (Fax)

Intake/Case Management

1-866-372-5709
901-745-7273 (Fax)

Intake/Case Management

1-800-654-4839
615-231-5257 (Fax)

Intake/Case Management

1-888-531-9876
423-787-6092 fax

Enderle-Severson Transition Rating Scale – Form S-Parent Form
(Transition assessment for learners with severe/multiple impairments (SMI))

ESTR S-P

Learner Information

Name _____ Parent/Guardian _____

School/Agency _____ Primary Disability _____

Secondary Disability _____

Grade _____ Birth Date ____/____/____ Age _____ Gender _____

Evaluators

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Date of Evaluation _____ Anticipated Date of Graduation _____

Adaptive Behavior

Results of nationally normed, technically adequate measure:

Other description of adaptive functioning:

Cognitive/Intellectual

Results of nationally normed, technically adequate measure:

Other description of cognitive functioning:

Health/Sensory Status:

Use of assistive technology:



ESTR publications
Transition rating scales for learners with disabilities.

Introduction

The goal of transition assessment is to gather information that accurately and comprehensively states the learner's present level of performance. The Enderle-Severson Transition Rating Scale Form-S provides an efficient yet thorough means of identifying present levels of performance in each of five transition areas for learners with severe/multiple impairments.

The ESTR Scales

In 1991, the Enderle-Severson Transition Rating Scale (ESTR) was created in response to a national need to assist in the transition of youth with disabilities from secondary to post secondary settings by providing meaningful and relevant assessment specific to transition. Since its publication, professionals across the country have found the scale to be practical and useful and many school districts have adopted it as a component of district policy for facilitating meaningful transition planning.

In 2008, the ESTR scale was revised based on an expressed need from the field. The primary change was to make the scale more relevant for learners with severe/multiple impairments. The new version of the scale, ESTR-S, reflects the skills, characteristics, participation, planning issues and desired postschool outcomes that are relevant to transition assessment for learners with severe/multiple impairments. The ESTR-S is useful with any age student with severe/multiple impairments and will provide a "summary of performance" (SOP) as required by the Individuals with Disabilities Education Improvement Act of 2004. The scale offers a summary of student's performance in the five transition areas of employment, recreation and leisure, home living, community participation, and post secondary education. Analysis of this summary helps educators and parents develop relevant goals and objectives leading to meaningful educational experiences. The summation also provides invaluable information to subsequent service providers, allowing them to develop meaningful and appropriate service options for young adults in transition.

Directions for using the ESTR-S

This scale differs from the other ESTR Scales in that descriptive information is provided about the learner's skills, level of participation, characteristics, status of planning and desired postschool outcomes. To facilitate efficient transition assessment, both a school version (2010) and a parent version of ESTR-S are provided in paper form. The format of these scales includes a checklist format for indicating skills along with descriptive narrative to provide further clarification. Gathering information from parents is important when assessing students with severe/multiple impairments. The authors have concluded that rating scales provide minimal information with these learners, rather descriptive information that includes parental input is most useful.

The ESTR-S is available in three formats - two paper versions. ESTR S-P Parent Form allows school personnel to gather information from parents/caregivers. ESTR-S School Form allows school personnel to gather information from in-school service providers to complete the scale. Parents will still need to provide long range goal information. (Post school outcomes – final two pages of the protocol, see pages 11 and 12). An electronic version of the scale allows educators to complete the scale online by inserting information from either or both scales while adding additional description of the learner's performance in educational environments. After completion, the online scale may be printed (with parental information utilized as the educator inputs data, the completed scale includes information about the learner across environments). The online version of the scale also offers the opportunity to generate an assessment summary report upon completion of the scale. Thus, the online purchase is an assessment package that includes 1) a computer printout of a completed ESTR-S (completed online) and 2) an assessment summary of the completed scale. The rich description contained in the assessment summary addresses the IDEIA, 2004 mandate for "summary of performance" (SOP).

Assessing Postschool Outcomes

The learner's postschool outcomes, in each of five transition areas, are a critical component of transition planning. IDEIA 2004 indicates identification of measurable postschool outcomes. The authors have included a worksheet on the last two pages of this protocol for parents to indicate their interests and preferences. We suggest that this be completed yearly.

Employment

1. My son/daughter demonstrates fine motor skills (check all that apply):

- Grasping objects
- Pushing objects
- Sweeping objects into containers
- Manipulating objects
- Putting two objects together
- Stacking objects
- Turning objects
- Unwrapping objects
- Transferring objects
- Pointing to objects/pictures
- Pressing buttons/switches
- Drawing/writing
- Opening containers
- Pouring
- Stirring

2. My son/daughter demonstrates gross motor skills (check all that apply):

- Sitting with supports
- Pushing to sit
- Sitting without supports
- Rolling over
- Scooting on floor
- Walking
- Using stairs

3. My son/daughter has an awareness of: (check all that apply)

- Seasons
- Years
- Months
- Date
- Time (hours & minutes)

4. Attendance (check all that apply)

- My son/daughter is rarely absent from school
- My son/daughter has frequent absences due to medical/health issues
- My son/daughter has frequent absences due to other reasons

5. Employment tasks that my son/daughter has performed:		
Job/Job Site	Tasks Performed	Accommodations

6. My son/daughter adapts to changes in routines/schedules (check one).
 The learner adapts well.
 The learner is inconsistent in adapting
 Adjusting to changes in schedules/routines is difficult.
7. My son/daughter initiates tasks: (check one)
 The learner initiates tasks when they are of high interest
 The learner initiates tasks only with verbal or physical cues
 The learner does not initiate tasks
8. My son/daughter responds to authority figures: (check one)
 The learner starts/stops performing a behavior when asked
 The learner needs verbal and/or physical cues to start/stop a behavior when asked
 The learner is unresponsive to verbal or physical cues to start/stop a behavior
9. My son/daughter demonstrates interpersonal skills (check all that apply):
 Turning head or eyes towards person speaking
 Demonstrating an understanding of “yes”
 Demonstrating an understanding of “no”
 Demonstrating an understanding when asked to be quiet
 Demonstrating an understanding of at least 10 words
 Listening when being spoken to
 Following directions requiring one action
 Following directions requiring two actions
 Smiling
 Communicating “hello” and “goodbye”
 Indicating preference when given a choice
 Communicating “yes” and “no”
 Identifying 20 familiar objects
 Verbalizing single words
 Verbalizing 10 words
 Verbalizing 50 or more words
 Stating own name
 Stating names of family members
 Using a communication device
10. My son/daughter demonstrates productivity (check one):
 Completes some work-tasks with independence (e.g., sorting, shredding).
 Requires verbal and/or physical prompts to complete work tasks.
 Requires physical assistance to complete work tasks.

Recreation and Leisure

1. My son/daughter shows an interest in his/her environment (check all that apply).

Objects—Please list:
 Family—Please list:
 Peers—Please list:
 Activities—Please list:
 None of the above.

2. My son/daughter chooses television/radio/music for entertainment purposes.

Yes—Please identify:

No

3. My son/daughter takes part in interactive activities (check all that apply).

Showing an interest in activities—Please list:
 Showing an interest in peers—Please identify:
 Interacting with objects—Please identify:
 Showing an interest in activities of others
 Sharing objects and possessions

4. My son/daughter initiates interactions with adults (check one).

Independently and consistently
 Needs assistance
 Does not initiate

5. My son/daughter initiates interactions with peers (check one).

Independently and consistently
 Needs assistance
 Does not initiate

6. My son/daughter participates in age-appropriate activities.

Yes—Please list:

No

7. My son/daughter acts appropriately in public (check one).

Independent and consistent
 Inconsistent—Types of inappropriate interactions:

8. My son/daughter is involved in physical activities on a regular basis.

Yes—Please identify:

No

9. My son/daughter converses with others (check all that apply):

- Greetings
- Using a communication board
- Using facial expressions
- Using verbalizations

10. My son/daughter takes part in extracurricular activities.

- Yes—Please identify:

- No

Home Living

1. My son/daughter cares for personal toileting needs (check all that apply):

- Uses toilet independently
- Uses toilet with assistance-Describe assistance:
- Asks to use toilet
- Indicates when wet or soiled
- Uses diapering

2. My son/daughter demonstrates hygiene and grooming skills (check the level of participation);

- Completes grooming tasks without assistance
Please list:
- Completes grooming tasks with assistance
Describe assistance:
- Cooperates in hygiene tasks (washing hands & face, brushing teeth, bathing)

3. My son/daughter dresses and undresses (check one).

- Performs some dressing and undressing tasks independently
Please describe:
- Dresses/undresses with assistance
Please describe:
- Cooperates in dressing and undressing.
- Does not cooperate with dressing and undressing

4. My son/daughter is able to communicate personal information (includes the use of communication device-check all that apply):

- First name
- Last name
- Age
- Gender
- Address
- Telephone number
- Name of parent or caregiver
- Unable to communicate personal information.

5. My son/daughter participates in food preparation tasks.
 Yes—Please describe:
 No
6. My son/daughter demonstrates acceptable eating behaviors (e.g., eating finger food, using spoon and/or fork, chewing with mouth closed).
 Yes—Please describe:
 No
7. My son/daughter demonstrates behaviors that endanger himself/herself.
 No
 Yes—Please describe:
8. My son/daughter participates in household cleaning skills.
 Yes—Please describe:
 No
9. My son/daughter participates in clothing selection.
 Yes—Please describe:
 No
10. My son/daughter takes prescription and nonprescription medications.
 Yes—Please describe:
 No
11. My son/daughter is able to sign his/her name in some manner (e.g., writing, stamp)
 Yes—Please identify:
 No
12. My son/daughter participates in preventive health care (check all that apply).
 Good sleep patterns
 Willingly takes medications
 Enjoys healthy food
 Visits the doctor on a regular basis-Please identify:
 Visits the dentist on a regular basis-Please identify:
 Does not abuse alcohol or drugs
13. My son/daughter has a checking account.
 Yes
 No

14. My son/daughter has a savings account.

- Yes
 No

15. My son/daughter has medical/support needs (check all that apply).

Respiratory supports (e.g., suctioning, chest PT)

Please describe:

Feeding (e.g., oral stimulation, tube feeding)

Please describe:

Skin care (e.g., positioning, turning, dressings)

Please describe:

Seizure management

Please describe:

Ostomy care

Please describe:

Therapy services

Please describe:

Lifting and transferring

Please describe:

Discomfort or pain

Please describe:

Community Participation

1. My son/daughter accesses specified areas within his/her school and neighborhood (check one).

- Independent and consistent
 With assistance
 Does not participate

2. My son/daughter understands relevant community signs (e.g., men, women):

Yes—Please identify:

No

3. My son/daughter participates in ordering his/her food in restaurants.

- Orders independently (includes with communication board)
 Orders with assistance
 Does not participate

4. My son/daughter goes places in the community.
____ Yes—Please identify:

____ No
5. My son/daughter shops for groceries.
____ Yes—Please describe:

____ No
6. My son/daughter participates in paying for purchases.
____ Yes—Please describe:

____ No
7. My son/daughter demonstrates appropriate social behaviors in the community.
____ Yes—Please describe:

____ No—Please describe:
8. My son/daughter has a means of transportation in the community.
____ Yes—Please describe:

____ No
9. My son/daughter has a realistic plan for addressing post secondary housing needs.
____ Yes—Please describe:

____ No

Post Secondary Education

1. The issue of legal guardianship or conservatorship has been addressed.
____ Yes—Please describe:

____ No
2. Relevant supports have been included in my son/daughter's transition plan, (e.g., rehabilitation services, social services, adult services).
____ Yes—Please describe:

____ No
3. My son/daughter has shown interest in specific vocational tasks.
____ Yes—Please describe:

____ No

4. My son/daughter demonstrates self- awareness (check all that apply).
- Understanding of physical self
 - Understands abilities
 - Understands interests
 - Understands personal emotions
 - Demonstrates self-confidence
 - Does not have an understanding of self-awareness
5. My son/daughter has experienced vocational assessment.
- Yes—Please describe:

 - No
6. Post secondary housing options have been identified.
- Yes—Please describe:

 - No
7. Application has been made for post secondary housing.
- Yes—Please describe:

 - No
8. Financial resources to support my son/daughter in post school life have been identified.
- Yes—Please describe:

 - No

Postschool Outcomes

Name _____ Date _____

EMPLOYMENT

After our son/daughter has completed his/her education, the career we would like our son/daughter to have is:

To reach this goal, our son/daughter will need the following supports: _____

RECREATION AND LEISURE

After leaving high school, the activities we would like our son/daughter to participate in are: (check all that apply)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> bowling | <input type="checkbox"/> dining out | <input type="checkbox"/> going to movies | <input type="checkbox"/> camping |
| <input type="checkbox"/> renting videos | <input type="checkbox"/> traveling | <input type="checkbox"/> exercising | <input type="checkbox"/> fishing |
| <input type="checkbox"/> watching TV | <input type="checkbox"/> playing softball | <input type="checkbox"/> swimming | <input type="checkbox"/> skiing |
| <input type="checkbox"/> listening to books | <input type="checkbox"/> sporting events | <input type="checkbox"/> joining a health club | <input type="checkbox"/> park board |
| <input type="checkbox"/> listening to music | <input type="checkbox"/> horseback riding | <input type="checkbox"/> community education classes | <input type="checkbox"/> activities |

To reach this goal, my son/daughter will need the following supports: _____

HOME LIVING

We plan to have our son/daughter move away from home when he/she is _____ (age).

When our son/daughter moves away from home, we would like him/her to live with:

- alone with one roommate with more than one roommate

Other: _____

When our son/daughter moves away from we would like him/her to live in:

- an apartment a house a group home

Other: _____

When our son/daughter moves away from home, we would like him/her to participate in:

- cleaning laundry cooking grocery shopping
 clothing shopping taking medications

Other(s): _____

When our son/daughter moves away from home, we would like him/her to live in/near the city of:

To reach this goal, our son/daughter will need the following supports: _____

COMMUNITY PARTICIPATION

The means of transportation we would like to have for our son/daughter is: _____

Places that we would like our son/daughter to go in the community are: (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> banks | <input type="checkbox"/> public library | <input type="checkbox"/> restaurants | <input type="checkbox"/> work |
| <input type="checkbox"/> friends' houses | <input type="checkbox"/> department stores | <input type="checkbox"/> grocery stores | <input type="checkbox"/> movie theaters |
| <input type="checkbox"/> shopping malls | <input type="checkbox"/> video rental stores | <input type="checkbox"/> church | <input type="checkbox"/> book stores |
| <input type="checkbox"/> activities for persons with disabilities | | | |

Other(s): _____

To reach this goal, our son/daughter will need the following supports: _____

POST SECONDARY EDUCATION

After high school, we would like our son/daughter to:

- work full-time work part-time not work volunteer

Other: _____

To reach this goal, our son/daughter will need the following supports: _____

The postschool supports we would like for our son/daughter include:

- | | |
|--|--|
| <input type="checkbox"/> DD case management | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> vocational provider | <input type="checkbox"/> residential provider |

Other: _____