

A NATIONWIDE SURVEY OF DISABILITY SUPPORT PERSONNEL REGARDING
TRANSITION, DOCUMENTATION, AND SERVICES FOR POSTSECONDARY
STUDENTS WITH INVISIBLE DISABILITIES

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This dissertation is dedicated to my wife, Meg Wadlington. This road was long and you were patient, the task was daunting and you were supportive. This is what I wanted and you understood. Without you this would not have been possible. Thank you for being my girl.

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ABSTRACT

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A NATIONWIDE SURVEY OF DISABILITY SUPPORT PERSONNEL REGARDING TRANSITION, DOCUMENTATION, AND SERVICES FOR POSTSECONDARY STUDENTS WITH INVISIBLE DISABILITIES

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The purpose of this exploratory study was to analyze the perceptions (through survey data) of Disability Support Services (DSS) personnel regarding the transition process, documentation requirements to receive services, and services for students with invisible disabilities (Autism Spectrum Disorder [ASD], Attention-Deficit Hyperactivity Disorder [ADHD], Learning Disability [LD], and Traumatic Brain Injury [TBI]) in postsecondary settings. Participants from 408 postsecondary institutions completed the survey with 60.4% from public and 39.5% from private institutions, and 66.8% from 4-year and 33.2% from 2-year institutions. A majority of postsecondary personnel (68%) endorsed that they never or rarely work with high schools to develop transition plans for students and 17% of participants reported rarely accepting reports from high schools to determine eligibility for disability services.

Analysis of factors contributing to acceptance rates of assessments revealed schools in the Southern region of the USA were less likely to accept reports compared to other regions. Postsecondary institutions in the West, South, and Midwest that found transition

reports prepared by high schools helpful in determining eligibility were more likely to accept reports from high schools. Four-Year institutions in the Midwest and West regions were less likely to accept evaluations prepared by high schools. The predominant time period selected by respondents for a past evaluation to be considered for services was three years for all disability types: ASD (50%), ADHD (53%), LD (53%), and TBI (45.6%). School psychologists were perceived to be qualified to diagnosis LD (77%) and ADHD (61%) by a majority of respondents. However, fewer postsecondary personnel viewed school psychologists as competent to diagnosis ASD (49%) and TBI (24%). Postsecondary personnel endorsed that if a new assessment is required, the majority of those assessments are provided exclusively outside the university setting (72%), and a majority of postsecondary personnel endorsed students and parents being financially responsible for any required assessments (88%). Multiple stepwise regressions were performed to predict factors associate with the academic and social preparedness of students across each disability type (ASD, ADHD, LD, and TBI). Finally, many applications of the finding of this research were discussed for the practice of school psychology in secondary settings.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
ABSTRACT	iv
LIST OF TABLES.....	ix
LIST OF FIGURES	xiii
Chapter	
I. INTRODUCTION.....	1
Differences in Procedures between Secondary and Postsecondary Institutions	1
Individuals with Disabilities Education Improvement Act	3
Americans with Disabilities Act and Section 504 of the Rehabilitation Act.....	5
Statement of the Problem	7
Statement of the Purpose	7
Significance of Study.....	8
Definition of Terms	10
II. LITERATURE REVIEW	13
History of Disability Law.....	13
Individuals with Disabilities Education Act.....	15
Americans with Disabilities Act.....	23
Postsecondary Documentation Requirements	27
Comparisons between IDEIA, ADA, and Section 504	28
Transition Research and Considerations for Students with Invisible Disabilities.....	29
Attention Deficit Hyperactivity Disorder	30
Autism Spectrum Disorder	32
Learning Disability	34
Traumatic Brain Injury	39
Research Questions.....	40

III. METHODOLOGY	43
Study Design.....	41
Participants	44
Procedures	44
Instrumentation.....	46
Research Design	47
Research Questions.....	47
Statistical Analysis	48
Preliminary Analysis	48
Primary Analysis	49
IV. RESULTS.....	52
Descriptive Statistics	52
Preliminary Analysis	58
Primary Analysis	102
Research Question 1	102
Research Question 2	103
Research Question 3	105
Research Question 4	108
Research Question 5	116
Research Question 6	121
Research Question 7	124
Research Question 8	125
Research Question 9	136
Summary	145
V. DISCUSSION.....	146
Statement of Purpose	146
Examination of Research Question 1	148
Examination of Research Question 2	149
Examination of Research Question 3	150
Examination of Research Question 4	151
Examination of Research Question 5	153
Examination of Research Question 6	155
Examination of Research Question 7	157
Examination of Research Question 8	158
Examination of Research Question 9	161
Limitations.....	162

Recommendations for Future Research.....	163
Conclusion	165
REFERENCES.....	167
APPENDICES	173
A. Survey of Disability Support Services Personnel regarding Transition	173

LIST OF TABLES

Table	Page
1. Frequencies and Percentages of Categorical Demographic Variables	54
2. Means and Standard Deviations of Academically Prepared Students, Socially Prepared Students and Currency of Evaluations	57
3. Means and Standard Deviation of Evaluation and Report Variables	58
4. Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, School Size, and Two vs. Four-Year School by Public vs. Private Institution.....	60
5. Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, School Size, and Public vs. Private Institution by Two vs. Four-Year School.....	62
6. Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, Public vs. Private, and Two vs. Four-Year School by School Size	64
7. Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, School Size, Public vs. Private Institution, and Two vs. Four Year Institution by Region	66
8. Frequencies and Percentages of Region, School Size, Public vs. Private Institution and Two vs. Four-Year School by Location of Assessment.....	68
9. Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with High Schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Location of Assessment.....	69
10. Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with High Schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Public vs. Private Institution	74

11.	Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with High Schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Two vs. Four-Year School	80
12.	Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools Acceptance Rate, Eligibility, and Appropriate Accommodations by Region	84
13.	Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Size of School	90
14.	Pearson Product Moment Correlations between How Recently Evaluation Accepted for ASD, ADHD, LD, and TBI Students	93
15.	Pearson Product Moment Correlations between Academically Prepared Variables for ASD, ADHD, LD, and TBI Students	94
16.	Pearson Product Moment Correlations between Socially Prepared Variables for Students with ASD, ADHD, LD, and TBI Students	95
17.	Pearson Product Moment Correlations between School Documentation Variables	97
18.	Pearson Product Moment Correlations of Academically Prepared for ASD, ADHD, LD, and TBI Students with Socially Prepared ASD, ADHD, LD, and TBI Students	99
19.	Pearson Product Moment Correlations of Academically and Socially Prepared Students with ASD, ADHD, LD, and TBI with How Recent Evaluation Accepted for All Students	100
20.	Frequencies and Percentages of Coordination to Develop Transition Plans across Private and Public Universities	103
21.	Means and Standard Deviations of How Often Reports are Accepted from high schools to Determine Eligibility	104
22.	Means and Standard Deviations of Differences in Acceptance Rates of Secondary Institution Reports between Regions	105

23.	Summary of Multiple Linear Regression Predicting Increased Acceptance of Secondary Transition Reports	108
24.	Frequencies and Percentages of Eligibility Determination and Appropriate Accommodation	111
25.	Qualitative Analysis of How to Make Transition Reports more Useful in determining Eligibility and Appropriate Accommodations.....	113
26.	Frequencies and Percentages of How Recent Evaluation Occurred.....	118
27.	Means and Standard Deviations of How Recent Evaluation Occurred.....	120
28.	Frequencies and Percentages of Which Professional are Perceived to be Qualified by Post-Secondary Institutions to Conduct Evaluations for Eligibility Determination	123
29.	Frequencies and Percentages of Location of Assessment and Responsibility for Payment	125
30.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ASD Academically Prepared	127
31.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ADHD are Academically Prepared.....	129
32.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with LD are Academically Prepared.....	131
33.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with TBI Academically Prepared.....	134
34.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ASD are Socially Prepared	138
35.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ADHD are Socially Prepared.....	139
36.	Summary of Multiple Stepwise Linear Regressions Predicting Which Students with LD are Socially Prepared	141

37.	Summary of Multiple Stepwise Linear Regressions Predicting Which TBI Students are Socially Prepared	142
38.	Summary of Multiple Linear Regression Predicting Academic and Social Preparedness of Students with Invisible Disabilities	144

LIST OF FIGURES

Figure	Page
1. Regions of Postsecondary Institutions	50

CHAPTER I

INTRODUCTION

Individuals with disabilities are entering colleges and universities at higher rates due to more effective intervention strategies in primary and secondary schools and increased prevalence rates of some disability types (Parker, 1998). Secondary and postsecondary institutions operate according to differing federal statutes, funding models, and methods of decision making (National Joint Committee on Learning Disabilities [NJCLD], 2007). These differences can lead to difficulties for students qualifying for accommodations, and limited continuity of services as they transition from the secondary to postsecondary institutions.

Differences in Procedures between Secondary and Postsecondary Institutions

A student's education in the United States is governed by an interdependent web of national, state, and local statutes, laws, and policies. Public secondary institutions (middle schools, junior high schools, and high schools) are often governed by locally elected school boards under the authority of their state government (Wrights Law, 2008). Similarly, public and some private postsecondary institutions (colleges and universities) are governed by a board of regents, who are appointed by their state board of education in the executive branch of state government. While each state has the constitutional right to formulate its own standards, values, and means of teaching students, the federal

government often dictates policies that must be followed in order for states and their schools to receive federal funds (McIntosh & Decker, 2005).

Each of the three branches of the federal government impacts the policies and guidelines that states receive regarding the operation of schools; the federal government supplies laws passed by congress, judicial statutes, and executive interpretation and enforcement of laws (Latham, 1995). Every state government must then incorporate the federal regulations into its own laws, judicial decisions, and executive processes for schools. Finally, local school districts or organizations must develop policies that incorporate federal, state, and community requirements in designing the educational experience for its students. This decentralized, indirect method of education design results in varying requirements and experiences for students in different cities, states, and types of institution (Gormley, Hughes, Block, & Lendmann, 2005). This is particularly true for students with disabilities.

Students with disabilities in secondary settings who demonstrate educational need primarily receive services according to the Individuals with Disabilities Education Improvement Act (IDEIA). Students with disabilities who demonstrate educational need in postsecondary settings receive services under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act (NJCLD, 2007). While the intent of these laws is similar, differences in philosophy, accommodations offered, and service delivery methods can lead to significant difficulty for students transitioning between secondary to postsecondary settings (Gregg & Scott, 2000). Students face

additional difficulty when transition documentation and assessments prepared by secondary schools do not satisfy postsecondary institutions' requirements (Gormley et al., 2005).

Individuals with Disabilities Education Improvement Act

Students in secondary institutions receive disability accommodations, curriculum modifications, and educational placements based upon the IDEIA. The goal of IDEIA is to maximize a student's educational success by adjusting the curriculum to best fit the strengths and weaknesses of the student (Wrights Law, 2008). IDEIA guarantees a free and appropriate public education to all children with disabilities who demonstrate an educational need. IDEIA describes specific assessment, decision-making, and service delivery requirements for students with disabilities in public schools (Pacer Center, 2003). This dissertation will focus primarily on students with invisible disabilities who are most commonly served by school psychologists and who are likely to transition to postsecondary institutions. Invisible disabilities include any "condition, illness, and structural or biomedical anomalies that are life limiting but not readily discernible" (Davis, 2005, p. 153). Students with Autism Spectrum Disorder (ASD), Learning Disabilities (LD), Other Health Impairment (OHI), and Traumatic Brain Injuries (TBI) will be the focus of this dissertation.

IDEIA assessment. IDEIA outlines 13 disability categories. It is the responsibility of primary and secondary public schools to identify students who may have a disability and provide a free assessment to determine if they qualify for services

(NJCLD, 2007). The assessment is conducted by an expert trained in the area of disability and is often employed by the school district. With some disabilities, such as autism, a team of evaluators may conduct the assessment. The assessment professionals make recommendations concerning the possible diagnosis and suggest accommodations to help ensure the student's academic success. These recommendations are presented to the Individual Education Plan (IEP) committee and the ultimate determination of disability and services is decided by the committee (Wrights Law, 2008).

IDEIA decision making. The assessment is reviewed by a team comprised of educators, an administrator, evaluation personnel, the parent, and, if appropriate, the student. This team, generally called the Individual Education Plan committee, determines eligibility for special education services and develops an IEP for the student (Bateman, n.d.). The IEP details accommodations and modifications to the student's classroom placement, curriculum, and passing standards. The IEP committee is required to meet at least yearly and request new evaluation data a minimum of every three years. Secondary student are encouraged to attend meetings and voice vocational and career aspirations in planning; however, the student's program is determined by the IEP committee and not by the student unless he or she is an adult (Hills & Campbell, 2011). It is the responsibility of the secondary institution to ensure all relevant school staff is made aware of the student's program, and that the program is carried out according to the goals of the IEP (Pacer Center, 2003).

Americans with Disabilities Act and Section 504 of the Rehabilitation Act

Students in postsecondary institutions receive disability accommodation based upon the Americans with Disabilities Act (ADA) of 1990 or Section 504 of the Rehabilitation Act of 1973. The goal of ADA and Section 504 is to provide equal opportunity to participate in the educational program and to prevent discrimination. While these laws are similar in sentiment to IDEIA, they do not include tailoring of curriculum to the strengths and weaknesses of the student (Pacer Center, 2003). Additionally, the student takes a much greater role in seeking out assessment, disclosing disability, and acquiring accommodations. Most universities ensure compliance with ADA and Section 504 through a Disability Support Service (DSS) office (Karger & Rose, 2010).

ADA assessment. Students with disabilities who wish to receive accommodation must seek out the disability coordinator for their college or university and provide adequate documentation of their disability and required accommodations. There is no unified process for determining eligibility or unified standards of documentation for colleges and universities. DSS personnel often require differing type of documentation, and have different standards for accepting the age of documentation, diagnostic criteria used, and credentials of the examiner when reviewing assessments (NJCLD, 2007). Therefore students with the same disability attending different postsecondary institutions may go through entirely different processes to determine their eligibility for services. Producing documentation of disability is the responsibility of the student and any additional assessment is the financial responsibility of the student. Unlike IDEIA, ADA

does not specify specific disability categories or diagnostic criteria. ADA eligibility may be based upon secondary institution diagnosis documentation, a diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (*DSM-IV-TR*; APA, 2000), or from the recommendation of a physician.

ADA decision making. Once eligibility is determined, DSS personnel formulate accommodations based upon the program of the student and assessment recommendations. While student input is encouraged, the scope of services is ultimately determined by the DSS office. Unlike IDEIA, parents, instructors, and administrators are not usually consulted in the development of accommodation plans. Accommodations may include academic adjustments and auxiliary aids and services that are necessary to afford equal opportunity to participate in the schools program. Examples of common auxiliary aids include taped tests, note takers, interpreters, readers, and specialized computer equipment. Unlike IDEIA, modifications are not made to the curriculum or grading standards for the student. Also, postsecondary institutions are not required to provide students with attendants or individually prescribed devices such as hearing aids and wheelchairs.

ADA Accommodation Implementation. DSS offices are often responsible for ensuring academic accommodation is made in each class affected by a student's disability as well as on the college campus. However, students must decide in which classes they wish to disclose their disability status to the professor and request assistance. Once determined eligible for services, it is the responsibility of the student to arrange

appropriate classroom accommodations with each instructor. This is greatly different from IDEIA in secondary institutions where it is the responsibility of school personnel to inform instructors of the student's disabilities and determine accommodations for the student.

Statement of the Problem

Students with disabilities often experience difficulty transitioning from disability accommodation in secondary institutions and IDEIA to that of postsecondary institutions and ADA. Differences in disability philosophy, identification methods, disability categories, service delivery methods and decision making processes all influence this transition. These differences may result in lower acceptance rates of disability documentation and students being ill prepared for successfully navigating the disability systems in the postsecondary setting.

Statement of Purpose

The purpose of this dissertation will be to gather information that could aid special education professionals with the transition of students with disabilities between secondary and postsecondary institutions. Increased knowledge of postsecondary documentation requirements, report preferences, and the currency of assessment for each disability type will maximize the time and effectiveness of secondary education professionals as they prepare transition reports. Additionally, knowledge of regional preferences of postsecondary institutions could increase acceptance of secondary transition reports and aid in the development of effective postsecondary IEP goals.

This knowledge could also greatly decrease the need for students to obtain a private evaluation when secondary evaluations and documentations are determined to be outdated or insufficient by a postsecondary institution. Private evaluations are often at the expense of the student and can delay the initiation of accommodation and add additional stress to the process of beginning college.

Significance of Study

This dissertation will add to the overall knowledge base in psychology by increasing the awareness of transition services between secondary and postsecondary institutions and highlighting areas of opportunity for communication between secondary and postsecondary personnel. This dissertation will assist secondary institutions in preparing reports that will more likely be accepted by postsecondary institutions and reduce the need for students to acquire additional assessment when entering college. Finally, additional knowledge of the specific factors that is predictive of students with disabilities (ASD, ADHD, LD, and TBI) being academically and socially prepared for college will increase the effectiveness of secondary transition IEP goals and transition planning.

The specific research questions are:

1. How do secondary and postsecondary institutions coordinate to develop transition plans across private and public universities?
2. How often are reports accepted from high schools to determine eligibility?

3. Are there differences in acceptance rates of secondary institution reports between regions of the USA, and, if there are differences in acceptance rates, what factors are associated with higher report acceptance in each region of the USA?
4. Do postsecondary institutions find transition reports prepared by high schools to be helpful in
 - a. Eligibility determination
 - b. Determining appropriate accommodations
5. a. How recent must an evaluation be for it to be considered for student's services?
 - b. What differences exist between disability type and preferred date of evaluation?
6. What professionals are perceived to be qualified by postsecondary institutions to conduct evaluations for eligibility determination?
7. a. If a current assessment is needed, where is the eligibility assessment conducted?
 - b. Who is responsible to pay for qualifying evaluation?
8. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being academically prepared for college?
9. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being socially prepared for college?

Definition of Terms

The following definitions are provided to ensure clarity of understanding for the purposes of this study:

1. Activities of Daily Living - “Adaptive skills, or skills that are involved in coping with the demands of the everyday environment” (Liss et al., 2001, p. 219).
2. Accommodation - an adjustment that is made to the environment or academic material to allow individuals with disabilities equal access.
3. Attention-Deficit Hyperactivity Disorder – a disorder characterized by developmentally inappropriate levels of inattention, hyperactivity, and hyperactivity (AP A, 2000)
4. Americans with Disabilities Act (ADA) - Civil rights legislation signed in 1990 that prohibits discrimination against individuals with disabilities.
5. Autism Spectrum Disorder (ASD) - A group of disorders which includes Asperger’s Disorder, High Functioning Autism, and Pervasive Developmental Disorder - Not Otherwise Specified. Throughout this dissertation, the term Autism Spectrum Disorder (ASD) will refer to this group of disorders.
6. Disability Support Services - the department on postsecondary campuses that is responsible for determining the eligibility and appropriate accommodations for individuals with disabilities.

7. Individuals with Disabilities Education Act (IDEIA) - a federal law signed in 2004 that helps to guarantee a free and appropriate primary and secondary school education for children ages 3 – 21.
8. Learning Disability – a neurological disorder that results in an individual having difficulty reading, writing, spelling, reasoning, recalling and/or organizing information despite otherwise typical cognitive abilities (National Center for Learning Disabilities, 2006). Common types of learning disorders include dyslexia, dyscalculia, dysgraphia, auditory or visual processing, and nonverbal learning disorders.
9. Postsecondary school - any education or schooling that occurs after secondary school (high school).
10. Secondary school - also referred to as middle school, junior high and high school. Secondary school usually encompasses grades 6 through 12. For students in special education, eligibility for services may be extended through 21 years of age.
11. Section 504 - A section of the Rehabilitation Act of 1973, a federal law that requires postsecondary institutions to provide services and accommodations to qualified students.
12. Social Skills - the skills necessary to facilitate a positive social interaction that encompasses both verbal and non-verbal communication (Rao, Beidel, & Murray, 2007).

13. Traumatic Brain Injury - an acquired injury to the brain caused by external forces, resulting in functional disability or psychosocial impairment (APA, 2000)
14. Transition - the process of moving from a secondary educational institution to a postsecondary educational institution.

CHAPTER II

LITERATURE REVIEW

A great deal of literature exists on services provided to students with invisible disabilities, such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), Learning Disabilities (LD), and Traumatic Brain Injury (TBI) in the primary and secondary educational setting. However, there is sparse research in transition processes and disability documentation preferences for students with these disorders in the postsecondary setting (Webb, Patterson, Syverud, & Seabrooks-Blackmore, 2008). The literature relevant to this dissertation includes: providing background information on the history of disability legislation; describing the philosophy, documentation requirements, and transition process for secondary institutions; describing the philosophy, documentation requirements, and service delivery model for postsecondary institutions; identifying key differences between secondary and postsecondary disability philosophy and practice; and a review of the transition literature for each identified invisible disability (ADHD, ASD, LD, and TBI).

History of Disability Law

The majority of current disability accommodation in the United States was born out of the civil rights movement of the 1960's and 1970's. The Civil Rights act of 1964, the Voting Rights act of 1965, and the Fair Housing act of 1968 each required any organization or institution who received federal funding to prohibit discrimination of

employment, voting, or housing on the basis of race, religion, national origin, or sex.

While these laws made great strides in preventing discrimination to many groups, they did not include provisions to prevent the discrimination of individuals with disabilities (Karger & Rose, 2010).

The Rehabilitation Act of 1973 extended many of the provisions of the Civil Rights Act of 1964 to individuals with disabilities. Specifically, Section 504 of the Rehabilitation Act required any program or activity receiving federal assistance to not discriminate by limiting participation in programs based upon the disability of an individual. The passage of this act provided access to many individuals with disabilities to postsecondary institutions that received federal funding.

The Education for all Handicapped Children Act of 1975 required public schools to provide a free appropriate public education to all children, including those with disabilities. Before this act, schools had the discretion to exclude children with disabilities from a school if it was believed that the child would not benefit from the standard programming and curriculum. This act required school districts to develop individual education plans for students who were determined to have a disability and who demonstrate educational need. The act required public schools to serve students with disabilities from birth to 18 or 22 years. This law was reauthorized in 1990 as the Individuals with Disabilities Education Act and in 2004 as the Individuals with Disabilities Education Improvement Act.

The Americans with Disabilities Act of 1990 (ADA) further extended the rights of individuals with disabilities to reflect those granted to other minority groups in previous civil rights acts. ADA extended the rights of individuals with disabilities into all aspects of the community. ADA prevented discrimination by private employers and required state and local government programs and services to be accessible to individuals with disabilities (Karger & Rose, 2010). The Americans with Disabilities Act applies to both secondary and postsecondary institutions. Each of these statutes will be discussed according to their major philosophy, eligibility criteria, and implementation in secondary and postsecondary settings. Finally, a review of the transition and postsecondary literature will be provided for each invisible disability type.

Individuals with Disabilities Education Act

The purpose of the Individuals with Disabilities Education Act (IDEA) was updated in the 2004 reauthorization (IDEIA). The purpose of the law is “to ensure that all children with disabilities have available to them a free appropriate education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living” (IDEIA Section 1400(c)(14)).

The goal of IDEIA is to maximize a student’s educational success by adjusting the curriculum to best fit the strengths and weaknesses of the student. IDEIA guarantees a free and appropriate public education to all children with disabilities who demonstrate an educational need (Gormley et al., 2005). It is important to note that preparing students

for postsecondary education was an added purpose of the legislation with the reauthorization of IDEIA (Gregg & Scott, 2000). IDEIA is the primary vehicle for students with disabilities to receive accommodation and modification in the primary and secondary educational settings. Students may receive accommodations due to a disability through ADA and Section 504; however IDEIA generally provides the highest level of resources and individualized programming (Wrights Law, 2008).

IDEIA states that each student who is eligible for special education services receives an Individual Education Plan, or IEP. The IEP is developed by a team including the parent, teachers, an administrator, any relevant assessment personnel, and a specialist required by the state educational agency for specific disabilities (i.e., a vision specialist for blind students). IDEIA also requires that all therapies, program placements, accommodations, and modifications to curriculum be based upon data gathered from an assessment. All decisions require the agreement of the parent and the administrator for implementation. An elaborate due process procedure is enacted if the school and parent do not agree on disability eligibility or the services a student will receive. All assessments, specialized instruction, and therapies are provided to the student at no cost. The majority of the funding for IDEIA is provided to public schools by the federal government. Unlike ADA and Section 504, IDEIA provides specific eligibility and assessment criteria, assessment, decision making, and service delivery requirements for students with disabilities in public schools. Each of these areas will be discussed below (Wrights Law, 2008).

Eligibility. IDEA mandates that any child the IEP committee determines to have an accepted disability and who demonstrates educational need will receive special education services (Wrights Law, 2008).

Individuals ages three to twenty-two may be eligible for services. IDEA outlines 13 specific disability categories including: Autism, Deaf-Blindness, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Multiple Disabilities, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, and Visual Impairment. This dissertation will focus primarily on students with disabilities that are likely to require services in postsecondary institutions: ASD, LD, other health impairment, and TBI. These are the students that are most commonly served by school psychologists. A definition for each of these disability types will be provided with an explanation of typical services provided for students in each group.

IDEIA defines autism as:

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (§ 300.8 (c)(1)(i))

Individuals with ASD may receive a wide range of accommodations, modifications, and therapies based upon the type and severity of their disability in primary and secondary institutions as a result of IDEIA mandates (National Center for Education Statistics, 2007). Physical therapists and occupational therapists often address sensory input and fine and gross motor skills. Speech therapy encourages the development of language and rehearsal of pragmatic language. Individuals with ASD often require social skills training to facilitate appropriate interaction with others. Finally, individuals with ASD often fail to develop the daily living skills required for successful independent living in adult life. These services are provided in regular education classrooms as well as self-contained special education settings.

IDEIA defines other health impairment as:

having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) adversely affects a child's educational performance (300.8(c)(9)).

The Other Health Impairment classification enables the provision of special education services to a wide range of students with medical conditions. The population of students served as Other Health Impaired doubled between 2000 and 2010 (Scull & Winkler, 2011). The majority of students with OHI are diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) (Reid, Wagner, & Marder, 2006). Other common medical diagnoses that lead to special education placement under OHI include epilepsy and asthma (Wodrich & Senser, 2007).

The increase in students receiving services as OHI increased dramatically when ADHD was included in the category in 1991 (Martin & Zirkel, 2011). Treatments for students with ADHD served under the OHI category include behavioral interventions, instructional modifications, or academic accommodations depending on the nature and severity of the disability. The majority of these students receive services in a regular education classroom or mainstream setting (Reid et al., 2006).

A national survey conducted by Wodrich and Spenser (2007) found that a large majority of school psychologists reported involvement in the identification of students with OHI and a great familiarity with the category. However, 82% of respondents also reported that classroom implications of OHI conditions were under-appreciated, and 83% indicated that existing knowledge of successful classroom accommodations was weakly applied for students with OHI.

IDEIA defines Specific Learning Disability as:

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage (300.8(c)(30)).

A great debate exists in the school psychology literature regarding the best methods to identify and accommodate students with learning disabilities (Fuchs, Mock, Morgan, & Young, 2003; Hale et al., 2010). A discussion of response to intervention and cognitive assessment methods of learning disability identification is provided later. Students with learning disabilities may receive a wide range of services depending upon the severity, type, and nature of their disability (National Center for Learning Disabilities, 2006). Services can include mild accommodations in the regular education classrooms, special education resource instruction, and independent schools and programs designed specifically for students with learning disabilities.

IDEIA defines Traumatic Brain Injury (TBI) as:

an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma §300.8(c)(12).

Students with TBI can require a variety of services depending on the location and severity of injury. Additionally, recovery from a TBI can be a complex, lengthy process. Accommodations provided through IDEIA special education can range from exclusion from physical education classes to comprehensive speech, language, and cognitive rehabilitation (Woolston & Stavinoha, 2008). IEP goals may include reestablishing functional living skills, special instruction for math and reading, and special education counseling. A comprehensive assessment is often required that details a student's strengths, needs, and preferences. Reevaluation is required more frequently than other

disability categories due to the rapid changes that can take place in the first year following injury (Savage, 2005).

It is the responsibility of primary and secondary public schools to identify students who possibly demonstrate a disability and educational need and provide a free assessment to determine if they qualify for services; this differs from ADA in the postsecondary setting where it is the responsibility of the individual to seek out testing and accommodation (Wrights Law, 2008). IDEIA assessments are conducted by an expert trained in the area of suspected disability who is often employed by the school district.

Transition planning. The IDEIA (2004) clarified and broadened many of the transition requirements of secondary schools for students with disabilities when compared to its predecessor. Specifically, IDEIA added preparing students for postsecondary education to its purpose statement; required measureable postsecondary goals based upon transition assessment; required a summary of performance upon graduation; and changed the maximum age to begin transition planning from 14 to 16 years old (National Center on Secondary Education and Transition Institute on Community Integration, 2007).

Summary of performance and termination. IDEIA requires public schools to provide a summary of performance for all students at the end of their special education program, usually upon high school graduation. The summary is required to include a description of the student's academic achievement and current levels of functional

performance. Secondary institutions are not required to provide an assessment upon termination of services; however IDEIA stipulates that they are required to provide documentation of previous assessments and current levels of performance to enable students to receive appropriate accommodation in postsecondary settings, including higher education (Parker & Benedict, 2002). Many authors suggest that the summary of performance is the most effective way for secondary institutions to meet the documentation requirements of postsecondary institutions, and prevent the need for potentially costly private evaluations to qualify for accommodations in the college setting (Gregg, Coleman, Davis, Lindstrom, & Hartwig, 2006).

Americans with Disabilities Act

The goal of the Americans with Disabilities Act (ADA) is to provide equal opportunity to participate in the educational program and prevent discrimination. The most recent update to the law, Section Subchapter II, Part A, of the Americans with Disabilities Act at 42 U. S. C. § 12101-12213 states that

Subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

The ADA is composed of five titles or sections that pertain to disability accommodation in areas of employment, public service, public accommodations, telecommunications services, and the design and regulation of buildings (Karger

& Rose, 2010). The titles that most closely pertain to postsecondary education are title II, which describes public services requirements, and title III, which dictates public accommodations. Title II requires governments to make their programs and services accessible to people with disabilities. Public postsecondary education is regulated and partially funded by state governments and therefore falls under this statute. Therefore, public universities must make their buildings accessible to individuals with disabilities. Additionally, institutions must also make reasonable accommodations for students with disabilities to have access to programs, classes, and services. Access to services is interpreted broadly to address the limitations of many disability types (i.e., testing accommodations for students with ADHD, interpreters for students who are hearing impaired, and assistive technology for students who are visually impaired.)

Eligibility. ADA defines a person with a disability as “someone with a physical or mental impairment that substantially limits one or more major life activities; has a record of this impairment; or is regarded as having such impairment” (Karger & Rose, 2010, p. 76). Many argue that the definition of a disability was intentionally broad in order to avoid excluding anyone with a legitimate claim to accommodation. The majority of colleges and universities facilitate the determination of eligibility and accommodation through Disability Support Service (DSS) offices. While all DSS offices exist to ensure the

implementation of ADA, DSS policies and services can vary greatly depending on state and university policies, state laws, staffing, and available resources (Hills & Campbell, 2011). A discussion of disability documentation guidelines based upon ADIA and Section 504 for DSS offices will be provided later.

Amendments Act. The 2009 reauthorization of the Americans with Disabilities act broadened the list of major life activities that must be substantially limited to receive accommodations through ADA and Section 504. The list now includes: self-care, manual tasks, walking, seeing, speaking, sitting, thinking, learning, breathing, concentrating, interacting with others, reading, standing, and others as life activities than can be affected.

Section 504 of the Rehabilitation Act of 1973

The goal of Section 504 of the Rehabilitation Act of 1973 is to provide equal opportunity to participate in educational programs and prevent discrimination. The law states:

No otherwise qualified individual with a disability in the United States, as defined in Sec. 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service (Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355).

Much of the language and intent of Section 504 is similar to that of the Americans with Disabilities Act. However, Section 504 also requires that buildings and facilities are accessible to individuals with disabilities.

Eligibility. Section 504 requires that an individual must meet entry qualification criteria for a program or institution and have a disability (Rehabilitation Act of 1973, 34 CR C.F.R. 104.3(k)(2). Qualifying criteria are the standards any individual, regardless of disability, must meet in order to participate in a program or institution. For primary and secondary institutions this usually means that an individual must be within the age limitations of the school, usually between three and twenty-Two-Years old. For postsecondary institutions this usually means that an individual must be admitted to the university and meet retention standards for all students.

Section 504 defines an individual with a disability as “any person who: (i) has a mental or physical impairment that substantially limits one or more major life activity; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment” (34 C.F.R. 104.3(j)(1). An impairment may include any long-term illness, or disorder that substantially reduces an individual’s ability to access the educational setting because of learning conditions, behavior conditions, or health related conditions. The 2009 reauthorization of the ADA broadened the list of major life activities that must be substantially limited to receive 504 accommodations. The list now includes self-care, manual tasks, walking, seeing, speaking, sitting, thinking, learning, breathing,

concentrating, interacting with others, reading, concentrating, standing, and others as life activities than can be affected.

All public educational institutions and any private educational institutions that receive federal funds must provide services and access for individuals with disabilities as described by Section 504. Smaller, privately funded postsecondary schools are held to a lower standard of burden under title III of ADA and therefore have fewer physical access requirements than public institutions (Pacer Center, 2003). Postsecondary public institutions generally comply with Section 504 by following ADA requirements due to the similarity in their language (McIntosh & Decker, 2005). Therefore the postsecondary documentation requirements prepared by DSS offices also meet Section 504 criteria.

Postsecondary Documentation Requirements

ADA and Section 504 of the Rehabilitation Act do not contain specific documentation guidelines for postsecondary institutions. However, the Association on Higher Education and Disability (AHEAD; 2004), developed best practice guidelines for the review of disability documentation and the determination of accountability to assist post- secondary disability service providers. One requirement of best practice documentation is that it is provided by a licensed or credentialed professional with training in the area of disability. According to AHEAD, disability documentation should include a clear diagnostic statement and an explanation of the functional impact of the diagnosis and the prognosis of the disorder for the student. AHEAD also suggests that documentation should include information on how learning is currently affected, a

description of current and past accommodations and aids, and a description of their effectiveness.

Many universities and states develop their own documentation standards. The Washington Association on Postsecondary Education and Disability (WAPED) provided specific documentation and assessment guidelines for students with Learning Disabilities and ADHD (Hills & Campbell, 2011; WAPED, n.d.). For individuals with learning disabilities WAPED suggests specific tests of cognitive ability, achievement, information processing, raw data and interpretation, specific recommendations based on interpreted test, and that all testing be completed within three years using adult-normed instruments. For individuals with attention disabilities WAPED suggests assessments be completed by doctoral level examiners, contain current documentation, include a comprehensive history from multiple sources, and demonstrate a current level of impairment (n.d.). The majority of colleges develop their own documentation standards based upon the AHEAD guidelines, the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR*; American Psychiatric Association [APA], 2000), ADA regulations, court decisions, and the individual characteristics of students (Gregg & Scott, 2000).

Comparisons between IDEIA, ADA, and Section 504

IDEIA, ADA, and Section 504 share many characteristics in their intent, services provided, and the special populations that they assist. However, key differences in their philosophy and primary setting can hinder transition from secondary to postsecondary

settings for individuals with disabilities. Philosophical differences in the laws include the level of support and intended outcomes of the legislation. “IDEIA 2004 provides a free and appropriate public education to qualifying student and focused on educational outcomes and success, while Section 504 and ADA are civil rights mandates that ensure opportunity, equal access, and prevent discrimination” (National Joint Committee on Learning Disabilities [NJCLD], 2007) .

Unlike IDEIA, Section 504 and ADA do not ensure that a student with a disability will receive an individualized education plan or guarantee that a student will receive educational benefit. Students in all educational settings are eligible to receive Section 504 services, while primary and secondary students exclusively receive IDEIA protection, and postsecondary students exclusively receive ADA protections (Wrights Law, 2008).

A failure to understand these philosophical differences and resulting documentation requirements and service implementation can cause disruption in the transition from secondary to postsecondary settings. Awareness of what to expect should be part of all postsecondary transition planning and incorporated into IEP transition goals (Gregg & Scott, 2000). Additionally, assessments completed by secondary institutions should be regularly reviewed to ensure they meet the documentation requirements of colleges and universities desired by the student (Webb et al., 2008).

Attention Deficit Hyperactivity Disorder

Many universities have experienced a growth in the number of students with ADHD over the past two decades (Parker, 1998). This report is consistent with many authors who have dispelled the idea that most individuals with ADHD grow out of their symptoms (Latham, 1995). Students with ADHD experience many specific challenges when transitioning to college. Documentation differences in particular can vary greatly due to the inclusion of medical documentation in addition to IDEIA and ADA requirements.

Transition challenges. Individuals with ADHD often have difficulty adjusting to the limited structure and accountability of the college setting. Many of the areas of difficulty for high school students with ADHD are often mitigated by living at home and by the structure and support of high schools (Parker & Benedict, 2002). In the home setting a large amount of the daily living requirements such as laundry, buying food, and securing housing are completed by a parent. In the academic setting, “daily class meetings in relatively small groups, highly structured lectures, frequent due dates, and reminders from teachers and parents alike serve to organize these students” (Parker & Benedict, p. 4). Without these supports and external motivators many college students with ADHD quickly become overwhelmed with the demands of college life.

Assessment and documentation. The majority of students with ADHD in primary and secondary settings who receive accommodation and modification are served

under IDEIA through special education. As previously described, the documentation requirements in these settings are often met by medical documentation. While medical documentation is sufficient to meet IDEIA criteria, it often lacks the definition of functional limitation required by many DSS directors to meet ADA criteria.

A recently completed assessment that includes a comprehensive history, neuropsychological and psychological testing is often required by college and university disability offices to determine the eligibility and accommodations for an individual with ADHD (Parker & Benedict, 2002). Evaluations should include an assessment of impairment in multiple life areas that can be affected by attention and executive function deficits. For example, individuals with ADHD may have difficulty forming meaningful supportive relationships in the college setting due to inhibition and poor communication skills (Nixon, 2001).

The *DSM-IV-TR* (APA, 2000) is the most commonly used classification system for colleges and universities. However, arguments regarding best practices for ADHD assessment methods depend largely on the theoretical foundations of the author (Gregg & Scott, 2000). Barkley (1997) proposed that ADHD be defined as a disorder of inhibition, sustained attention, and executive functions. This broader cognitive processing view was a departure from previous strictly behavioral views of ADHD as a behavioral disorder that usually required only reports of behavior from multiple raters to develop a diagnosis. This broader view of ADHD requires assessments to include standardized measures of cognitive processing, and deficits across many functional areas (Gregg & Scott).

Some states develop their own criteria that must be met in order to receive ADHD disability accommodation while the majority of colleges and universities develop their own criteria based upon combinations of the previously described theories. As previously discussed, Hills and Campbell (2011) suggested the following criteria based upon both the *DSM-IV- TR*, and ADA criteria. First, documentation must be prepared by an individual who has comprehensive training and experience working with adolescents and adults with ADHD. The authors suggest psychologists, psychiatrists, and relevantly trained physicians best fulfill these criteria. Second, assessments and reports must be recently completed, usually within the past three years. Third, documentation should include evidence of early impairment in childhood in multiple settings. Finally, documentation should include evidence of current impairment (Hills & Campbell, 2011).

Autism Spectrum Disorder

Primary and secondary institutions have observed a large influx of students with ASD. While more children are diagnosed annually with ASD, over 80% of individuals with ASD are under the age of 18 (Rice, 2009). This implies that as the population of students with ASD ages, more students with ASD will seek entry into postsecondary institutions.

Transition challenges. Individuals with ASD generally experience difficulty in communication skills, poor social skills, stereotyped or repetitive behaviors, and difficulties managing activities of daily living (APA, 2000). Difficulties in these areas are often exacerbated by the transition to the college environment. Specifically,

individuals with ASD have difficulty managing transitions effectively and adapting to new and changing routines (Ciccantelli, 2011). Additionally these individuals often become overwhelmed when balancing the basic academic, independent living skills, and social demands of college (Muenke, 2010).

Postsecondary institutions operating under the guidance of ADA often do not provide the comprehensive services and supports students with ASD have become accustomed to receiving in the secondary setting through IDEIA. Therefore, services and supports such as social skills training and life skills training may be limited at a time when students with ASD have the greatest opportunity to enrich their independence and self-advocacy (Glennon, 2001).

Morrison, Sansosti, and Hadley (2009) surveyed parents to understand their perceptions of the supports needed for their children with ASD who were entering college. The parents identified many areas of supports that colleges and universities could supply through their DSS offices such as: matching students with instructors who have an understanding of ASD and who employ best practice teaching strategies; assisting students with self-advocacy; providing networks for social supports; and providing staff to help with activities of daily living.

Assessment and Documentation. IDEIA diagnostic criteria for ASD were largely based upon those of the *DSM-IV-TR* (APA, 2000) and most DSS offices also employ these eligibility criteria (Ciccantelli, 2011). Therefore, the majority of assessments for students with ASD completed in secondary settings should meet many of

the diagnostic criteria for postsecondary settings. However many factors could potentially impact the acceptance of documentation such as examiner qualifications and the age of the evaluation (Gormley, Hughes, Block, & Lendmann, 2005). Limited research has been conducted regarding the acceptance of ASD documentation by postsecondary institutions.

Learning Disability

The majority of research on the transition of individuals with invisible disabilities has been in the area of learning disabilities (LD). This is likely due to the large proportion of individuals with LD who pursue postsecondary education, and the large proportion of individuals with LD in the total population of individuals with invisible disabilities. Additionally, research foundations and groups have been formed to determine how to best identify and serve individuals with LD. The debate over best practice in evaluation and service delivery methods often results in differing forms of disability documentation (NJCLD, 2011). While the majority of this debate is related to IDEIA identification, it affects students as they use their documentation to attempt to receive services in the postsecondary setting (Gormley et al., 2005).

A great debate exists within the field of school psychology regarding the best method for identifying individuals with LD (Fuchs et al., 2003; NJCLD, 2011). The discussion relates to the identification of individuals within the primary and secondary educational setting under the mandates of IDEIA. Under the latest reauthorization of IDEIA, schools are given the choice between a Response to Intervention method and a

standardized assessment method. Each of these methods of identifying learning disabilities will be discussed. Finally, a discussion of the implications of several methods of identification on postsecondary documentation and eligibility criteria will be discussed.

Response to Intervention methods of identification. Response to Intervention (RTI) began as a pre-referral process for students who were struggling in an academic area. RTI proponents argue that a LD is evident when a student fails to respond to empirically based curriculum and intervention (Fuchs et al., 2003). RTI has been implemented primarily in problem solving and standard protocol methods. Problem solving models employ a multi-step process during which a student's problems are behaviorally defined, interventions are selected based upon the individual profile of the student, and student achievement is measured to determine the effectiveness of the intervention. If the student performs poorly with the intervention, components of the intervention are changed and assessed. Problem solving methods are individualized to each student and usually are conducted by a team of teachers. This method was founded on the principals of behavioral problem solving. Fuchs et al. (2003) reviewed many variations of this method and determined that sufficient research had not been conducted on a specific program to support the efficacy of a specific problem solving method.

The standard protocol methods of RTI learning disability identification involve giving all students with a specific type of learning problem the same intervention. This method assures that all students receive research-based curriculum. Students who are not

successful within that curriculum are identified for a broad-based specific intervention based upon teacher referral or benchmark data. This second tier of intervention usually involves intensified instruction in one on one or small group settings. Fuchs et al. (2003) reviewed many standard protocol RTI programs and concluded that the method was more effective with large groups of children and a majority of participants showed improvement with the programs. However the authors also questioned the effectiveness of standard protocol methods with students who have significant academic or cognitive deficits.

Standardized assessment methods of identification. Proponents of RTI often view the use of intelligence tests as outdated and lacking empirical support in the identification of individuals with LD. This view is often linked to an older method of LD identification that sought to identify a discrepancy between cognitive ability and academic skills on standardized tests (Fuchs et al., 2003). Many contemporary authors continue to argue for the use of standardized assessments in LD identification, particularly for adults (NJCLD , 2011). However, the majority of standardized assessment protocols now analyze variations in cognitive profiles in conjunction with achievement measures to determine the presence of a learning disability (Flanagan, Ortiz, & Alfonso, 2007) .

Gregg et al. (2006) replicated many of these methods with postsecondary students. The authors identified patterns of cognitive processing that successfully differentiated students with LD from their typical peers. The authors additionally found

differing patterns of which academic tests best predicted performance on linguistic fluency tests.

Postsecondary disconnect. The great variety of methodology in learning disability assessment and service delivery can have a detrimental impact on students' transition to the higher education setting. While both methods of learning disability identification are sufficient for identification under IDEIA, the differences in documentation can cause difficulty for university DSS offices that usually recognize LD and plan accommodations according to the ADA. The NJCLD (2007) described a documentation disconnect for students with LD transitioning from high school to college. The committee stated that IEPs and assessments completed according to the stipulations of IDEIA are often not sufficient to meet the documentation requirements of postsecondary institutions' interpretation of ADA for students with LD. Specifically, Section 504 and ADA guidelines often require "a specific diagnosis with a clearly established functional limitation in a major life activity" (NJCLD, 2007, p. 267).

As previously discussed, IDEIA requires assessments to be completed at a minimum of every three years; however, reevaluations are not required to include updated measures of cognitive ability or standardized measures of achievement. Secondary institutions are also not required by IDEIA to complete an assessment upon the termination of services. Updated assessments with recent cognitive and achievement data are often required by postsecondary institutions for individuals with LD. The NJCLD stated that requiring postsecondary institutions to complete assessments for every

student in special education who graduates or completes their program would be cost prohibitive. Instead the NJCLD proposed using an expanded summary of performance as outlined by the National Transition Documentation Summit of 2005.

Gormley and colleagues (2005) conducted a survey of 104 colleges and universities in 36 states to determine college and university eligibility requirements of students with LD. This survey was advertised on an AHEAD members' listserv and was sponsored by the AHEAD leadership and the NJCLD. The survey organized questions and data analysis around themes of diagnostic information, eligibility determination, and accommodation provision. On questions regarding eligibility determination, many institutions indicated currency requirements for assessment data, with 47% of respondents requiring assessments be less than three years old. Tests of processing and achievement were required by 61% of schools to determine eligibility and 67% of schools surveyed stipulated specific tests that they accepted or suggested (Gormley et al., 2005).

Gormley and colleagues were also observed differences in the accommodation determination process (2005). On questions regarding accommodation determination, 96% of respondents reported that the office of disability services makes the final decision regarding eligibility. Accommodations were based upon many factors including 75% of respondents indicating that report writers recommendations were considered while 67% of respondents reported the reasonableness of the accommodation request was a factor in accommodation provision. Interestingly, only 39% of colleges and universities

considered IEPs or secondary Section 504 plans as being sufficient in making eligibility and accommodation decisions. “A larger number of 2-year colleges (24%) versus 4-year (3%) reported accepting IEP’s and 504 plans. This was the only statistically significant difference between 2- and 4-year schools in all areas analyzed” (Gormley et al., 2005, p. 68).

Traumatic Brain Injury

Students with traumatic brain injuries (TBI) may experience many difficulties in academic and psychosocial functioning in the transition to postsecondary settings. Savage (2005) discussed the importance of comprehensive transition planning for individuals with TBI in high school. Successful special education programming for individuals with TBI starts with early consultation with hospital staff after an injury occurs. The IEP committee regularly assesses the student, and consults with the student’s therapists and medical specialists to design an appropriate program for the student (Woolston & Stavinoha, 2008). Similarly, transition IEP planning involves helping the student make connections with government agencies, community support groups, and therapy providers. This can be accomplished by inviting consultants such as employment specialists, mental health case managers, housing authorities, and transportation representatives to the IEP committee (Savage, 2005).

Individuals with TBI may require a complex array of accommodations from multiple offices within a postsecondary institution including areas of physical accessibility, academic programs and supports, social and personal supports, and

vocational training and job placement (Bergland & Hoffbauer, 1996). Physical considerations for these students could include the accessibility of the campus and the school medical facilities' ability to treat seizures and other medical events. "While services such as tutoring...are generally available, students with TBI may need help in planning course selections, determining an appropriate course load, scheduling time and organization demands, and identifying instructors who best suit their learning interest and style" (Bergland & Hoffbauer, p. 55). Students with TBI often require flexibility in campus policies regarding exiting and reentering campus housing to attend to disability related issues, reduced course loads, and registration priority. There is a dearth of research regarding specific documentation requirements to receive postsecondary accommodations for TBI; however, many authors reference the broader guidelines for all disability types provided by the Association of Higher Education and Disability (2008).

Research Questions

A review of the literature raised many questions that will be addressed in this dissertation. The majority of research regarding transition challenges and documentation requirements was in the area of LD (Gormley et al., 2005; NJCLD, 2007). The LD literature described a documentation disconnect for students with disabilities between secondary and postsecondary institutions and made preliminary recommendations for ways secondary institutions could better prepare students for postsecondary settings. The current dissertation will explore these issues for all students with invisible disabilities and determine the documentation preferences of postsecondary institutions. Finally, an

analysis will be conducted to determine which factors are predictive of students with invisible disabilities (ASD, ADHD, LD and TBI) being academically and socially prepared for college. Based upon this review of the literature, the following questions will be investigated:

1. How do secondary and postsecondary institutions coordinate to develop transition plans across private and public universities?
2. How often are reports accepted from high schools to determine eligibility?
3. Are there differences in acceptance rates of secondary institution reports between regions of the USA?
 - a. If there are differences in acceptance rates, what factors are associated with higher report acceptance in each region of the USA?
4. Do postsecondary institutions find transition reports prepared by high schools to be helpful in
 - a. Eligibility determination
 - b. Determining appropriate accommodations
5.
 - a. How recent must an evaluation be for it to be considered for student's services?
 - b. What differences exist between disability type and preferred date of evaluation?
6. What professionals are perceived to be qualified by postsecondary institutions to conduct evaluations for eligibility determination?

7. a. If a current assessment is needed, where is the eligibility assessment conducted?
- b. Who is responsible to pay for the assessment?
8. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being academically prepared for college?
9. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being socially prepared for college?

CHAPTER III

METHODOLOGY

The purpose of this study was to analyze previously collected information regarding the transition processes and disability documentation preferences for students with Autism Spectrum Disorders (ASD), Attention-Deficit Hyperactivity Disorder (ADHD), Learning Disabilities (LD), and Traumatic Brain Injuries (TBI). This data was previously collected in a survey of Disability Support Services (DSS) personnel at 2-year and 4-year postsecondary institutions. The following chapter describes the participants, procedures, survey, research methodology, and statistical analysis that were used in this dissertation.

Study Design

The data used in this dissertation was from a portion of a survey conducted of Disability Support Personnel across the United States. The original study was conducted at a state university in northern Texas and approved by the university's Institutional Review Board. Responses to items were utilized to address questions about the process of transition between secondary and postsecondary institutions for students with invisible disorders (ASD, LD, TBI, and ADHD) and the documentation guidelines and preferences of postsecondary institutions. Both descriptive and predictive analyses were used to evaluate the research questions. Since this was an exploratory study and there is little

research in these areas, a combination of hypotheses and research questions will be utilized.

Participants

The participants in the current study were DSS personnel employed by 2-year and 4-year institutions across the United States who completed an online survey. Solicitation emails were sent to DSS personnel at 2,781 postsecondary institutions, and professionals from 408 institutions completed the survey with 66.8% of the surveys being returned from 4-year and 33.2% from 2-year institutions.

Procedures

For the original data collection, a nationwide list of all 2-year and 4-year institutions was gathered by visiting the University of Texas' list of regionally accredited postsecondary institutions at <http://www.utexas.edu/world/univ/state/> (for the 4-year institutions) and <http://www.utexas.edu/world/comcol/state/> (for the 2-year institutions). Next, email addresses for DSS personnel were compiled.

A research team of trained undergraduate and graduate students visited the website for each postsecondary institution and searched for the DSS department, using the terms “disability,” “student services,” “disability services,” “academic support,” “Americans with Disabilities Act,” and “Section 504.” If there was no email address on the DSS website, then a search of the faculty directory was performed on the individual's name. Of the 3,215 postsecondary institutions listed, email addresses could be found for 2,607 DSS personnel (81%). If the email address could not be found, members of the

research team telephoned the institution and requested the contact information for the DSS office. Of the remaining 608 institutions, 264 email addresses were acquired using this technique.

After the email addresses were compiled, DSS personnel were sent an email with a hyperlink to the survey. Participants who clicked on the hyperlink were taken directly to the survey, which was hosted by www.psychdata.com. The survey was encrypted using Secure Sockets Layering (SSL) to protect the confidentiality of the participants. A consent document was on the first page, and only participants who agreed to the consent form gained access to the survey. After survey completion, participants were directed to a separate survey asking if they wished to enter a drawing for three Amazon.com gift cards worth \$250 each. This personally identifying data was collected and stored separately from the original data.

Two reminder emails were sent after the initial solicitation email. The first reminder email was sent three weeks after the initial email. The final reminder email was sent two months after the initial solicitation email. The final date of survey availability for this research was September 24, 2010. The current study used a subset of the data collected in the original survey regarding the topics of transition, diagnosis, documentation, and services available to students with invisible disabilities (ASD, TBI, LD, and ADHD).

Instrumentation

A 49-question survey (see Appendix A) was developed by the original research team containing items regarding: attitudes of DSS personnel towards invisible disabilities (ASD, TBI, LD, and ADHD); common practice of DSS institutions regarding the transition, eligibility, and accommodation process; and, available services for students with invisible disabilities within the postsecondary system. The final page of the questionnaire solicited feedback and demographic information. The feedback page also solicited any additional comments the participant would like to share.

For this dissertation, 21 items from the survey were used, and these items were divided into three broad categories. The first category included questions concerning coordination of transition planning with high schools, and the acceptance of documentation from high schools. The second category included questions regarding documentation requirements to receive services and differences in documentation requirements between disability types. The final category included information regarding services commonly available for students with invisible disabilities within the postsecondary setting.

There were a variety of question types in the survey including: yes/no questions, single selection questions, multiple response questions, 5-point Likert scale questions, and free response questions. The specific questions that were used for this dissertation are marked with an asterisk in the appendix of this document. The purpose of the

original survey was exploratory with the intent to gather information. Thus, there is no information regarding reliability and validity of the instrument.

Research Design

Research Questions

Specific research questions were developed based upon a review of the school psychology, transition, and postsecondary literature. Due to the dearth of comprehensive research in this area, exploratory research questions were pursued instead of research based hypotheses. The specific research questions include:

1. How do secondary and postsecondary institutions coordinate to develop transition plans across private and public universities?
2. How often are reports accepted from high schools to determine eligibility?
3. Are there differences in acceptance rates of secondary institution reports between regions of the USA?
 - a. If there are differences in acceptance rates, what factors are associated with higher report acceptance in each region of the USA?
4. A. Do postsecondary institutions find transition reports prepared by high schools to be helpful in 1) Eligibility determination and 2) Appropriate accommodations
B. What would make transition reports from high schools more useful?
5. A. How recent must an evaluation be for it to be considered for student's services?

- B. What differences exist between disability type and preferred date of evaluation?
6. What professionals are perceived to be qualified by postsecondary institutions to conduct evaluation for eligibility determination?
7. A. If a current assessment is needed, where is the eligibility assessment conducted?
- B. Who is responsible to pay for the qualifying evaluation?
8. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being academically prepared for college?
9. Which factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being socially prepared for college?

Statistical Analysis

Preliminary Analysis

The Statistical Package for Social Sciences (SPSS) was used to analyze the data. Measures of central tendency were used to examine the demographic data of colleges and universities that responded to the survey. These measures included means, standard deviations, frequencies, and percentages. Demographic information included institution characteristics such as public verses private institution, geographical region of the United States, and school population. Means, standard deviations, and Pearson Product Moment correlations were also used to determine relationships within and between independent variables (university based assessment and institution characteristics) and dependent

variables (evaluator characteristics, levels of preparedness for each disability type, documentation requirements, and how recent an evaluation must be for each disability type.)

Primary Analyses

Analysis of means, standard deviations, and frequency of responses to survey questions were used to determine coordination between secondary and postsecondary institutions. Similar measures were used to investigate how often evaluation reports and transition reports are accepted from high schools to determine eligibility and accommodations. Qualitative analysis was conducted to determine ways to make transition reports more useful to postsecondary institutions. Two independent raters sorted responses to into predetermined themes. Inconsistencies between raters were decided by the principal researcher.

Possible differences in acceptance rates of secondary institution reports between regions of the USA were determined by performing a series of separate ANOVA calculations between region of the USA and: acceptance rates of documentation, documentation accepted for eligibility; and documentation used for accommodation planning. The regions are based on the United States Census Bureau's (USCB, nd) regions and were divided into four regions as shown in figure 1 and as follows:

- a. Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

- b. West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
- c. Midwest: Kansas, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- d. South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, Maryland, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia



Figure 1. Regions of Postsecondary Institutions

When significant differences were found, multiple linear regressions were used within each region to determine possible contributing factors such as public versus private institution, two versus four-year institutions, school's size, who pays for necessary evaluations, and the eligibility and accommodations process.

The currency of evaluation and the professionals perceived to be qualified to conduct evaluations were compared according to each disability type assessed using frequencies and percentages. Similar measures were also conducted to determine where a new assessment is conducted if required and who is financially responsible for the assessment. Finally, stepwise linear regressions were conducted to predict which factors were predictive of students with disabilities being academically and socially prepared for college. Factors included public vs. private institution, 2-year public versus private institution, 2- versus 4-year institution, school size, school region, where students are assessed, and who pays for evaluations when required.

CHAPTER IV

RESULTS

The purpose of the dissertation was to gather information that could potentially aid special education professionals with the transition of students with disabilities between secondary school and higher education (i.e., postsecondary institutions). Increased knowledge of postsecondary documentation requirements, report preferences, and the assessment of each disability type will maximize secondary education professionals' time and effectiveness as they prepare transition reports. Furthermore, knowledge of regional preferences of postsecondary institutions could potentially increase acceptance of transition reports and further aid in the development of effective postsecondary IEP goals.

Descriptive Statistics

A total of 408 DSS personnel employed by two-year and four-year institutions across the United States completed the online survey. As shown in Table 1, the greatest number of participants was employed at a public institution (48.3%) whereas the remaining participants who responded to this question were employed at a private institution (31.6%). Nearly 20% of participants did not respond to this question. Additionally, 49.5% of responding participants were employed at a four-year institution, one-quarter of participants (25.0%) were employed at a two-year institution, and 5.4% worked at other types of institutions.

As also shown in Table 1, 19.4% of responding participants were from the Northeast region of the United States; 14.0% were from the West region; 20.6% were from the Midwest; and 26.0% of responding participants were from the South region. Furthermore, most participants (33.3%) worked at a school which had a student enrollment between 2,500 and 10,000 (i.e., midsized school) whereas 26.0% of participants worked at a school with an enrollment of less than 2,500 students (i.e., small school) and the remaining participants (17.6%) were employed by a school with more than 10,000 students (i.e., large school). Participants were also asked as to the location of eligibility assessment. A majority of participants stated that the assessment was a non-university assessment (72.3%) whereas 20.6% of participants stated that the assessment was conducted both on university and non-university. Only 1.0% of participants stated that the eligibility assessment was conducted at a university. Finally, participants were asked as to the party responsible for paying for qualifying evaluations. A majority of participants stated that the student and/or parent paid for the evaluation (88.2%); 0.7% stated that the university paid for the evaluation; and 4.9% stated that there was another responsible party.

Table 1

Frequencies and Percentages of Categorical Demographic Variables

	Frequency	%
Is your school a public or private institution?		
Public	197	48.3
Private	129	31.6
Non Response	82	20.1
Is your school a 4-year or 2-year institution?		
4-Year	202	49.5
2-Year	102	25.0
Other	22	5.4
Non Response	82	20.1
Region of the USA		
Northeast	79	19.4
West	57	14.0
Midwest	84	20.6
South	106	26.0
Non Response	82	20.1
School Size		
Under 2,500	106	26.0
2,500-10,000	136	33.3
More than 10,000	72	17.6
Non Response	94	23.0
If a current Assessment is needed, where is the eligibility Assessment conducted?		
University Assessment	4	1.0
Non-University Assessment (outside of the university setting)	295	72.3
Both	84	20.6
Non Response	25	6.1

If a current Assessment is needed, who is responsible to pay for qualifying evaluation?

Student/Parent	360	88.2
University	3	.7
Other	20	4.9
Non Response	25	6.1

Note. Frequencies not equaling 408 reflect missing data.

Participants were also asked to rate how prepared they believed that the students were to succeed academically in college. These ratings were based on the students' disability. Many of the questions involved responses that ranged between 1 and 5, where higher numbers represented more of a construct or a more positive view compared to lower numbers. For example, as shown in Table 2, participants' responses as to the academic preparedness of students with ASD ranged between 1 and 5, with an average rating of 2.63 ($SD = .85$). Their responses for students with ADHD also ranged from 1 to 5, with an average rating of 2.95 ($SD = .77$) and their responses for students with LD ranged from 1 to 5, with an average academic preparedness rating of 3.01 ($SD = .83$). Finally, participants' responses as to the academic preparedness of students with TBI ranged from 1 to 5, with an average rating of 2.52 ($SD = .81$).

Participants were also asked to give ratings for how they believe the students with these disabilities would succeed with the social and independent living aspects of college (see Table 2). Many of the questions involved responses that ranged between 1 and 5,

where higher numbers represented more of a construct or a more positive view compared to lower numbers. For students with ASD, participants' ratings ranged from 1 to 4, with an average social preparedness rating of 1.95 ($SD = .76$). As to ADHD diagnosed students, participants' responses ranged from 1 to 5, with an average social preparedness rating of 3.03 ($SD = .87$) and their responses for students with LD ranged from 1 to 5, with an average social preparedness rating of 3.22 ($SD = .90$). Participants' responses regarding the social preparedness for students with TBI ranged from 1 to 5, with an average rating of 2.54 ($SD = .81$).

Finally, participants were asked how current an evaluation must be to be considered for services. As shown in Table 2, participants' responses for students with ASD ranged from 1 to 11 years, with an average score of 7.04 years ($SD = 2.36$); for students with ADHD, participants' responses also ranged from 1 to 11 years, with an average score of 6.60 years ($SD = 2.36$); for students with LD, participants' responses ranged from 1 to 11 years, with an average score of 7.13 years ($SD = 2.16$); and for students with TBI, participants' responses ranged from 1 to 11 years, with an average score of 6.48 years ($SD = 2.75$).

Participants were also asked to describe their attitudes about transition reports prepared by secondary intuitions. Many of the questions involved responses that ranged between 1 and 5, where higher numbers represented more of a construct or a more positive view compared to lower numbers. As shown in Table 3, participant's responses as to how often the respondents collaborated with high schools ranged between 1 and 5,

with an average rating of 2.06 ($SD = 1.01$). Their responses for how often they accept reports from high schools to determine eligibility also ranged from 1 to 5, with an average rating of 3.48 ($SD = 1.18$). Their responses for how useful they found transitions reports also ranged from 1 to 5, with an average rating of 2.84 ($SD = 1.15$) for the determination of eligibility and an average rating of 3.04 ($SD = 1.04$) for the determination of appropriate accommodation.

Table 2

Means and Standard Deviations of Academically Prepared Students , Socially Prepared Students and Currency of Evaluations

	n	Mean	SD	Min	Max
Academically Prepared					
Autism Spectrum Disorder	408	2.63	.85	1	5
Attention Deficit Hyperactivity Disorder	408	2.95	.77	1	5
Learning Disability	408	3.01	.83	1	5
Traumatic Brain Injury	408	2.52	.81	1	5
Socially Prepared					
Autism Spectrum Disorder	408	1.95	.76	1	4
Attention Deficit Hyperactivity Disorder	408	3.03	.87	1	5
Learning Disability	408	3.22	.90	1	5
Traumatic Brain Injury	408	2.54	.81	1	5
Currency of Evaluation					
Autism Spectrum Disorder	388	7.04	2.36	1	11
Attention Deficit Hyperactivity Disorder	388	6.60	2.36	1	11
Learning Disability	388	7.13	2.16	1	11
Traumatic Brain Injury	388	6.48	2.75	1	11

Table 3

Means and Standard Deviation of Evaluation and Report Variables

	N	Mean	SD	Min	Max
How often do you work with high schools to develop transition plans?	397	2.06	1.01	1	5
How often do you accept reports from high schools to determine eligibility for disability services?	397	3.48	1.18	1	5
Transition reports useful in determining eligibility?	397	2.84	1.15	1	5
Transition reports useful in determining appropriate accommodations?	397	3.04	1.04	1	5

Preliminary Analyses

Several crosstabulations with Pearson Chi Square analyses were conducted to examine the relationships between the categorical demographic variables, such as location of assessment, public versus private institution, and region. As shown in Table 4, public versus private institution classification has a significant relationship with location of assessment, $\chi^2(1) = 4.77, p = .029$, Cramer's $V = .121$. A greater proportion of those who worked for a private institution reported that assessments were conducted at a non-university location (82.2%) than those who worked for a public institution (71.6%). There was also a significant relationship between public versus private institution

classification and USA region, $\chi^2 (3) = 18.52, p < .001$, Cramer's $V = .238$. A greater proportion of participants who worked for a private institution were from the Northeast region (34.9%) than those who worked for a public institution (17.3%). However, A greater proportion of participants in the Southern region worked for a public institution (39.9) than worked for a private institution (21.7%).

As also shown in Table 4, there was a significant relationship between public versus private institution and school size, $\chi^2 (2) = 72.51, p < .001$, Cramer's $V = .481$. A greater proportion of participants who worked for a private institution were employed at a school with less than 2,500 students (59.5%), compared to those who worked at a public institution (16.5%). Additionally, a greater proportion of participants who worked for a public institution were employed at a school with between 2,500 and 10,000 students (48.9%) than those who worked for a private institution (34.9%). Furthermore, those who worked for a public institution were employed by a school with more than 10,000 students (34.6%) than those who worked for a private institution (5.6%). Finally, as shown in Table 4, there was a significant relationship between public versus private institution and two-year versus four-year institution, $\chi^2 (1) = 95.22, p < .001$, Cramer's $V = .544$. A greater proportion of participants who worked for a private institution were employed by a four-year school (99.2%) than those who worked for a public institution (45.7%). These results should be viewed with caution due to the small sample size in one cell.

Table 4

Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, School Size, and Two vs. Four-Year School by Public vs. Private Institution

	Public		Private		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Location of Assessment					4.77	.029
Non-University Assessment	141	71.6	106	82.2		
Assess Both	56	28.4	23	17.8		
Region of the USA					18.52	<.001
Northeast	34	17.3	45	34.9		
West	37	18.8	20	15.5		
Midwest	48	24.4	36	27.9		
South	78	39.6	28	21.7		
School Size					72.51	<.001
Under 2,500	31	16.5	106	59.5		
2,500-10,000	92	48.9	136	34.9		
More than 10,000	65	34.6	72	5.6		
Is your school a 4-year or 2-year institution?					95.22	<.001
4-Year	86	45.7	121	99.2		
2-Year	102	54.3	1	0.8		

A series of crosstabulations with Pearson Chi Square analyses were also conducted to examine the relationship between type of institution (two-year versus four-year) and location of assessment, region, school size, and public versus private school. As shown in Table 5, there was a significant relationship between two versus Four-Year

schools and public versus private institutions, $\chi^2 (1) = 95.22, p < .001$, Cramer's $V = .554$. A greater proportion of participants worked at Two-Year universities that were public (99%), compared to those who worked at Four-Year universities that were public (44.5%). As also shown in Table 5, there was a significant relationship between two versus Four-Year schools and the region of the United States, $\chi^2 (3) = 8.17, p = .043$, Cramer's $V = .162$. A greater proportion of participants in the Northeast (27.1%) region worked at Four-Year institutions compared to the proportion of those who worked at Two-Year intuitions (Northwest = 14.6%). Conversely, a greater proportion of participants in the West (23.3%) and South (37.9%) worked at Two-Year institutions compared to those who work in Four-Year institutions (West = 15.5%, South = 24.3%).

As also shown in Table 5, there was a significant relationship between two versus Four-Year schools and school size, $\chi^2 (2) = 9.60, p = .008$, Cramer's $V = .179$. A greater proportion of Four-Year institutions surveyed reported school enrolment less than 2,500 students (39.2%) compared to Two-Year institutions (22.0%). However, a greater proportion of Two-Year universities reported enrolment of 2,500 to 10,000 (47.0%) compared to Four-Year universities (40.2%). A greater proportion of Two-Year institutions also reported enrolment of more than 10,000 (31.0%) compared to Four-Year institutions (20.6%). Type of institution did not have a significant relationship with location of assessment, $\chi^2 (1) = 3.16, p = .075$, Cramer's $V = .101$

Table 5

Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, School Size, and Public vs. Private Institution by Two vs. Four-Year School

	4-Year		2-Year		χ^2	<i>p</i>
	n	%	n	%		
Location of Assessment					3.16	.075
Non-University Assessment	152	73.4	85	82.5		
Assess Both	55	26.6	18	17.5		
Region of the USA					8.17	.043
Northeast	56	27.1	15	14.6		
West	32	15.5	24	23.3		
Midwest	55	26.6	25	24.3		
South	64	30.9	39	37.9		
School Size					9.60	.008
Under 2,500	78	39.2	22	22.0		
2,500-10,000	80	40.2	47	47.0		
More than 10,000	41	20.6	31	31.0		
Is your school a public or private institution?					95.22	<.001
Public	86	41.5	102	99.0		
Private	121	58.5	1	1.0		

A series of crosstabulations with Pearson Chi Square analyses were also conducted to examine the relationship between size of school and location of assessment, region, type of institution (two-year versus four-year) and public versus private school. As shown in Table 6, school size had a significant relationship with location of assessment, $\chi^2 (2) = 19.35, p < .001$, Cramer's $V = .248$. A greater proportion of institutions with populations larger than 10,000 students enrolled provide university assessments and refer to outside evaluators (43.1%) compared to institutions with 2,500 students (21.3%) and institutions with less than 2,500 students (15.1%). As also shown in Table 6, school size had a significant relationship with public versus private institutions, $\chi^2 (2) = 72.51, p < .001$, Cramer's $V = .481$. A greater proportion of institutions with enrollment of more than 10,000 identified as public institutions (90.3%) compared to institutions with enrollment of 2,500 to 10,000 (67.6%) and institutions with enrollment under 2,500 (29.2%). Additionally, as shown in Table 6, school size had a significant relationship with two versus Four-Year institutions, $\chi^2 (2) = 9.60, p = .008$, Cramer's $V = .179$. A greater proportion of institutions with enrollment greater than 10,000 identified as Two-Year institutions (43.1%) compared to institutions with enrollment of 2,500 to 10,000 (37.0%), and institutions with enrollment under 2,500 (22.0%). Finally, school size did not have a significant relationship with region, $\chi^2 (6) = 7.89, p = .246$, Cramer's $V = .112$.

Table 6

Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, Region, Public vs. Private, and Two vs. Four-Year School by School Size

	Under 2,500		2,500- 10,000		More than 10,000		χ^2	<i>p</i>
	n	%	n	%	n	%		
Location of Assessment							19.36	<.001
Non-University								
Assessment	90	84.9	107	78.7	41	56.9		
Assess Both	16	15.1	29	21.3	31	43.1		
Region of the USA							7.89	.246
Northeast	32	30.2	30	22.1	10	13.9		
West	17	16.0	22	16.2	16	22.2		
Midwest	27	25.5	34	25.0	21	29.2		
South	30	28.3	50	36.8	25	34.7		
Is your school a public or private institution?							72.51	<.001
Public	31	29.2	92	67.6	65	90.3		
Private	75	70.8	44	32.4	7	9.7		
Is your school a 4-Year or 2-Year institution?							9.60	.008
4-Year	78	78.0	80	63.0	41	56.9		
2-Year	22	22.0	47	37.0	31	43.1		

A series of crosstabulations with Pearson Chi Square analyses were also conducted to examine the relationship between the region of the United States that an institution is located in and the location of required assessments, who pays for necessary assessments, size of school, type of institution (two-year versus four-year) and public versus private school. As shown in Table 7, an institution's region had a significant relationship with public versus private universities, $X^2 (3) = 18.52, p < .001$, Cramer's $V = .238$. A greater proportion schools located in the South (73.6%) identified as public institutions compared to institutions in the West (64.9%), Midwest (57.1%), and Northeast (43.0%). Also as shown in Table 7, an institution's region had a significant relationship with four versus Two-Year institutions, $X^2 (3) = 8.17, p = .043$, Cramer's $V = .162$. A greater proportion of institutions from the Northeast region identified as Four-Year institutions (78.9%) compared to institutions from the West (57.1%), South (62.1%), and Midwest (68.8%). Finally, institution region did not have a significant relationship with location of required assessments ($X^2 (3) = 5.31, p = .150$, Cramer's $V = .128$) or school size ($X^2 (6) = 7.89, p = .246$, Cramer's $V = .112$).

Table 7

Frequencies and Percentages of Location of Assessment, Who Paid for Evaluation, School Size, Public vs. Private Institution, and Two vs. Four Year Institution by Region

Location of Assessment	Northeast		West		Midwest		South		χ^2	p
	n	%	n	%	n	%	n	%		
Non-University Assessment	59	74.7	37	64.9	68	81.0	83	78.3	5.31	.150
Assess Both	20	25.3	20	35.1	16	19.0	23	21.7		
School Size									7.89	.246
Under 2,500	32	44.4	17	30.9	27	32.9	30	28.6		
2,500-10,000	30	41.7	22	40.0	34	41.5	50	47.6		
More than 10,000	10	13.9	16	29.1	21	25.6	25	23.8	18.52	<.001
Is your school a public or private institution?										
Public	34	43.0	37	64.9	48	57.1	78	73.6		
Private	45	57.0	20	35.1	36	42.9	28	26.4		
Is your school a 4-Year or 2-Year institution?									8.17	.043
4-Year	56	78.9	32	57.1	55	68.8	64	62.1		
2-Year	15	21.1	24	42.9	25	31.3	39	37.9		

A series of crosstabulations with Pearson Chi Square analyses were also conducted to examine the relationship between location of required postsecondary assessments and region, size of school, and public versus private institution, and type of institution (two-year versus four-year). As shown in Table 8, the location of assessment had a significant relationship with school size, $X^2 (2) = 19.36, p < .001$, Cramer's $V = .248$. A greater proportion of institutions with enrollment less than 2,500 exclusively referred students to outside specialist (37.8%) compared to those who also performed assessments at the University (21.1%). Similarly, a greater proportion of institutions with enrollment between 2,500 and 10,000 exclusively referred students to outside specialist (45.0%) compared to those who also performed assessments at the University (38.2%). However, a greater proportion of institutions with an enrollment over 10,000 both provided assessments within the university and through outside specialist (40.8%) compared to exclusively relying on outside specialist (17.2%).

Also as shown in Table 8, the location of assessment had a significant relationship with public versus private universities, $X^2 (1) = 4.77, p = .029$, Cramer's $V = .121$. A greater proportion of public institutions provided both assessments within the university and through outside specialist (70.9%) compared to exclusively relying on outside specialist (57.1%). Finally, location of assessment did not have a significant relationship with region [$X^2 (3) = 5.31, p = .150$, Cramer's $V = .128$] or two versus Four-Year institutions [$X^2 (1) = 3.16, p = .075$, Cramer's $V = .101$].

Table 8

Frequencies and Percentages of Region, School Size, Public vs. Private Institution, and Two vs. Four-Year School by Location of Assessment

	Non-University Assessment		Assess Both		χ^2	<i>p</i>
	n	%	n	%		
Region of the USA					5.31	.150
Northeast	59	23.9	20	25.3		
West	37	15.0	20	25.3		
Midwest	68	27.5	16	20.3		
South	83	33.6	23	29.1		
School Size					19.36	<.001
Under 2,500	90	37.8	16	21.1		
2,500-10,000	107	45.0	29	38.2		
More than 10,000	41	17.2	31	40.8		
Is your school a public or private institution?					4.77	.029
Public	141	57.1	56	70.9		
Private	106	42.9	23	29.1		
Is your school a 4-Year or 2-Year institution?					3.16	.075
4-Year	152	64.1	55	75.3		
2-Year	85	35.9	18	24.7		

Multiple one-way Analyses of Variance, or ANOVAs, were conducted to examine the effect of the categorical demographic variables (e.g., location of assessment) on the continuous dependent variables, such as academic preparedness. As shown in

Table 9, there was no significant effect of location of assessment on ratings for academic preparedness for students with ASD, ADHD, LD, or TBI, all *ps* non-significant.

Furthermore, there was no significant effect of location of assessment on ratings for socially prepared for these students, as well as currency of evaluation for these students, all *ps* non-significant. There were also no significant effects of location of assessment on how often participants worked with high schools to develop transition plans, how often participants accepted reports from high schools, usefulness of transition reports to determine eligibility, or usefulness of transition reports to determine appropriate accommodations, all *ps* non-significant.

Table 9

Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Location of Assessment

	n	Mean	SD	F	p
Autism Spectrum Disorder: How academically prepared?				.02	.877
Non-University Assessment	295	2.62	.85		
Assess Both	88	2.64	.87		
Attention Deficit Hyperactivity Disorder (ADHD): How academically prepared?				1.57	.211
Non-University Assessment	295	2.93	.76		
Assess Both	88	3.05	.79		

Learning Disability: How academically prepared?				1.97	.162
Non-University Assessment	295	2.98	.83		
Assess Both	88	3.13	.83		
Traumatic Brain Injury: How academically prepared?				1.54	.216
Non-University Assessment	295	2.49	.78		
Assess Both	88	2.61	.90		
Autism Spectrum Disorder: How social/independent living prepared?				2.98	.085
Non-University Assessment	295	1.90	.75		
Assess Both	88	2.06	.76		
Attention Deficit Hyperactivity Disorder: How social/independent living prepared?				.71	.400
Non-University Assessment	295	3.02	.85		
Assess Both	88	3.11	.96		
Learning Disability: How social/independent living prepared?				.11	.743
Non-University Assessment	295	3.21	.93		
Assess Both	88	3.25	.85		
Traumatic Brain Injury: How Social/independent living prepared?				.13	.716
Non-University Assessment	295	2.53	.81		
Assess Both	88	2.57	.84		
Autism Spectrum Disorder: Currency of evaluation				1.01	.316
Non-University Assessment	295	7.12	2.32		
Assess Both	88	6.83	2.53		

Cont'd					
Attention Deficit Hyperactivity Disorder (ADHD): Currency of evaluation					
Non-University Assessment	295	6.65	2.33	.43	.514
Assess Both	88	6.47	2.54		
Learning Disability: Currency of evaluation					
Non-University Assessment	295	7.18	2.14	.41	.523
Assess Both	88	7.01	2.26		
Traumatic Brain Injury: Currency of evaluation					
Non-University Assessment	295	6.53	2.70	.06	.805
Assess Both	88	6.44	2.90		
How often do you work with high schools to develop transition plans?					
Non-University Assessment	295	2.03	.98	1.53	.218
Assess Both	88	2.18	1.11		
How often do you accept reports from high schools to determine eligibility for disability services?					
Non-University Assessment	295	3.48	1.17	.04	.852
Assess Both	88	3.45	1.23		
Transition reports useful in determining eligibility?					
Non-University Assessment	295	2.84	1.15	.39	.534
Assess Both	88	2.75	1.19		
Transition reports useful in determining appropriate accommodations?					
Non-University Assessment	295	3.00	1.02	.26	.612
Assess Both	88	3.07	1.15		

Separate one-way ANOVAs were conducted to determine the effect of the classification of postsecondary institutions as public versus private on variables of academic preparedness, social preparedness; appropriate accommodations, eligibility, and currency of evaluations. As seen in Table 10, public versus private institutions differed on academic preparedness ratings for students with ASD, $F(1, 324) = 14.24, p < .001$. Participants who worked at a private institution rated the academic preparedness of students with ASD higher ($M = 2.85, SD = .83$) than those who worked for a public institution ($M = 2.50, SD = .81$). There was also a significant effect of public versus private institution on academic preparedness ratings for students with ADHD, $F(1, 324) = 6.31, p = .013$. Participants who worked at a private institution rated the academic preparedness of students with ADHD higher ($M = 3.08, SD = .69$) than those who worked for a public institution ($M = 2.87, SD = .76$). There was also a significant effect of public versus private institution on academic preparedness ratings for students with LD, $F(1, 324) = 15.06, p < .001$. Participants who worked at a private institution rated the academic preparedness of students with LD higher ($M = 3.22, SD = .79$) than those who worked for a public institution ($M = 2.88, SD = .79$). Additionally, there was also a significant effect of public versus private institution on academic preparedness ratings for students with TBI, $F(1, 324) = 9.10, p = .003$. Participants who worked at a private institution rated the academic preparedness students with LD higher ($M = 2.68, SD = .80$) than those who worked for a public institution ($M = 2.41, SD = .81$).

As also shown in Table 10, there was also a significant effect of public versus private institution on social preparedness ratings for students with LD, $F(1, 324) = 13.72$, $p < .001$. Participants who worked at a private institution rated the social preparedness of students with LD higher ($M = 3.46$, $SD = .89$) than those who worked for a public institution ($M = 3.09$, $SD = .88$). There was also a significant effect of public versus private institution on social preparedness ratings for students with TBI, $F(1, 324) = 11.50$, $p = .001$. Participants who worked at a private institution rated the social preparedness of students with TBI higher ($M = 2.73$, $SD = .80$) than those who worked for a public institution ($M = 2.42$, $SD = .80$). There was also a significant effect of public versus private institution on currency of evaluation ratings for students with ADHD, $F(1, 324) = 3.95$, $p = .048$. Participants who worked at a private institution reported requiring evaluations for students with ADHD to be more recent ($M = 6.27$, $SD = 2.26$) than those who worked for a public institution ($M = 6.80$, $SD = 2.39$). Additionally, there was also a significant effect of public versus private institution on currency of evaluation ratings for students with TBI, $F(1, 324) = 5.54$, $p = .019$. Participants who worked at private institutions required evaluations for students with TBI to be more recent ($M = 6.09$, $SD = 2.79$) than those who worked for public institutions ($M = 6.82$, $SD = 2.70$). Finally, there was a significant effect of public versus private institution on how often participants work with high schools to develop transition plans, $F(1, 324) = 22.39$, $p < .001$. Participants who worked at a private institution reported that they worked with high schools to determine eligibility less often ($M = 1.72$, $SD = .87$) than those who worked for a public

institution ($M = 2.24$, $SD = 1.04$). The results indicated that the Levene's test for homogeneity was violated, therefore, the results were confirmed with non-parametric analyses, $z = -4.68$, $p < .001$.

Table 10

Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Public vs. Private Institution

	n	Mean	SD	F	p
Autism Spectrum Disorder: How academically prepared?				14.24	<.001
Public	197	2.50	.81		
Private	129	2.85	.83		
Attention Deficit Hyperactivity Disorder (ADHD) How academically prepared?				6.31	.013
Public	197	2.87	.76		
Private	129	3.08	.69		
Learning Disability: How academically prepared?				15.06	<.001
Public	197	2.88	.79		
Private	129	3.22	.79		
Traumatic Brain Injury: How academically prepared?				9.10	.003
Public	197	2.41	.81		
Private	129	2.68	.80		

Cont'd					
Autism Spectrum Disorder: How social/independent living prepared?				1.53	.217
Public	197	1.91	.74		
Private	129	2.02	.79		
Attention Deficit Hyperactivity Disorder: How social/independent living prepared?				2.65	.104
Public	197	2.97	.93		
Private	129	3.13	.79		
Learning Disability: How social/independent living prepared?				13.72	<.001
Public	197	3.09	.88		
Private	129	3.46	.89		
Traumatic Brain Injury: How social/independent living prepared?				11.50	.001
Public	197	2.42	.80		
Private	129	2.73	.80		
Autism Spectrum Disorder: Currency of evaluation?				1.97	.162
Public	197	7.22	2.40		
Private	129	6.85	2.26		
Attention Deficit Hyperactivity Disorder: Currency of evaluation?				3.95	.048
Public	197	6.80	2.39		
Private	129	6.27	2.26		
Learning Disability: Currency of evaluation?				.72	.395
Public	197	7.21	2.16		
Private	129	7.01	2.09		

Cont'd					
Traumatic Brain Injury: Currency of evaluation?				5.54	.019
Public	197	6.82	2.70		
Private	129	6.09	2.79		
How often do you work with high schools to develop transition plans? Ψ				22.39	<.001
Public	197	2.24	1.04		
Private	129	1.72	.87		
How often do you accept reports from high schools to determine eligibility for disability services?				1.18	.278
Public	197	3.50	1.20		
Private	129	3.36	1.16		
Transition reports helpful in determining eligibility?				.57	.451
Public	197	2.76	1.16		
Private	129	2.86	1.15		
Transition reports helpful in determining appropriate accommodations?				3.68	.056
Public	197	2.93	1.05		
Private	129	3.16	1.05		

Note: Ψ denotes violation of Homogeneity.

Separate multiple one-way ANOVAs were conducted to examine the effect of two versus Four-Year schools on the academic preparedness, social preparedness, appropriate accommodations, eligibility, and currency of evaluations. As shown in Table 11, two versus Four-Year institutions had a significant effect on academic preparedness

ratings for students with ASD, $F(1, 308) = 11.88, p = .001$. Participants who worked at Four-Year institutions rated the academic preparedness of students with ASD higher ($M = 2.75, SD = .84$) than those who worked at Two-Year institutions ($M = 2.41, SD = .82$). There was also a significant effect on two versus Four-Year institutions on academic preparedness ratings for students with ADHD, $F(1, 308) = 10.32, p = .001$. Due to a violation of homogeneity, a Mann-Whitney U non-parametric test was conducted which confirmed the findings, $z = -2.59, p = .010$. Participants who worked at Four-Year institutions rated the academic preparedness of students with ADHD higher ($M = 3.03, SD = .71$) than those who worked at Two-Year institutions ($M = 2.75, SD = .79$). There was also a significant effect on two versus Four-Year institutions on academic preparedness ratings for students with LD, $F(1, 308) = 18.89, p < .001$. Participants who worked at Four-Year institutions rated the academic preparedness of students with LD higher ($M = 3.13, SD = .76$) than those who worked at Two-Year institutions ($M = 2.72, SD = .83$). Finally, there was also a significant effect on two versus Four-Year institutions on academic preparedness ratings for students with TBI, $F(1, 308) = 11.44, p = .001$. Participants who worked at Four-Year institutions rated the academic preparedness of students with TBI higher ($M = 2.62, SD = .78$) than those who worked at Two-Year institutions ($M = 2.29, SD = .84$).

As also shown in Table 11, two versus Four-Year institutions had a significant effect on social preparedness ratings for students with LD, $F(1, 308) = 10.54, p = .001$. Participants who worked at Four-Year institutions rated the social preparedness of

students with LD higher ($M = 3.34, SD = .91$) than those who worked at Two-Year institutions ($M = 2.99, SD = .85$). There was also significant effect on two versus Four-Year institutions on social preparedness ratings for students with TBI, $F(1, 308) = 4.10, p = .044$. Participants who worked at Four-Year institutions rated the social preparedness of students with TBI higher ($M = 2.58, SD = .80$) than those who worked at Two-Year institutions ($M = 2.39, SD = .81$).

Table 11 also shows two versus Four-Year institutions had a significant effect on currency of evaluation ratings for students with ASD $F(1, 308) = 5.77, p = .017$. Participants who worked at Four-Year institutions required that evaluations for students with ASD be significantly newer ($M = 6.82, SD = 2.29$) than those at Two-Year institutions ($M = 7.50, SD = 2.44$). There was also a significant effect of two versus Four-Year institutions on currency of evaluation ratings for students with ADHD $F(1, 308) = 11.67, p = .001$. Due to a violation of homogeneity, a Mann-Whitney U test was conducted which did not confirm the parametric findings, $z = -1.39, p = .166$. Participants who worked at Four-Year institutions required that evaluations for students with ADHD be significantly newer ($M = 6.25, SD = 2.25$) than those at Two-Year institutions ($M = 7.19, SD = 2.41$). There was also a significant effect of two versus Four-Year institutions on currency of evaluation ratings for students with LD, $F(1, 308) = 6.79, p = .010$. Due to a violation of homogeneity, a Mann-Whitney U test was conducted which did not confirm the parametric findings, $z = -.40, p = .689$. Participants who worked at Four-Year institutions required that evaluations for students with LD be

significantly newer ($M = 6.90$, $SD = 2.04$) than those at Two-Year institutions ($M = 7.56$, $SD = 2.27$). Finally, there was also a significant effect on two versus Four-Year institutions on currency of evaluation ratings for students with TBI, $F(1, 308) = 14.77$, $p < .001$. Participants who worked at Four-Year institutions required that evaluations for students with TBI be significantly newer ($M = 6.09$, $SD = 2.75$) than those at Two-Year institutions ($M = 7.34$, $SD = 2.61$).

As also shown in Table 11, two versus Four-Year institutions had a significant effect on how often postsecondary institutions collaborate with high schools to develop transition plans, $F(1, 308) = 22.25$, $p < .001$. Participants who worked at Four-Year institutions collaborated with high schools significantly less ($M = 1.86$, $SD = .93$) than those at Two-Year institutions ($M = 2.41$, $SD = 1.02$). There was also a significant effect of two versus Four-Year institutions on how often postsecondary institutions accept reports from high schools to determine eligibility, $F(1, 308) = 18.85$, $p < .001$. Participants who worked at a four-year institution accepted reports less frequently ($M = 3.22$, $SD = 1.17$) than those who worked at a two-year institution ($M = 3.83$, $SD = 1.12$). Finally there was no significant effect of two versus Four-Year institutions on the social preparedness of students with ASD; the social preparedness of students with ADHD; the usefulness of transition reports in determining eligibility; or the usefulness of transition reports in determining appropriate accommodations, all ps non-significant.

Table 11

Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Two vs. Four-Year School

	n	Mean	SD	F	p
Autism Spectrum Disorder: How academically prepared?				11.88	.001
4-Year	207	2.75	.84		
2-Year	103	2.41	.82		
Attention Deficit Hyperactivity Disorder: How academically prepared? ^ψ				10.32	.001
4-Year	207	3.03	.71		
2-Year	103	2.75	.79		
Learning Disability: How academically prepared?				18.89	<.001
4-Year	207	3.13	.76		
2-Year	103	2.72	.83		
Traumatic Brain Injury: How academically prepared?				11.44	.001
4-Year	207	2.62	.78		
2-Year	103	2.29	.84		
Autism Spectrum Disorder: How social/independent living prepared?				.01	.919
4-Year	207	1.93	.75		
2-Year	103	1.94	.79		

Attention Deficit Hyperactivity Disorder: How social/independent living prepared?					2.99	.085
4-Year	207	3.10	.87			
2-Year	103	2.91	.91			
Learning Disability: How social/independent living prepared?					10.54	.001
4-Year	207	3.34	.91			
2-Year	103	2.99	.85			
Traumatic Brain Injury: How social/independent living prepared?					4.10	.044
4-Year	207	2.58	.80			
2-Year	103	2.39	.81			
Autism Spectrum Disorder: Currency of evaluation?					5.77	.017
4-Year	207	6.82	2.29			
2-Year	103	7.50	2.44			
Attention Deficit Hyperactivity Disorder: Currency of evaluation? ^ψ					11.67	.001
4-Year	207	6.25	2.25			
2-Year	103	7.19	2.41			
Learning Disability: Currency of evaluation? ^ψ					6.79	.010
4-Year	207	6.90	2.04			
2-Year	103	7.56	2.27			
Traumatic Brain Injury: Currency of evaluation?					14.77	<.001
4-Year	207	6.09	2.75			
2-Year	103	7.34	2.61			

Cont'd

How often do you work with high schools to develop transition plans?				22.25	<.001
4-Year	207	1.86	.93		
2-Year	103	2.41	1.02		
How often do you accept reports from high schools to determine eligibility for disability services?				18.85	<.001
4-Year	207	3.22	1.17		
2-Year	103	3.83	1.12		
Transition reports useful in determining eligibility?				3.19	.075
4-Year	207	2.71	1.13		
2-Year	103	2.95	1.17		
Transition reports useful in determining appropriate accommodations?				1.08	.300
4-Year	207	3.06	1.01		
2-Year	103	2.93	1.11		

Note: ^Ψ indicates a violation of Levene's test of homogeneity.

Multiple one-way ANOVAs were conducted to examine the effect of the region of the USA of a postsecondary institution on the on academic preparedness, social preparedness, currency of evaluation, collaboration with high schools, evaluation acceptance rates, the usefulness of transition reports in deciding appropriate accommodations, and usefulness of transition reports in determining eligibility. As shown in Table 12, the region of a postsecondary institution had a significant effect on the currency of evaluation for students with TBI, $F(3, 322) = 3.34, p = .020$. Participants

in the Northeast region required reports for students with TBI to be newer to be considered for services ($M = 5.84$, $SD = 2.63$) compared to postsecondary institutions in the West region ($M = 7.11$, $SD = 2.90$).

As Table 12 also shows, there was a significant effect of the region of postsecondary institution on how often postsecondary institutions accept High School reports to determine eligibility for disability services, $F(3, 322) = 11.21$, $p < .001$. Postsecondary institutions in the South accepted reports less often ($M = 2.95$, $SD = 1.19$) than institutions in the West ($M = 3.46$, $SD = 1.05$), Northeast ($M = 3.67$, $SD = 1.14$), and Midwest ($M = 3.85$, $SD = 1.10$). There was also a significant effect of the region as to postsecondary institutions finding transition reports from high schools useful in determining eligibility, $F(3, 322) = 3.61$, $p = .014$. Postsecondary institutions in the Midwest found transition reports more useful in determining eligibility ($M = 3.08$, $SD = 1.27$) compared to those in the South ($M = 2.58$, $SD = 1.12$). No significant relationship was found between the region of a postsecondary institution and academic preparedness of students with ASD, academic preparedness of students with ADHD, academic preparedness of students with LD, and the academic preparedness of students with TBI. Similarly, no significant relationships were found between region of a postsecondary institution and social preparedness for any of the invisible disabilities: ASD, ADHD, LD, or TBI. Additionally, no significant relationship was found between region of postsecondary institutions and the currency of an evaluation for students with ASD, ADHD, or LD. No significant relationship was found between region of a postsecondary

institution and collaboration with high schools to develop transition reports or the usefulness of transition reports in determining appropriate accommodations, all *ps* non-significant.

Table 12

Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Region

	n	Mean	SD	F	p
Autism Spectrum Disorder: How academically prepared?				.59	.623
Northeast	79	2.75	.76		
West	57	2.60	.80		
Midwest	84	2.63	.92		
South	106	2.59	.85		
Attention Deficit Hyperactivity Disorder (ADHD): How academically prepared?				1.25	.290
Northeast	79	2.94	.79		
West	57	2.79	.70		
Midwest	84	3.01	.70		
South	106	3.00	.76		
Learning Disability: How academically prepared?				2.28	.079
Northeast	79	3.16	.74		
West	57	2.81	.81		
Midwest	84	3.05	.79		
South	106	2.99	.85		

Traumatic Brain Injury: How academically prepared?				1.44	.230
Northeast	79	2.54	.81		
West	57	2.32	.71		
Midwest	84	2.54	.88		
South	106	2.58	.81		
Autism Spectrum Disorder: How social/independent living prepared?				1.71	.165
Northeast	79	1.81	.79		
West	57	2.07	.68		
Midwest	84	1.92	.78		
South	106	2.02	.77		
Attention Deficit Hyperactivity Disorder: How social/independent living prepared?				.15	.933
Northeast	79	3.00	.89		
West	57	3.00	.85		
Midwest	84	3.04	.96		
South	106	3.08	.84		
Learning Disability: How social/independent living prepared?				.78	.508
Northeast	79	3.37	.88		
West	57	3.18	.89		
Midwest	84	3.20	1.07		
South	106	3.19	.77		
Traumatic Brain Injury: How social/independent living prepared?				.07	.975
Northeast	79	2.56	.80		
West	57	2.58	.75		
Midwest	84	2.52	.95		
South	106	2.53	.75		

Cont'd

Autism Spectrum Disorder:

Currency of evaluation?

2.10 .100

Northeast	79	6.61	2.22
West	57	7.23	2.56
Midwest	84	7.50	2.47
South	106	6.99	2.20

Attention Deficit Hyperactivity

Disorder: Currency of evaluation?

1.89 .131

Northeast	79	6.20	2.14
West	57	6.95	2.51
Midwest	84	6.92	2.75
South	106	6.42	1.99

Learning Disability: Currency of evaluation?

2.20 .088

Northeast	79	6.84	1.96
West	57	7.23	2.30
Midwest	84	7.60	2.39
South	106	6.93	1.89

Traumatic Brain Injury: Currency of evaluation?

3.34 .020

Northeast	79	5.84 ^a	2.63
West	57	7.11 ^b	2.90
Midwest	84	6.96 ^{ab}	2.93
South	106	6.41 ^{ab}	2.53

How often do you work with high schools to develop transition plans?

1.86 .136

Northeast	79	1.85	.92
West	57	2.21	1.11
Midwest	84	2.14	1.04
South	106	2.00	.97

Cont'd

How often do you accept reports from high schools to determine eligibility for disability services?					11.21	<.001
Northeast	79	3.67	^b	1.14		
West	57	3.46	^b	1.05		
Midwest	84	3.85	^b	1.10		
South	106	2.95	^a	1.19		
Transition reports useful in determining eligibility?					3.61	.014
Northeast	79	2.70	^{ab}	1.12		
West	57	2.95	^{ab}	1.01		
Midwest	84	3.08	^a	1.27		
South	106	2.58	^b	1.12		
Transition reports useful in determining appropriate accommodations?					1.31	.272
Northeast	79	2.95		1.12		
West	57	3.16		1.00		
Midwest	84	3.15		1.10		
South	106	2.91		1.00		

Note: Different superscripts indicate mean differences $p < .05$.

Multiple one-way ANOVAs were conducted to examine the effect of the enrollment size of a postsecondary institution on the on academic preparedness, social preparedness, currency of evaluation, collaboration with high schools, evaluation acceptance rates, the usefulness of transition reports in deciding appropriate accommodations, and the usefulness of transition reports in determining eligibility. As shown in Table 13, the enrollment of a postsecondary institution had a significant effect on the social preparedness of students with ADHD, $F(2, 311) = 4.42, p = .013$. Post hoc

analyses revealed that participants from institutions with enrollment under 2,500 students considered students with ADHD to be more socially prepared for college ($M = 3.22$, $SD = .79$) compared to institutions with enrollments of more than 10,000 ($M = 2.83$, $SD = .99$). There was also a significant effect of the enrollment of an institution and the social preparedness of school enrollment on the social preparedness of students with TBI, $F(2, 311) = 3.25$, $p = .040$. Post hoc analyses could not, however, determine differences between group means.

As also shown in Table 13, there was a significant effect of the enrollment of an institution and the ratings of collaborations with high schools to develop transition reports, $F(2, 311) = 3.42$, $p = .034$. Participants from institutions with enrollment between 2,500 and 10,000 students endorsed higher levels of collaboration in the development of transition plans ($M = 2.16$, $SD = 1.02$) compared to institution with enrollments under 2,500 ($M = 1.84$, $SD = .96$). There was also a significant effect of school enrollment on the usefulness of transition reports in determining eligibility, $F(2, 311) = 5.59$, $p = .004$. Participants from institutions with enrollment under 2,500 students considered transition reports useful in determination eligibility more often ($M = 3.03$, $SD = .1.31$) compared to institutions with enrollments of more than 10,000 ($M = 2.44$, $SD = 1.02$). Similarly, a significant effect of school enrollment on the usefulness of transition reports for determining appropriate accommodation was observed, $F(2, 311) = 9.21$, $p < .001$. Participants from institutions with enrollment under 2,500 students considered transition reports useful in determination appropriate accommodations more often ($M = 3.35$, $SD =$

1.13) compared to institutions with enrollments between 2,500 and 10,000 ($M = 2.98$, $SD = 1.02$) and institutions with enrollments of more than 10,000 ($M = 2.68$, $SD = .93$).

No significant relationships were found between the enrollment of a postsecondary institution and academic preparedness for any of the invisible disabilities: ASD, ADHD, LD, all ps non-significant. Similarly no significant effect was observed for school enrollment on the social preparedness of students with ASD or LD all ps non-significant. Additionally, no significant relationships were found between the enrollment of a postsecondary institution and the currency of evaluation for any of the invisible disabilities: ASD, ADHD, LD, or TBI all ps non-significant. Finally, there was no significant effect of school enrollment on how often postsecondary institutions accept reports from high schools to determine eligibility for disability services.

Pearson Product Moment correlations were also conducted to examine the data for possible significant relationships between continuous variables. As seen in Table 14, currency of evaluations for students with ASD were significantly positively correlated with currency of evaluations for students with ADHD, LD, and TBI, rs ranging from .716 to .768, $ps < .001$. Similarly, evaluation timeline for students with ADHD was significantly positively related to students with LD, and students with TBI, rs ranging from .709 to .769, $ps < .001$ and currency of evaluations for students with LD was significantly positively related to evaluations for students with TBI, $r = .646$, $p < .001$. Finally, evaluation timelines for students with TBI were significantly positively related to the evaluations for the other students (with ASD, ADHD, and LD), rs ranging from .646

to .734, $ps < .001$. These results indicated that participants with higher scores on one factor tended to have higher scores on the other factors.

Table 13

Means and Standard Deviations for Academically Preparedness, Socially Prepared, Currency of Evaluation, How Often Worked with high schools, Acceptance Rate, Eligibility, and Appropriate Accommodations by Size of School

	n	Mean	SD	F	p
Autism Spectrum Disorder: How academically prepared?				.18	.837
Under 2,500	106	2.68	.85		
2,500-10,000	136	2.63	.84		
More than 10,000	72	2.61	.85		
Attention Deficit Hyperactivity Disorder: How academically prepared?				2.66	.072
Under 2,500	106	3.07	.76		
2,500-10,000	136	2.85	.71		
More than 10,000	72	2.97	.79		
Learning Disability: How academically prepared?				2.24	.109
Under 2,500	106	3.12	.81		
2,500-10,000	136	2.90	.83		
More than 10,000	72	3.04	.76		
Traumatic Brain Injury: How academically prepared?				1.14	.320
Under 2,500	106	2.56	.82		
2,500-10,000	136	2.43	.80		
More than 10,000	72	2.60	.88		

Cont'd				
Autism Spectrum Disorder: How social/independent living prepared?				
				2.65 .073
Under 2,500	106	2.08	.79	
2,500-10,000	136	1.86	.73	
More than 10,000	72	1.93	.76	
Attention Deficit Hyperactivity Disorder: How social/independent living prepared?				
				4.42 .013
Under 2,500	106	3.22 ^a	.79	
2,500-10,000	136	2.98 ^{ab}	.88	
More than 10,000	72	2.83 ^b	.99	
Learning Disability: How social/independent living prepared?				
				2.51 .083
Under 2,500	106	3.36	.86	
2,500-10,000	136	3.19	.91	
More than 10,000	72	3.06	.95	
Traumatic Brain Injury: How social/independent living prepared?				
				3.25 .040
Under 2,500	106	2.70	.77	
2,500-10,000	136	2.46	.82	
More than 10,000	72	2.43	.87	
Autism Spectrum Disorder: Currency of evaluation?				
				1.67 .191
Under 2,500	106	6.74	2.20	
2,500-10,000	136	7.25	2.41	
More than 10,000	72	7.24	2.41	
Attention Deficit Hyperactivity Disorder: Currency of evaluation?				
				1.12 .327
Under 2,500	106	6.30	2.08	
2,500-10,000	136	6.76	2.55	
More than 10,000	72	6.57	2.34	

Cont'd				
Learning Disability: Currency of evaluation?				
				1.40 .249
Under 2,500	106	6.85	2.12	
2,500-10,000	136	7.30	2.17	
More than 10,000	72	7.19	2.06	
Traumatic Brain Injury: Currency of evaluation?				
				1.70 .184
Under 2,500	106	6.15	2.62	
2,500-10,000	136	6.81	2.77	
More than 10,000	72	6.50	2.91	
How often do you work with high schools to develop transition plans?				
				3.42 .034
Under 2,500	106	1.84 ^a	.96	
2,500-10,000	136	2.16 ^b	1.02	
More than 10,000	72	2.13 ^{ab}	1.01	
Accept reports from high schools to determine eligibility?				
				.44 .642
Under 2,500	106	3.54	1.23	
2,500-10,000	136	3.43	1.15	
More than 10,000	72	3.38	1.19	
Transition reports useful in determining eligibility?				
				5.59 .004
Under 2,500	106	3.03 ^a	1.31	
2,500-10,000	136	2.83 ^{ab}	1.07	
More than 10,000	72	2.44 ^b	1.02	
Transition reports useful in determining appropriate accommodations?				
				9.21 <.001
Under 2,500	106	3.35 ^a	1.13	
2,500-10,000	136	2.98 ^b	1.02	
More than 10,000	72	2.68 ^b	.93	

Note: Different superscripts indicate mean differences $p < .05$. * indicates where post hoc analyses could not determine significant differences between means.

Table 14

Pearson Product Moment Correlations between How Recently Evaluation Accepted for ASD, ADHD, LD, and TBI Students

	Autism Spectrum Disorder: Currency of Evaluation	Attention Deficit Hyperactivity Disorder: Currency of Evaluation	Learning Disability: Currency of Evaluation
Attention Deficit Hyperactivity Disorder : Currency of Evaluation	.716**		
Learning Disability: Currency of Evaluation	.768**	.769**	
Traumatic Brain Injury: Currency of Evaluation	.734**	.709**	.646**

Note. ** $p < .01$.

As seen in Table 15, perceptions of academic preparedness for students with ASD were significantly positively correlated with perceptions of academic preparedness for students with ADHD, LD, and TBI, r s ranging from .332 to .458, $ps < .001$. Similarly, perceptions of academic preparedness for students with ADHD was significantly positively related to students with LD, and students with TBI, r s ranging from .462 to .668, $ps < .001$ and perceptions of academic preparedness for students with

LD was significantly positively related to perceptions of academic preparedness for students with TBI, $r = .475, p < .001$. Finally, perceptions of academic preparedness for students with TBI were significantly positively related to perceptions of academic preparedness for the other students (with ASD, ADHD, and LD), r s ranging from .452 to .475, $ps < .001$. These results indicated that participants with higher scores on one factor tended to have higher scores on the other factors.

Table 15

Pearson Product Moment Correlations between Academically Prepared Variables for ASD, ADHD, LD, and TBI Students

	Autism Spectrum Disorder: How academically prepared?	Attention Deficit Hyperactivity Disorder How academically prepared?	Learning Disability: How academically prepared?
Attention Deficit Hyperactivity Disorder: How academically prepared?	.400**		
Learning Disability: How academically prepared?	.332**	.688**	
Traumatic Brain Injury: How academically prepared?	.458**	.452**	.475**

Note. ** $p < .01$.

As seen in Table 16, perceptions of social preparedness for students with ASD were significantly positively correlated with perceptions of social preparedness for students with ADHD, LD, and TBI, r s ranging from .235 to .382, $ps < .001$. Similarly,

perceptions of social preparedness for students with ADHD was significantly positively related to students with LD, and students with TBI, r s ranging from .478 to .683, $ps < .001$ and perceptions of social preparedness for students with LD was significantly positively related to perceptions of social preparedness for students with TBI, $r = .555$, $p < .001$. Finally, perceptions of social preparedness for students with TBI were significantly positively related to perceptions of social preparedness for the other students (with ASD, ADHD, and LD), r s ranging from .382 to .555, $ps < .001$. These results indicated that participants with higher scores on one factor tended to have higher scores on the other factors.

Table 16

Pearson Product Moment Correlations between Socially Prepared Variables for Students with ASD, ADHD, LD, and TBI

	Autism Spectrum Disorder: How social/independent living prepared?	Attention Deficit Hyperactivity Disorder: How social/independent living prepared?	Learning Disability: How social/independent living prepared?
Attention Deficit Hyperactivity Disorder: How social/independent living prepared?	.343**		
Learning Disability: How social/independent living prepared?	.235**	.683**	
Traumatic Brain Injury: How social/independent living prepared?	.382**	.478**	.555**

Note. ** $p < .01$.

As seen in Table 17, coordination with high schools in the development of transition plans was significantly positively correlated with acceptance rates of high school evaluations and the usefulness of transition reports in determining eligibility, r s ranging from .149 to .176, $ps < .001$. Similarly, acceptance rates of high school evaluations was significantly positively related to the usefulness of transition reports in determining eligibility and the usefulness of transition reports in determining appropriate accommodations, r s ranging from .262 to .523, $ps < .001$ and the usefulness of transition reports in determining eligibility was significantly positively related the usefulness of transition reports in determining accommodation, $r = .508$, $p < .001$. Finally, the usefulness of transition reports in determining accommodation was significantly positively related to acceptance rates of high school evaluations and the usefulness of transition reports in determining eligibility, r s ranging from .262 to .508, $ps < .001$. These results indicated that participants with higher scores on most factors tended to have higher scores the majority of other factors. Collaboration with high schools in the development of transition plans was not significantly related to the usefulness of transition reports in determining eligibility, $r = .068$, $p = .178$.

Table 17

Pearson Product Moment Correlations between School Documentation Variables

	How often do you work with high schools to develop transition plans?	How often do you accept reports from high schools to determine eligibility for disability services?	Transition reports useful in determining eligibility?
How often do you accept reports from high schools to determine eligibility for disability services?	.149 **		
Transition reports useful in determining Eligibility?	.176 **	.523 **	
Transition reports useful in determining appropriate accommodations?	.068	.262 **	.508 **

Note. ** $p < .01$.

In addition to the Pearson Product Moment correlations above, separate correlations were conducted to examine the relationships between groups of variables, such as between academic preparedness and social preparedness as seen in Table 18. The ratings for how socially prepared students with ASD were significantly positively correlated with academic preparedness for students with ASD, academic preparedness for students with ADHD, academic preparedness for students with LD, and academic

preparedness for students with TBI (r s ranging from .122, to .432, $ps < .05$), indicating that participants with higher ratings for the social preparedness for students with ASD tended to have higher ratings for the academic preparedness for ASD, ADHD, LD, and TBI-diagnosed students. Similarly, as shown in Table 18, the ratings for how socially prepared students with ADHD were significantly positively correlated with academic preparedness for students with ASD, academic preparedness for students with ADHD, academic preparedness for students with LD, and academic preparedness for students with TBI (r s ranging from .216, to .482, $ps < .001$), indicating that participants with higher ratings for the social preparedness for students with ADHD tended to have higher ratings for the academic preparedness for ASD, ADHD, LD, and TBI-diagnosed students. Additionally, the ratings for how socially prepared students with LD were significantly positively correlated with academic preparedness for students with ASD, academic preparedness for students with ADHD, academic preparedness for students with LD, and academic preparedness for students with TBI (r s ranging from .245, to .527, $ps < .001$), indicating that participants with higher ratings for the social preparedness for students with LD tended to have higher ratings for the academic preparedness for students with ASD, ADHD, LD, and TBI. Finally, the ratings for how socially prepared students with TBI were significantly positively correlated with academic preparedness for students with ASD, academic preparedness for students with ADHD, academic preparedness for students with LD, and academic preparedness for students with TBI (r s ranging from .255, to .582, $ps < .001$), indicating that participants with higher ratings for the social

preparedness for students with TBI tended to have higher ratings for the academic preparedness for ASD, ADHD, LD, and TBI-diagnosed students.

Table 18

Pearson Product Moment Correlations of Academically Prepared for ASD, ADHD, LD, and TBI Students with Socially Prepared ASD, ADHD, LD, and TBI Students

	Autism Spectrum Disorder: How social/ independent living prepared?	Attention Deficit Hyperactivity Disorder: How social/ independent living prepared?	Learning Disability: How social/ independent living prepared?	Traumatic Brain Injury: How social/ independent living prepared?
Autism Spectrum Disorder: How academically prepared?	.432**	.216**	.245**	.380**
Attention Deficit Hyperactivity Disorder: How academically prepared?	.225**	.482**	.413**	.255**
Learning Disability: How academically prepared?	.122*	.370**	.527**	.256**
Traumatic Brain Injury: How academically prepared?	.214**	.264**	.278**	.582**

Note. * $p < .05$, ** $p < .01$.

Finally separate correlations were conducted to examine the relationships between perceptions of academic and social preparedness of students with each disability type

with the currency of evaluation for students from each disability type. As seen in Table 19, significance was not found between any of the investigated continuous variables. Correlational relationships were not significant between the currency of evaluation for students from each disability types and perceptions of academic preparedness of students from each disability type, all *ps* non-significant. Similarly relationships were not significant for between the currency of evaluation for students from each disability types and perceptions of social preparedness of students from each disability type, all *ps* non-significant.

Table 19

Pearson Product Moment Correlations of Academically and Socially Prepared Students with ASD, ADHD, LD, and TBI with How Recent Evaluation Accepted for All Students

	Autism Spectrum Disorder: Currency of Evaluation	Attention Deficit Hyperactivity Disorder (ADHD): Currency of Evaluation	Learning Disability: Currency of Evaluation	Traumatic Brain Injury: Currency of Evaluation
Autism Spectrum Disorder: How academically prepared?	.048	.013	-.001	.011
Attention Deficit Hyperactivity Disorder (ADHD): How academically prepared?	-.006	-.026	-.083	-.029

Cont'd				
Learning Disability: How academically prepared?	-.023	-.022	-.030	-.050
Traumatic Brain Injury: How academically prepared?	.014	-.012	-.035	-.034
Autism Spectrum Disorder: How Social/Independent living prepared?	.046	.040	-.038	.087
Attention Deficit Hyperactivity Disorder: How Social/Independent living prepared?	-.046	.030	-.076	-.014
Learning Disability: How Social/Independent living prepared??	-.041	.031	-.034	-.024
Traumatic Brain Injury: How Social/Independent living prepared??	-.047	.007	-.051	-.078

Research Question 1

The first research question asked how secondary and post-secondary institutions coordinate to develop transition plans across private and public universities. To analyze the data for the first research question, participants' responses to the question "how often do you work with high schools to develop transition plans?" with frequencies and percentages. Additionally, a Pearson's Chi Square analysis was conducted to determine if the observed frequency significantly differed from a theoretical distribution.

As seen in Table 20, the greatest percentage of responding participants reported that they never work with high schools to develop such transition plans (34.8%) and another 32.6% stated that they rarely work with high schools to develop transition plans. Approximately one-fifth of participants stated that they sometimes work with high schools (20.6%), while 8.1% stated that they often work with high schools to develop transition plans and only 1.2% of participants stated that they almost always work with high schools. The results of the Pearson Chi Square analyses revealed a significant deviation from the expected values, $\chi^2(4) = 182.64, p < .001$. A greater number of participants than expected reported that they never work with high schools, that they rarely worked with high schools to develop transition plans, and that they sometimes worked with high schools to develop such plans. Fewer participants reported that they often work with high schools and fewer participants than expected reported that they almost always work with secondary schools to develop transition plans.

Table 20

Frequencies and Percentages of Coordination to Develop Transition Plans across Private and Public Universities

	n	Observed Frequency	Expected N	Residual	χ^2	p
Collaborate with high schools					182.64	<.001
Never	142	34.8	79.4	62.6		
Rarely	133	32.6	79.4	53.6		
Sometimes	84	20.6	79.4	4.6		
Often	33	8.1	79.4	-46.4		
Almost Always	5	1.2	79.4	-74.4		

Note. Frequencies not equaling 408 reflect missing data.

Research Question 2

Research question two investigated how often reports from high schools are accepted to determine eligibility. As seen in Table 21, the greatest percentage of responding participants reported that they often accept reports from high schools to determine eligibility for services (29.2%) and another 25.2% endorsed that they sometimes accept reports. Approximately one fifth of participants (22.1%) reported that they almost always accept reports from high schools to determine eligibility, whereas only 14.7% stated that they rarely accept reports and only 6.1% stated that they never accept reports high schools to determine eligibility. Overall, the majority (76.5%) of participants indicated that they sometimes often or almost always accepted reports from

high schools to determine eligibility for disability services. Finally, the acceptance rate of reports to determine eligibility for disability services ranged from 1 to 5, with an average acceptance rate of 3.48 ($SD = 1.18$). The results of the Pearson chi square analyses revealed a significant deviation from the expected values, $\chi^2(4) = 70.19, p < .001$. A greater number of participants than expected reported that they sometimes accept reports from high schools to determine eligibility for disability services, that they often accepts high school reports, and that they almost always accept reports from high schools to determine eligibility. Additionally, participants reported that they never accept these reports from high schools and fewer participants than expected reported that they rarely accept reports from high schools to determine eligibility.

Table 21

Means and Standard Deviations of How Often Reports are Accepted from high schools to Determine Eligibility

	n	Observed Frequency	Expected N	Residual	χ^2	p
Accepts reports from High Schools?					70.19	<.001
Never	25	6.1	79.4	-54.4		
Rarely	60	14.7	79.4	-19.4		
Sometimes	103	25.2	79.4	23.6		
Often	119	29.2	79.4	89.8		
Almost Always	90	22.1	79.4	10.6		

Note. Frequencies not equaling 408 reflect missing data.

Research Question 3

The third research question asked if there were differences in acceptance rates of secondary institution reports between states and regions. In order to analyze the third research question, an ANOVA was conducted to test the effect of region on how often reports were accepted in order to determine eligibility for disability services. As shown in Table 22, the region of the United States had a significant effect on the acceptance rates of reports from high schools, $F(3,322)= 11.21, p <.001$. Institutions in the South region reported accepting fewer reports from high schools to determine eligibility ($M = 2.95, SD = 1.19$) compared to institutions in the West ($M = 3.46, SD = 1.05$), Northeast ($M = 3.67, SD = 1.14$), and Midwest ($M = 3.85, SD = 1.10$).

Table 22
Means and Standard Deviations of Differences in Acceptance Rates of Secondary Institution Reports between Regions

	n	Mean	SD	F	p
Region				11.21	<.001
Northeast	79	3.67 ^a	1.14		
West	57	3.46 ^a	1.05		
Midwest	84	3.85 ^a	1.10		
South	106	2.95 ^b	1.19		

Note: Different superscripts indicate mean differences $p < .05$.

Several multiple linear regressions were also conducted to determine factors that predicted higher acceptance rates of High School Reports within each region of the USA.

Possible predicative factors included: the usefulness of transition reports in determining eligibility, the usefulness of transition reports in determining appropriate accommodations, public versus private institutions, Two-Year versus Four-Year institutions, size of school, and location of assessment. These analyses were split by the four regions. As seen in Table 23, the multiple linear regression model for the Northeast region predicting how often reports were accepted was not significant, $F(7, 57) = 1.55$, $p = .168$, and only explained 5.7% of the variance ($adjusted R^2 = .057$). Furthermore, there were no significant predictors of acceptance of reports, all ps non-significant.

The multiple linear regression model for the West region predicting how often reports were accepted however was significant, $F(7, 46) = 9.45$, $p < .001$, and explained 52.7% of the variance ($adjusted R^2 = .527$). A deeper examination of the results revealed that the usefulness of transition reports in determining eligibility was a significant predictor, $Beta = .659$, $p < .001$, indicating that participants who rated the usefulness of transition reports in determining eligibility higher were more likely to accept reports from high schools more often than those who rated the usefulness of these reports lower (see Table 23). Furthermore, two-year versus four-year school was also a significant predictor of how often reports were accepted, $Beta = -.465$, $p = .001$, indicating that participants who were employed by four-year schools accepted transitions reports from high schools less often than those employed by two-year schools.

As also shown in Table 23, a separate multiple linear regression for the Midwest region was conducted to predict how often reports were accepted from the variables listed

above. The results revealed that the model was significant, $F(7, 70) = 6.61, p < .001$, and explained 33.8% of the variance (*adjusted* $R^2 = .338$). A deeper examination of the results revealed that the usefulness of transition reports in determining eligibility was a significant predictor, $Beta = .439, p < .001$, indicating that participants who rated the usefulness of transition reports in determining eligibility higher were more likely to accept reports from high schools more often than those who rated the usefulness of these reports lower in the Midwest region. Furthermore, two-year versus four-year school was also a significant predictor of how often reports were accepted, $Beta = -.269, p = .031$, indicating that participants in the Midwest region who were employed by four-year schools accepted transitions reports from high schools less often than those employed by two-year schools.

Finally, a separate multiple linear regression for the South region was conducted to predict how often reports were accepted from the variables listed above. The results revealed that the model was significant, $F(7, 94) = 7.33, p < .001$, and explained 30.5% of the variance (*adjusted* $R^2 = .305$). A deeper examination of the results revealed that the usefulness of transition reports in determining eligibility was a significant predictor, $Beta = .494, p < .001$, indicating that participants who rated the usefulness of transition reports in determining eligibility higher were more likely to accept reports from high schools more often than those who rated the usefulness of these reports lower in the South region.

Table 23

Summary of Multiple Linear Regression Predicting Increased Acceptance of Secondary Transition Reports

	Northeast	West	Midwest	South
Transition reports useful in determining eligibility?	.154	.659 *	.439 *	.494 *
Transition reports useful in determining appropriate accommodations?	.167	-.069	.026	.078
Private school, Compared to Public School	-.122	.067	-.100	.092
Four-Year School, Compared to Two-Year School	-.038	-.465 *	-.269 *	-.205
MidSize School, Compared to Small School	.046	-.019	-.190	-.008
Large Sized School, Compared to Small School	.148	.025	-.110	.018
Assesses Both, Compared to Non-University Assessment	.144	-.029	-.127	.013

Note. Summary of Northeast Region Multiple Linear Regression: $F(7, 57) = 1.55, p = .168, R^2 = .057$; Summary of South Region Multiple Linear Regression: $F(7, 46) = 7.33, p < .001, R^2 = .305$; Summary of West Region Multiple Linear Regression: $F(7, 46) = 9.45, p < .001, R^2 = .527$; and Summary of Midwest Region Multiple Linear Regression: $F(7, 70) = 6.12, p < .001, R^2 = .338$.

Research Question 4

The fourth research question asked if post-secondary institutions find transition reports prepared by high schools to be helpful in determining eligibility determination

and appropriate accommodations. Participants were asked to rate their beliefs of the usefulness of transition reports in determining appropriate accommodation and eligibility on five-point Likert-type scales that ranged from not useful to very useful. As seen in Table 24, the largest proportion of participants reported they find transition reports somewhat useful (36.5%) and 19.9% rated transition reports between somewhat useful and not useful in determining eligibility (15.0%). Only 8.3% of participants viewed transition reports as very useful in determining eligibility and 17.6% rated transition reports between somewhat useful and very useful. Overall 71.4% of participants reported transition reports as not useful to somewhat useful in determining eligibility for disability accommodation. The results of the Pearson chi square analyses revealed a significant deviation from the expected values, $\chi^2(4) = 91.96, p < .001$. A greater number of participants than expected reported that they found the transition reports somewhat useful in determining eligibility whereas a fewer number of participants than expected found the transition report to be not useful as well as very useful. Finally, the average participants' responses to the usefulness of reports in determining eligibility was 2.84 (*Mode* = 3.00; *SD* = 1.15).

As also shown in Table 24, the largest proportion of participants reported they find transition reports prepared by high schools as somewhat useful in determining appropriate accommodation for students (41.4%) and 21.3% rated transition reports between somewhat useful and not useful in determining eligibility. Only 8.3% of participants viewed transition reports as very useful in developing appropriate

accommodation. 17.9% of participants rated transition reports between somewhat useful and not useful in determining eligibility and 8.3% of participants rated transition reports as not useful. The results of the Pearson chi square analyses revealed a significant deviation from the expected values, $\chi^2(4) = 154.27, p < .001$. A greater number of participants than expected found the transition report from high schools to be somewhat useful in determining appropriate accommodations whereas a fewer number of participants than expected found the report to be not useful or very useful. Finally, the average participants' responses to the usefulness of reports in determining appropriate accommodations was 3.05 (*Mode* = 3.00; *SD* = 1.04).

Respondents were asked to provide answers to the question "What would make transition reports from high school (special education professionals) more useful to your eligibility and accommodation process?" Two independent raters coded the responses of 311 respondents into 10 themes. Participants' responses totaled 457 usable responses as several participants gave responses which were consistent with more than one theme.

As shown in table 25 below, the first theme, Current Assessment, had the greatest number of responses ($N = 86$; 18.82% of total responses). This theme was regarding the requests that high school reports include current data from the junior or senior year of high school. The second most frequent theme was that of Inclusion of Evaluation with 84 responses (18.38%). This theme included responses about respondents expressing a desire for inclusion of previous education evaluations, standardized test scores and psychological evaluation in transition themes. Participants' responses were also coded

into a third theme: History of Accommodation ($N= 59$; 12.91%) involving respondents requesting a detailed history of accommodations and modifications provided in high schools.

Table 24

Frequencies and Percentages of Eligibility Determination and Appropriate Accommodation

	n	Observed Frequency	Expected N	Residual	χ^2	p
Transition Reports						
Useful: Eligibility					91.96	<.001
1 = Not Useful	61	15.0	79.4	-18.4		
2	81	19.9	79.4	1.6		
3 = Somewhat Useful	149	36.5	79.4	69.6		
4	72	17.6	79.4	-7.4		
5 = Very Useful	34	8.3	79.4	-45.4		
Transition Reports						
Useful: Appropriate Accommodation					154.27	<.001
1 = Not Useful	34	8.3	79.4	-45.4		
2	73	17.9	79.4	-6.4		
3 = Somewhat Useful	169	41.4	79.4	89.6		
4	87	21.3	79.4	7.6		
5 = Very Useful	34	8.3	79.4	-45.4		

Note. Frequencies not equally 408 reflect missing data. Non-responses were not included in chi square analyses. 1 = not useful; 3 = somewhat useful; 5 = very useful

As also seen in Table 25, the fourth theme, Description of Abilities ($N = 57$, 12.47%), involved participants' responses about detailed explanations of students' functional limitations and an accounting of abilities. The independent raters also coded participants' responses into another theme: Diagnosis ($N = 40$; 8.65), in which respondents requested specific diagnosis with rationale be included in all transition reports. Responses were also coded into a sixth theme of Awareness of DSS and ADA service delivery ($N = 39$; 8.53), in which respondents requested that students and IEP teams become more aware of the process of service delivery in college and how it differs from high school. Additionally, a seventh theme (College Recommendations; $N = 29$; 6.35%) revolved around participants' request specific recommendations for the college environment and/or transition success. Furthermore, the independent raters coded the responses into an eighth theme: Qualifications of Evaluator ($N = 26$, 5.69%) where the respondents indicated that they often do not accept transition reports because they were not conducted by a qualified professional. The ninth theme was Adult Norms ($N = 25$, 5.47%), in which respondents stated that they prefer assessments conducted with adult norm samples. Finally, the tenth theme ($N = 12$, 2.63%) was a theme which respondents suggested that transition reports included goals addressing self-advocacy and independent living skills.

Table 25

Qualitative Analysis of How to Make Transition Reports more Useful in determining Eligibility and Appropriate Accommodations?

Theme	Frequency	% of Respondents	Sample Response
Current Assessment Data	86	18.8	<p>“evaluations that are more recent and based on current functioning, i.e. not from 9th & 10th grade.”</p> <p>“Seldom do the reports contain current and appropriate psycho-educational or psychological data. Too often the schools do not update evaluative measures.”</p>
Inclusion of Evaluation Data	84	18.34	<p>“To have current academic testing scores included for some disability areas. To have realistic expectations/goals listed.”</p> <p>“We would want to see results of any appropriate testing done (scores, etc.), not just interpretations... It is helpful to have VALID summary of students current abilities, strengths and weaknesses.”</p>
History of Accommodation	59	12.9	<p>“...accommodations student has tried, including rationale for using given accommodations; explanation of results of trying accommodations”</p> <p>“More information about which accommodations have been helpful and in what ways, not just allowed.”</p>

Description of Abilities	57	12.4	<p>“knowing the grade level a student reads at, knowing the approximate skills for written expression, can write a paragraph, an essay, knowing the grade level for math, knowing if the student has been trained to use assistive technology to support them.”</p> <p>“very specific, objective data regarding functional limitations resulting from disability, interventions, modifications and accommodations that have proven to be effective and anticipated need for post-secondary.”</p>
Diagnosis	40	8.65	<p>“They should contain an actual diagnosis instead of saying that symptoms consistent with a diagnosis.”</p> <p>“A school cannot diagnose, professionals can. The use of made up names and disorders under IDEA are not helpful. Use the adult or developmentally appropriate diagnosis.”</p>

Awareness of DSS and ADA	39	8.53	<p>“K-12 does not disseminate correct information to students regarding the differences between K-12 and college. Frequently students do not have a clear picture of their own strengths and weaknesses and are unprepared academically for the academic demands in post secondary education.”</p> <p>“HS providers and evaluators do not seem to understand the legal and procedural differences between k-12 and higher ed. Recommendations often are not appropriate and documentation does not meet individual college requirements.”</p>
Recommendation for College	29	5.7	<p>“Recommendations for accommodations that are reasonable by college standards.”</p> <p>“I think if the students were taught more about study skills, note taking skills, time management, how to read a syllabus... then they would transition better into college”</p>
Qualifications of Evaluator	26	5.6	<p>“Having them signed by credentialed professional rather than only a teacher.”</p> <p>“We only use evaluations from licensed professionals from outside of the school system.”</p>

Cont'd

Adult Normed Test	25	5.7	<p>“Having the last psycho-educational evaluation done with an adult scale.”</p> <p>“In many cases these students are not eligible for services at our institution until they have repeated any of the Psych-educational battery of tests on an adult scale. “</p>
Self Advocacy	12	2.6	<p>“assisting junior and senior secondary students to engage more often in the role of self-advocacy so that they have more experience when attending the higher ed institution.”</p> <p>“If the high schools would teach their students to advocate for themselves.”</p>

Note. Frequencies not equaling 311 reflect respondents endorsing multiple themes.

Research Question 5

The fifth research question asked how recent must an evaluation be for it to be considered for services for students of each disability type. The question also asked what differences exist between disability type and preferred date of evaluation. As shown in Table 26, the largest proportion of participants reported they consider three years as the maximum age for an evaluation to be considered for eligibility (50.0%) for students with ASD. Additionally, 13% of participants identified 5 years as the maximum timeframe to accept evaluations, and 11.5% accepted evaluations that were more than five years old for students with ASD. An additional 11.5% of participants endorsed accepting reports

between 3.5 years and 4.5 years old. Only 0.7% of participants required evaluations to be less than six months old, and 8.4% of participants indicated timelines between one year and 2.5 years as timeframes to accept previous evaluations for students with ASD to determine eligibility.

As also shown in Table 26, the largest proportion of participants reported they consider three years as the maximum age for an evaluation to be considered for eligibility (53.4%) for students with ADHD; 10.5% of participants identified 5 years as the maximum timeframe to accept evaluations, and 8.3% accepted evaluations that were more than five years old for students with ADHD. Furthermore, 13.0% of participants selected timeframes between 6 months and 2.5 years while 9.8% of participants selected timeframes between 3.5 years and 4.5 years as cutoffs to accept previous evaluations for students with ADHD to determine eligibility.

As also shown in Table 26, the largest proportion of participants reported they consider three years as the maximum age for an evaluation to be considered for eligibility (53.4%) for students with LD; 14.2% of participants identified 5 years as the maximum timeframe to accept evaluations, and 9.6% accepted evaluations that were more than five years old for students with LD. Furthermore, 5.8% of participants selected timeframes between 6 months and 2.5 years while 11.9% of participants selected timeframes between 3.5 years and 4.5 years as cutoffs to accept previous evaluations for students with LD to determine eligibility.

As also shown in Table 26, the largest proportion of participants reported they consider three years as the maximum age for an evaluation to be considered for eligibility (45.6%) for students with TBI; 10.3% of participants identified 5 years as the maximum timeframe to accept evaluations, and 11.5% accepted evaluations that were more than five years old for students with TBI. Furthermore, 18.9% of participants selected timeframes between 6 months and 2.5 years while 8.8% of participants selected timeframes between 3.5 years and 4.5 years as timeframes to accept previous evaluations for students with TBI to determine eligibility.

Table 26

Frequencies and Percentages of How Recent Evaluation Occurred

	Autism Spectrum Disorder: Currency of Evaluation		Attention Deficit Hyperactivity Disorder: Currency of Evaluation		Learning Disability: Currency of Evaluation		Traumatic Brain Injury: Currency of Evaluation	
	n	%	n	%	n	%	n	%
6 Months	3	.7	8	2.0	2	.5	13	3.2
1 Years	17	4.2	21	5.1	9	2.2	38	9.3
1.5 Years	2	.5	4	1.0	1	.2	8	2.0
2 Years	13	3.2	16	3.9	9	2.2	15	3.7
2.5 Years	2	.5	4	1.0	3	.7	3	.7
3 Years	204	50.0	218	53.4	218	53.4	186	45.6
3.5 Years	23	5.6	19	4.7	21	5.1	17	4.2
4 Years	22	5.4	18	4.4	25	6.1	18	4.4
4.5 Years	2	.5	3	.7	3	.7	1	.2
5 Years	53	13.0	43	10.5	58	14.2	42	10.3
5+ Years	47	11.5	34	8.3	39	9.6	47	11.5
Non Response	20	4.9	20	4.9	20	4.9	20	4.9

Note. Frequencies not equaling 408 reflect missing data.

To determine any significant differences from expected frequencies as to how recent the transition reports needed be for ASD, ADHD, LD and TBI students, a series of Pearson Chi square analyses were conducted. As seen in Table 27, the results of the Pearson Chi square analyses revealed a significant deviation from the expected values as to how recent the transition report should be for students with ASD, $\chi^2(4) = 421.46 p < .001$. A greater number of participants than expected stated that the report should be between 3 and 3.5 years old. Furthermore, a greater number of participants than expected stated that the report could be 5 to 5.5 years old. Fewer participants than expected stated the report could be 6 months to 1.5 years old; 2 to 2.5 years old; or 4 to 4.5 years old for students with ASD. As also seen in Table 27, the results of the Pearson Chi square analyses revealed a significant deviation from the expected values as to how recent the transition report should be for students with ADHD, $\chi^2(4) = 437.10 p < .001$. A greater number of participants than expected stated that the report should be between 3 and 3.5 years old. Fewer participants than expected stated the report could be 6 months to 1.5 years old; 2 to 2.5 years old; 4 to 4.5 years old, or 4 to 5.5 years old for Students with ADHD.

The results of the Pearson Chi square analyses revealed a significant deviation from the expected values as to how recent the transition report should be for students with LD, $\chi^2(4) = 483.16 p < .001$ (see Table 27). A greater number of participants than expected stated that the report should be between 3 and 3.5 years old. Furthermore, a greater number of participants than expected stated that the report could be 5 to 5.5 years

old. Fewer participants than expected stated the report could be 6 months to 1.5 years old; 2 to 2.5 years old; or 4 to 4.5 years old for students with LD. Finally, as seen in Table 27, the results of the Pearson chi square analyses revealed a significant deviation from the expected values as to how recent the transition report should be for students with LD, $\chi^2(4) = 298.80, p < .001$. A greater number of participants than expected stated that the report should be between 3 and 3.5 years old. Furthermore, a greater number of participants than expected stated that the report could be 5 to 5.5 years old. Fewer participants than expected stated the report could be 6 months to 1.5 years old; 2 to 2.5 years old; or 4 to 4.5 years old for students with TBI.

Table 27

Pearson Chi Square of How Recent Evaluation Occurred

	Observed Frequency	Expected <i>N</i>	Residual	χ^2	<i>p</i>
Autistic Spectrum Disorder				421.46	< .001
6 months to 1.5 years	22	77.6	-55.6		
2 to 2.5 years	15	77.6	-62.6		
3 to 3.5 years	227	77.6	149.4		
4 to 4.5 years	24	77.6	-53.6		
5 to 5.5 years	100	77.6	22.4		
Attention Deficit Hyperactivity Disorder				437.10	< .001
6 months to 1.5 years	33	77.6	-44.6		
2 to 2.5 years	20	77.6	-57.6		
3 to 3.5 years	237	77.6	159.4		
4 to 4.5 years	21	77.6	-56.6		
5 to 5.5 years	77	77.6	-.6		

Cont'd

Learning Disability				483.16	< .001
6 months to 1.5 years	12	77.6	-65.6		
2 to 2.5 years	12	77.6	-65.6		
3 to 3.5 years	239	77.6	161.4		
4 to 4.5 years	28	77.6	-49.6		
5 to 5.5 years	97	77.6	19.4		
Traumatic Brain Injury				298.80	< .001
6 months to 1.5 years	59	77.6	-18.6		
2 to 2.5 years	18	77.6	-59.6		
3 to 3.5 years	203	77.6	125.4		
4 to 4.5 years	19	77.6	-58.6		
5 to 5.5 years	89	77.6	11.4		

Note. Frequencies not equaling 408 reflect missing data.

Research Question 6

The sixth research question investigated which professionals were perceived to be qualified by postsecondary personnel to conduct evaluations for eligibility determination. As shown in Table 28, the greatest proportion of participants considered licensed psychologists qualified to conduct evaluations for students with ADHD (87.3%) and LD (87.3%) and 82.8% of participants considered licensed psychologists competent to conduct evaluations for students with ASD. Only 47.1% of participants considered licensed psychologists were qualified to conduct evaluations for students with TBI. Similarly, the greatest proportion of participants considered school psychologists qualified to evaluate students with ADHD (61.0%) and LD (77.7%). Furthermore, 49.5% of participants endorsed school psychologists qualified to evaluate students with ASD, while only 24.5% of respondents considered school psychologists were qualified to evaluate students with TBI.

As also shown in Table 28, the greatest proportion of participants considered psychiatrists qualified to conduct evaluations for students with ADHD (77.7%) and ASD (73.0%). Furthermore, 57.1% of participants considered psychiatrist qualified to conduct evaluations for students with LD, while only 45.6% of participants considered psychiatrists qualified to conduct evaluations for students with TBI.

As also shown in Table 28, the greatest proportion of participants considered neurologists qualified to evaluate students with TBI (86.5%), and students with ASD (69.4%). Furthermore, 57.1% of participants viewed neurologists qualified to evaluate students with ADHD, and 47.3% of participants viewed neurologists qualified to evaluate students with LD. Similarly, the largest proportion of participants viewed other medical doctors qualified to evaluate students with TBI (67.2%). Furthermore, 54.7% of participants viewed other medical doctors qualified to evaluate students with ADHD, and 37.0% of participants viewed other medical doctors qualified to evaluate students with ASD. However, only 18.6% of participants considered other medical doctors were qualified to evaluate students with LD.

As also shown in Table 28, the greatest proportion of participants considered speech pathologists qualified to evaluate students with LD (32.6%). An additional 18.6% of participants viewed speech pathologists qualified to evaluate students with ASD while 15.7% viewed speech pathologists qualified to evaluate students with TBI. Only 6.4% of participants viewed speech pathologists qualified to evaluate students with ADHD. The greatest proportion of participants considered social workers were qualified to

evaluate students with ADHD (15.0%) and students with ASD (12.3%). Fewer respondents believed social workers were qualified to evaluate students with LD (10.5%) and TBI (7.4%).

Table 28

Frequencies and Percentages of Which Professional are Perceived to be Qualified by Post-Secondary Institutions to Conduct Evaluations for Eligibility Determination

	Frequency	%
Licensed Psychologist		
Autism Spectrum Disorder	338	82.8
Attention Deficit Hyperactivity Disorder	356	87.3
Learning Disability	356	87.3
Traumatic Brain Injury	192	47.1
School Psychologist		
Autism Spectrum Disorder	202	49.5
Attention Deficit Hyperactivity Disorder	249	61.0
Learning Disability	317	77.7
Traumatic Brain Injury	100	24.5
Psychiatrist		
Autism Spectrum Disorder	298	73.0
Attention Deficit Hyperactivity Disorder	317	77.7
Learning Disability	233	57.1
Traumatic Brain Injury	186	45.6
Neurologist		
Autism Spectrum Disorder	283	69.4
Attention Deficit Hyperactivity Disorder	233	57.1
Learning Disability	193	47.3
Traumatic Brain Injury	353	86.5

Other Medical Doctors

Autism Spectrum Disorder	151	37.0
Attention Deficit Hyperactivity Disorder	223	54.7
Learning Disability	76	18.6
Traumatic Brain Injury	274	67.2

Speech Pathologist

Autism Spectrum Disorder	76	18.6
Attention Deficit Hyperactivity Disorder	26	6.4
Learning Disability	133	32.6
Traumatic Brain Injury	64	15.7

Social Worker

Autism Spectrum Disorder	50	12.3
Attention Deficit Hyperactivity Disorder	61	15.0
Learning Disability	43	10.5
Traumatic Brain Injury	30	7.4

Note. Frequencies not equaling 408 reflect missing data.

Research Question 7

Students with invisible disabilities are sometimes required to obtain an updated evaluation before they can qualify for accommodation. The seventh research question investigated where necessary eligibility evaluations are conducted and who pays for these evaluations. As shown in Table 29, the greatest proportion of institutions surveyed reported exclusively referring students in need of an updated evaluation to non-university specialists (72.3%). Additionally, 20.6% of institutions provide both university based evaluations and refer to non-university specialist while only 1.0% of institutions referred students in need of an updated evaluation exclusively to university based specialists.

As also shown in Table 29, the greatest proportion of respondents described students and parents as responsible for the cost of qualifying evaluations (88.2%), while only 0.7% of participants indicated that the postsecondary institution pays for qualifying evaluations. A small percentage of participants (4.9%) selected other, likely indicating a combination of student and institutional funding.

Table 29

Frequencies and Percentages of Location of Assessment and Responsibility for Payment

	Frequency	%
If a current Assessment is needed, where is the eligibility Assessment conducted?		
University Assessment	4	1.0
Non-University Assessment	295	72.3
Both	84	20.6
Non Response	25	6.1
If a current Assessment is needed, who is responsible to pay for qualifying evaluation?		
Student/Parent	360	88.2
University	3	.7
Other	20	4.9
Non Response	25	6.1

Note. Frequencies not equaling 408 reflect missing data.

Research Question 8

The eighth research question investigated which factors were predictive of perception of academic preparedness for each invisible disability. A series of stepwise

multiple linear regressions were conducted to predict how prepared students with disabilities (ASD, ADHD, LD, and TBI) are to succeed academically in college. As shown in Table 30, a multiple stepwise linear regression was conducted to predict the academic preparedness of students with ASD from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants.

As shown in Table 30, the results produced three significant models, all which significantly predicted academic preparedness for students with ASD from the predictor variables. The third stepwise multiple linear regression predicting academic preparedness for students with ASD was significant, $F(3, 295) = 10.16, p < .001$, *adjusted* $R^2 = .084$, $F \text{ change } (1, 295) = 7.05, p = .008$, $R^2 \text{ change} = .022$, and was the best fitting model. A deeper examination of the results of the third model revealed that private school was a significant predictor of the academic preparedness of students with ASD ($Beta = .239, p < .001$), indicating that participants who were employed at a private institution rated the academic preparedness of students with ASD higher compared to those who were employed by a public school. Furthermore, participants who have 0 to 1 staff members, compared to those who have 6 or more staff members, had lower ratings of academic preparedness for students with ASD, $Beta = -.173, p = .003$. Finally, usefulness of transition reports for the determination of appropriate accommodations was a significant predictor of academic preparedness for ASD-diagnosed students ($Beta =$

.149, $p = .008$), indicating that participants who rated the usefulness of transition reports for appropriate accommodations higher were more likely to rate the academic preparedness of students with ASD higher, compared to those who ranked the usefulness of the transition reports lower.

Table 30

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ASD Academically Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Private School, Compared to Public School	.377	.10	.216	3.82	<.001	1.000	1.000
Model 2							
Private School, Compared to Public School	.444	.10	.255	4.43	<.001	.943	1.060
Staff number 0-1	-.292	.10	-.163	-2.83	.005	.943	1.060
Model 3							
Private School, Compared to Public School	.416	.10	.239	4.17	<.001	.933	1.072
Staff number 0-1	-.309	.10	-.173	-3.02	.003	.939	1.064
Transition reports useful in determining appropriate accommodations?	.120	.05	.149	2.66	.008	.981	1.020

Note. Model 1: $F(1, 297) = 14.60, p < .001, R^2 = .044$; Model 2: $F(2, 296) = 11.48, p < .001, R^2 = .066$; Model 3: $F(3, 295) = 10.16, p < .001, R^2 = .084$.

A separate multiple stepwise linear regression was conducted to predict the academic preparedness of students with ADHD from usefulness of transition reports to

determine eligibility, usefulness of transition reports to determine appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 31, the results produced three significant models, all which significantly predicted academic preparedness for students with ADHD from the predictor variables. The third stepwise multiple linear regression predicting academic preparedness for students with ADHD was significant, $F(3, 295) = 7.07, p < .001, adjusted R^2 = .058, F change (1, 295) = 4.64, p = .032, R^2 change = .015$ and was the best fitting model. A deeper examination of the results of the third model revealed Four-Year versus Two-Year institutions a significant predictor of ADHD student academic preparedness ($Beta = .175, p = .002$), indicating that participants who were employed at Four-Year institutions rated the academic preparedness of students with ADHD higher, compared to those who were employed by a Two-Year universities. Furthermore, school size was a significant predictor of the academic preparedness of student's with ADHD ($Beta = -.123, p = .030$), indicating participants from mid-sized schools (enrollments between 2,500 and 10,000), compared to those from small sized schools (enrollment below 2,500) had lower ratings of academic preparedness for students with ADHD. Finally, the usefulness of transition reports in selecting appropriate accommodations was a significant predictor of academic preparedness, $Beta = .121, p = .032$. These results indicate participants who found transition reports useful in the determination of appropriate accommodations rated higher levels of academic preparedness for students with ADHD.

Table 31

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ADHD are Academically Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Four-Year School, Compared to Two- Year School	.305	.09	.191	3.35	.001	1.000	1.000
Model 2							
Four-Year School, Compared to Two- Year School	.292	.09	.182	3.22	.001	.996	1.004
Mid-Size School, Compared to Small School	-.194	.09	-.127	-2.24	.026	.996	1.004
Model 3							
Four-Year School, Compared to Two- Year School	.280	.09	.175	3.10	.002	.992	1.008
Mid-Size School, Compared to Small School	-.187	.09	-.123	-2.18	.030	.994	1.006
Transition reports useful in determining appropriate accommodations?	.087	.04	.121	2.15	.032	.995	1.005

Note. Model 1: $F(1, 297) = 18.69, p < .001, R^2 = .056$; Model 2: $F(2, 296) = 8.18, p < .001, R^2 = .046$; Model 3: $F(3, 295) = 7.07, p < .001, R^2 = .058$.

As shown in Table 32, a separate multiple stepwise linear regression was conducted to predict the academic preparedness of students with LD from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine

appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 32, the results produced four significant models, all which significantly predicted academic preparedness for students with LD from the predictor variables. The fourth stepwise multiple linear regression predicting academic preparedness for students with LD was significant, $F(4, 294) = 8.49, p < .001, adjusted R^2 = .091, F \text{ change } (1, 294) = 4.08, p = .044, R^2 \text{ change} = .012$ and was the best fitting model. A deeper examination of the results of the fourth model revealed Four-Year versus Two-Year institutions a significant predictor of LD student academic preparedness ($Beta = .231, p < .001$), indicating that participants who were employed at Four-Year institutions rated the academic preparedness of students with LD higher, compared to those who were employed by a Two-Year universities. Furthermore, the usefulness of transition reports in selecting appropriate accommodations was a significant predictor of academic preparedness of students with LD, $Beta = .147, p = .009$. These results indicate participants who found transition reports useful in the determination of appropriate accommodations rated higher levels of academic preparedness for students with LD.

Additionally, school size was a significant predictor of the academic preparedness of student's with LD ($Beta = -.113, p = .042$), indicating participants from midsized schools (enrollments between 2,500 and 10,000), compared to those from small sized schools (enrollment below 2,500) had lower ratings of academic preparedness for students with LD. Finally, staff number 0 to 1 was also a significant predictor of

academic preparedness for students with LD, $Beta = -.112$, $p = .044$. The results indicated that participants who have 0 to 1 staff members, compared to those who have 6 or more staff members, had lower ratings of academic preparedness for students with LD.

Table 32

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with LD are Academically Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Four-Year School, Compared to Two- Year School	.421	.10	.243	4.32	<.001	1.000	1.000
Model 2							
Four-Year School, Compared to Two- Year School	.405	.10	.234	4.19	<.001	.996	1.004
Transition reports useful in determining appropriate accommodations?	.109	.04	.141	2.53	.012	.996	1.004
Model 3							
Four-Year School, Compared to Two- Year School	.393	.10	.228	4.08	<.001	.992	1.008
Transition reports useful in determining appropriate accommodations?	.106	.04	.137	2.47	.014	.995	1.005
Mid-Size School, Compared to Small School	-.182	.09	-.110	-1.98	.049	.994	1.006

Model 4

Four-Year School, Compared to Two- Year School	.400	.10	.231	4.17	<.001	.991	1.009
Transition reports useful in determining appropriate accommodations?	.114	.04	.147	2.65	.009	.987	1.013
Mid-Size School, Compared to Small School	-.186	.09	-.113	-2.04	.042	.994	1.006
Staff number 0-1	-.192	.10	-.112	-2.02	.044	.990	1.010

Note. Model 1: $F(1, 297) = 11.19, p = .001, R^2 = .033$; Model 2: $F(2, 296) = 12.71, p < .001, R^2 = .073$; Model 3: $F(3, 295) = 9.86, p < .001, R^2 = .082$; Model 4: $F(4, 294) = 8.49, p < .001, R^2 = .091$.

A multiple stepwise linear regression was conducted to predict the academic preparedness of students with TBI from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 33, the results produced six significant models, all of which significantly predicted academic preparedness for students with TBI from the predictor variables. The fifth model was the best fitting model. The fifth stepwise multiple linear regression predicting academic preparedness for students with TBI was significant, $F(5, 293) = 6.22, p < .001, adjusted R^2 = .081, F \text{ change } (1, 293) = 5.84, p = .016, R^2 \text{ change} = .018$. A deeper examination of

the results of the fifth model revealed Four-Year versus Two-Year institutions a significant predictor of ratings of the academic preparedness of students with TBI ($Beta = .093, p = .173$), indicating that participants who were employed at Four-Year institutions rated the academic preparedness of students with TBI higher compared to those who were employed by a Two-Year universities.

Furthermore, the usefulness of transition reports in selecting appropriate accommodations was a significant predictor of academic preparedness of students with TBI, $Beta = .139, p = .015$. These results indicate participants who found transition reports useful in the determination of appropriate accommodations rated higher levels of academic preparedness for students with TBI. As also shown in Table 33, the region of a postsecondary institution was also a significant predictor of the academic preparedness of student's with TBI ($Beta = -.130, p = .021$), specifically participants from the West region, compared to the Northeast Region, had lower ratings of academic preparedness. Additionally, school size was a significant predictor of the academic preparedness of student's with TBI ($Beta = .168, p = .006$), specifically participants from large size institutions (enrollment more than 10,000) had higher ratings of academic preparedness for students with TBI, compared to those from small sized schools (enrollment below 2,500). Finally, the fifth model revealed that private school was a significant predictor of the academic preparedness of students with TBI ($Beta = .173, p = .016$), indicating that participants who were employed at a private institution rated the academic preparedness of students with TBI higher, compared to those who were employed by a public school.

Table 33

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with TBI Academically Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Four-Year School, Compared to Two- Year School	.338	.10	.194	3.40	.001	1.000	1.000
Model 2							
Four-Year School, Compared to Two- Year School	.325	.10	.186	3.29	.001	.996	1.004
Transition reports useful in determining appropriate accommodations?	.090	.04	.115	2.03	.043	.996	1.004
Model 3							
Four-Year School, Compared to Two- Year School	.302	.10	.173	3.05	.003	.983	1.017
Transition reports useful in determining appropriate accommodations?	.096	.04	.123	2.18	.030	.992	1.008
West Region, Compared to Northeast Region	-.252	.12	-.118	-2.08	.039	.984	1.017

Cont'd

Model 4

Four-Year School, Compared to Two- Year School	.322	.10	.185	3.25	.001	.974	1.027
Appropriate Transition reports useful in determining appropriate accommodations?	.114	.05	.145	2.54	.012	.957	1.045
West Region, Compared to Northeast Region	-.268	.12	-.125	-2.21	.028	.980	1.021
Large Sized School, Compared to Small School	.230	.11	.119	2.08	.039	.950	1.053

Model 5

Four-Year School, Compared to Two- Year School	.162	.12	.093	1.37	.173	.669	1.495
Transition reports useful in determining appropriate accommodations?	.109	.04	.139	2.45	.015	.955	1.047
West Region, Compared to Northeast Region	-.279	.12	-.130	-2.32	.021	.978	1.022
Large Sized School, Compared to Small School	.323	.12	.168	2.78	.006	.845	1.183
Private School, Compared to Public School	.291	.12	.173	2.42	.016	.602	1.662

Model 6

Transition reports useful in determining appropriate accommodations? West Region, Compared to Northeast Region	.110	.04	.141	2.47	.014	.955	1.047
Large Sized School, Compared to Small School	-.297	.12	-.139	-2.48	.014	.990	1.010
Private School, Compared to Public School	.341	.12	.177	2.94	.004	.856	1.169
	.383	.10	.228	3.83	<.001	.876	1.142

Note. Model 1: $F(1, 297) = 11.58, p = .001, R^2 = .034$; Model 2: $F(2, 296) = 7.92, p < .001, R^2 = .044$; Model 3: $F(3, 295) = 6.78, p < .001, R^2 = .055$; Model 4: $F(4, 294) = 8.49, p < .001, R^2 = .091$; Model 5: $F(5, 293) = 8.49, p < .001, R^2 = .091$; Model 6: $F(4, 294) = 7.29, p < .001, R^2 = .078$.

Research Question 9

The ninth research question investigated which factors were predictive of perception of social and independent living preparedness for each invisible disability. A series of stepwise multiple linear regressions were conducted to predict how prepared students with disabilities (ASD, ADHD, LD, and TBI) are to succeed socially and independently in college. As shown in Table 33, a multiple stepwise linear regression was conducted to predict the social preparedness of students with ASD from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine

appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 34, the results produced two significant models, both of which significantly predicted social preparedness for students with ASD from the predictor variables. The second stepwise multiple linear regression was shown to be the best fitting model, and predicted social preparedness for students with ASD, $F(2, 296) = 11.21, p < .001$, $adjusted R^2 = .064$, $F change (1, 296) = 6.34, p = .012$, $R^2 change = .020$. A deeper examination of the results of the second model revealed that usefulness of transition reports for the determination of appropriate accommodations was a significant predictor of social preparedness for students with ASD ($Beta = .223, p < .001$), indicating that participants who rated the usefulness of transition reports for appropriate accommodations higher were more likely to rate the social preparedness of students with ASD higher, compared to those who ranked the usefulness of the transition reports lower. Additionally the number of student assistants employed by an institution was also a significant predictor of social preparedness for students with ASD, $Beta = -.141, p = .012$. Specifically, the results indicated that participants who have 1-5 student assistants, compared to those who have no assistants, were less likely to rate students with ASD as academically prepared.

Table 34

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ASD are Socially Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Transition reports useful in determining appropriate accommodations?	.162	.04	.225	3.97	<.001	1.000	1.000
Model 2							
Transition reports useful in determining appropriate accommodations?	.160	.04	.223	3.98	<.001	1.000	1.000
Student Assistants number 1-5	-.238	.10	-.141	-2.52	.012	1.000	1.000

Note. Model 1: $F(1, 297) = 15.79, p < .001, R^2 = .047$; Model 2: $F(2, 296) = 11.21, p < .001, R^2 = .064$.

A multiple stepwise linear regression was conducted to predict the social preparedness of students with ADHD from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 35, the results produced only one significant model which significantly predicted social preparedness for students with ADHD from the predictor variables. The stepwise multiple linear

regression predicting social preparedness for students with ADHD was significant, $F(1, 297) = 11.73, p = .001, adjusted R^2 = .035$. A deeper examination of the results of the model revealed that usefulness of transition reports for the determination of appropriate accommodations was a significant predictor of social preparedness for students with ADHD ($Beta = .195, p = .001$), indicating that participants who rated the usefulness of transition reports for appropriate accommodations higher were more likely to rate the social preparedness of students with ADHD higher, compared to those who ranked the usefulness of the transition reports lower.

Table 35

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with ADHD are Socially Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Transition reports useful in determining appropriate accommodations?	.165	.05	.195	3.42	.001	1.000	1.000

Note. Model 1: $F(1, 297) = 11.73, p = .001, R^2 = .035$.

A multiple stepwise linear regression was conducted to predict the social preparedness of students with LD from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine appropriate accommodations,

two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 36, the results produced two significant models, both of which significantly predicted social preparedness for students with ASD from the predictor variables. The second stepwise multiple linear regression was determined to be the best model, and predicted social preparedness for students with LD, $F(2, 296) = 11.08, p < .001, adjusted R^2 = .063, F change (1, 296) = 5.01, p = .026, R^2 change = .016$. A deeper examination of the results of the second model revealed that that private school was a significant predictor of the social preparedness of students with LD ($Beta = .217, p < .001$), indicating that participants who were employed at a private institution rated the social preparedness of students with LD higher, compared to those who were employed by a public school. Additionally the usefulness of transition reports for the determination of appropriate accommodations was a significant predictor of social preparedness for students with LD ($Beta = .126, p = .026$), indicating that participants who rated the usefulness of transition reports for appropriate accommodations higher were more likely to rate the social preparedness of students with LD higher, compared to those who ranked the usefulness of the transition reports lower.

Table 36

Summary of Multiple Stepwise Linear Regressions Predicting Which Students with LD are Socially Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Private School, Compared to Public School	.432	.11	.232	4.11	<.001	1.000	1.000
Model 2							
Private School, Compared to Public School	.403	.11	.217	3.83	<.001	.985	1.015
Transition reports useful in determining appropriate accommodations?	.109	.05	.126	2.24	.026	.985	1.015

Note. Model 1: $F(1, 297) = 16.92, p < .001, R^2 = .054$; Model 2: $F(2, 296) = 11.08, p < .001, R^2 = .063$.

A multiple stepwise linear regression was also conducted to predict the social preparedness of students with TBI from usefulness of transition reports to determine eligibility, usefulness of transition reports to determine appropriate accommodations, two-year versus four-year school, size of school, location of assessment, region, number of staff members, and number of student assistants. As shown in Table 37, the results produced two significant models, both of which significantly predicted social preparedness for students with TBI from the predictor variables.

Table 37

Summary of Multiple Stepwise Linear Regressions Predicting Which TBI Students are Socially Prepared

	B	SE	Beta	t	p	Tolerance	VIF
Model 1							
Private School, Compared to Public School	.350	.09	.211	3.73	<.001	1.000	1.000
Model 2							
Private School, Compared to Public School	.319	.09	.192	3.40	.001	.985	1.015
Transition reports useful in determining appropriate accommodations??	.120	.04	.156	2.76	.006	.985	1.015

Note. Model 1: $F(1, 297) = 13.91, p < .001, R^2 = .042$; Model 2: $F(2, 296) = 10.92, p < .001, R^2 = .062$.

As also shown in Table 37, the second stepwise multiple linear regression predicting social preparedness for students with TBI was significant, $F(2, 296) = 10.92, p < .001$, *adjusted* $R^2 = .062$, F change (1, 296) = 7.60, $p = .006$, R^2 change = .024, and was determined to be the best fitting model. A deeper examination of the results of the second model revealed that that private school was a significant predictor of the social preparedness of students with TBI ($Beta = .192, p = .001$), indicating that participants who were employed at a private institution rated the academic preparedness of students with TBI higher compared to those who were employed by a public school. Additionally

the usefulness of transition reports for the determination of appropriate accommodations was a significant predictor of social preparedness for students with TBI ($Beta = .156, p = .006$), indicating that participants who rated the usefulness of transition reports for appropriate accommodations higher were more likely to rate the social preparedness of students with LD higher, compared to those who ranked the usefulness of the transition reports lower.

Finally, common predictors of academic and social preparedness were compared across all studied disability types. As shown in Table 38, the usefulness of transition reports in determining appropriate accommodation was a predictor of academic and social preparedness across all disability categories. Postsecondary institutions that found transition reports useful in determining eligibility were more likely to find students prepared for the academic and social/independent living aspects of college. Similarly, Four-Year institutions rated higher levels of academic preparedness for students with ASD, ADHD, and LD, compared to Two-Year institutions. Additionally, private schools predicted higher levels of academic preparedness for students with ASD and TBI as well as higher levels of social preparedness for students with LD and TBI, compared to Two-Year institutions.

Table 38

Summary of Multiple Linear Regression Predicting Academic and Social Preparedness of Students with Invisible Disabilities

	Autism Spectrum Disorder	Academically Prepared			Traumatic Brain Injury	Autism Spectrum Disorder	Socially Prepared		
		Attention Deficit Hyperactivity Disorder	Learning Disability				Attention Deficit Hyperactivity Disorder	Learning Disability	Traumatic Brain Injury
Four-Year School, Compared to Two-Year School		.175 *	.231 ***		.093 *				
Transition reports useful in determining appropriate accommodations?	.149 *	.121 *	.147 **		.139 **	.223 ***	.195 **	.126 *	.156 **
Private School, Compared to Public School	.239 ***				.173 **			.217 ***	.192 **
Staff Number 0-1	-.173 *		-.112 *						
Student Assistants 1-5						-.141 **			
Midsized School, Compared to Large School		-.123 *	-.113 **						
Large Sized School, Compared to Small School					.168 **				
West Region, Compared to Northeast Region					-.130 **				

Note. ** $p < .05$, *** $p < .001$

Summary

In conclusion, the demographic characteristics of the study are presented and are followed by an in-depth examination of the perceptions of postsecondary disability personnel regarding transition, documentation, and services of student with invisible disabilities. Additionally, postsecondary institution characteristics were compared to participant attitudes. The chapter concludes with several stepwise regression analyses predicting the academic and social preparedness of students with invisible disabilities. Findings will be discussed in the next section.

CHAPTER V

DISCUSSION

The previous chapters reviewed the available literature on the transition to postsecondary institutions for students with invisible disabilities who are commonly served by school psychologists. Invisible disabilities include Autism Spectrum Disorder (ASD), Attention-Deficit Hyperactivity Disorder (ADHD), Learning Disabilities (LD), and Traumatic Brain Injuries (TBI). Multiple research questions were examined for this study and significant results were reported for several of the questions. This final chapter will provide an overview of this project and its implications for the research literature and the practice of school psychology and postsecondary disability accommodation. Finally, the limitations of this study and areas for future research will be discussed.

Statement of Purpose

Individuals with disabilities are entering colleges and universities at higher rates due to more effective intervention strategies in primary and secondary schools and increased prevalence rates of some disability types (Parker, 1998). Secondary and postsecondary institutions operate according to differing federal statutes, funding models, and methods of decision making (National Joint Committee on Learning Disabilities [NJCLD], 2007). These differences can lead to difficulties for students qualifying for accommodations, and limited continuity of services as they transition from the secondary to postsecondary institutions (Webb, Patterson, Syverud, & Seabrooks-Blackmore, 2008).

Student with disabilities in secondary settings who demonstrate educational need primarily receive services according to the Individuals with Disabilities Education Improvement Act (IDEIA). Students with disabilities who demonstrate educational need in postsecondary settings receive services under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act (NJCLD, 2007). While the intent of these laws are similar, differences in philosophy, accommodations offered, and service delivery methods can lead to significant difficulty for students transitioning from secondary to postsecondary settings (Gregg & Scott, 2000; Pacer Center, 2003). Students face additional difficulty when transition documentation and assessments prepared by secondary schools do not satisfy postsecondary institutions' requirements (Gormley, Hughes, Block, & Lendmann 2005).

School psychologists are often involved in the assessment, documentation preparation, transition planning, and service delivery for secondary students with invisible disabilities (AU, ADHD, LD, TBI) who will soon transition to postsecondary institutions. One goal of this dissertation was to increase school psychologists' knowledge of postsecondary documentation requirements, report preferences, and documentation timelines for each disability type. This knowledge could greatly decrease the need for students to obtain a private evaluation when secondary evaluations and documentations are determined to be outdated or insufficient by a postsecondary institution. Private evaluations are often obtained at the expense of the student, may

delay the initiation of accommodation, and add additional stress to the process of beginning college.

Another goal of this dissertation was to determine specific characteristics of postsecondary institutions that were predictive of students with invisible disabilities being academically and socially prepared for college. This information could inform IEP transition teams as they consider what colleges and universities would be most beneficial for their students.

Examination of Research Question 1

The first research question examined by this study was designed to explore how secondary and postsecondary institutions coordinate to develop transition plans across private and public universities. To answer this question, survey respondents were asked how often they coordinate with high schools to develop transition plans. The majority of respondents (68%) endorsed that they never or rarely work with high schools to develop transition plans for students. A smaller number of DSS personnel reported sometimes working with high schools. This lack of collaboration between secondary and postsecondary institutions in the development of transition plans likely contributes to the documentation disconnect referred to by many authors (NJCLD, 2007; Greg & Scott, 2000; Gormley et al., 2005). If school psychologists and other special education personnel collaborated with the postsecondary institutions students plan to attend they could ensure that the documentation and recency requirements of the postsecondary institutions were met.

Increased collaboration with postsecondary institutions could also be incorporated into transition IEP goals for students. Secondary students could be made aware of the services they are likely to receive by contacting potential schools. This IEP activity would also increase self-advocacy and awareness of their individual needs in postsecondary settings.

Examination of Research Question 2

The second research question explored how often postsecondary institutions accept reports from high school to determine eligibility. A slight majority (51%) of postsecondary personnel endorsed accepting reports from high schools in their determination of eligibility often or almost always. This finding is greater than that found by Gormley et al. (2005) who reported only 39% of colleges and universities considered IEPs or Section 504 plans as being sufficient in making eligibility decisions for students with learning disabilities. These differences are likely due to this study including multiple disability types and asking respondents about similar but different types of documents.

Perhaps more relevant is the number of respondents (14.7%) who reported that they rarely accept reports from high schools to determine eligibility. This minority of respondents likely find some aspect of reports prepared by school psychologists and other personnel lacking in some capacity or characteristic. It could indicate lack of understanding of the differences in philosophy and methods between the two systems.

Examination of Research Question 3

The researcher attempted to determine if differences existed between regions of the United States of postsecondary institutions and the acceptance of reports from high schools when determining eligibility. Schools in the Southern region of the United States were significantly less likely to accept reports prepared by high schools than other regions. Additionally, several multiple linear regressions were conducted to predict factors that affect how often reports were accepted within each region. Postsecondary institutions in the West, South, and Midwest who endorsed higher levels of the helpfulness of transition reports in determining eligibility were more likely to accept reports from secondary institutions. Similarly, significant relationships in the Midwest and West were determined between the type of university and report acceptance. Specifically, Four-Year colleges were less likely to accept reports than Two-Year colleges in these regions. This finding is consistent with Gormley and colleagues' (2005) findings of larger acceptance rates for Two-Year colleges. However, none of the factors measured in this analysis were predictive of report acceptance in the Northeast region.

School psychologists working on transition teams can apply this information as they assist students to determine to which type and location of college students should apply. If the student desires to attend college in the Midwest or West, the team should be aware that documentation may be less likely to be accepted at a Four-Year institution compared to Two-Year institutions. Similarly, transition teams should be aware that postsecondary institutions that found transition reports helpful in determining appropriate

eligibility were more likely to accept reports from high schools. Therefore, school psychologists should make efforts to produce reports that meet the criteria of postsecondary institutions by researching criteria and contacting prospective schools. Perhaps as relevant for this discussion are the factors that were not determined to be significantly related to the acceptance of reports to determine eligibility. The population size of a school (large and midsized schools both compared to small schools), public or private institutions, and the view of helpfulness of reports in determining accommodations were all unrelated to the acceptance rates of reports in any region. For transition teams and students, these findings suggest students will not need to consider school size or affiliation when considering which institution is most likely to accept their documentation. For some students, this could result in seeking smaller colleges that are closer to home support systems.

Examination of Research Question 4

One of the goals of this dissertation was to provide guidance to school psychologists as they prepare transition reports for students. This research question investigated whether postsecondary institutions found transition reports prepared by high schools to be helpful in determination of eligibility and accommodations for students. Additional qualitative analysis was conducted to determine what would make transition reports from high schools more useful to the eligibility and accommodation process. Postsecondary personnel were asked how useful they found transition reports that were prepared by secondary institutions in determining eligibility and accommodations. The

majority of respondents endorsed that they found reports somewhat useful in both eligibility determination (36.5%) and accommodation determination (41.4%). A majority of participants rated transitions as not useful to somewhat useful for determining eligibility determination (71.4%) and accommodation determination (67.6%). These response patterns suggest a lackluster view of the usefulness of transition reports. These findings are surprising, given the large amount of time secondary institutions spend developing transition IEP's, assessments, and summaries of performance that are required in IEP development by IDEIA. These findings suggest that more research needs to be done to ensure the transition requirements of IDEIA fulfill the documentation requirements of postsecondary institutions.

Postsecondary personnel were also asked in a free response format what would make transition reports from high schools more useful in the accommodation and eligibility process. Qualitative analysis revealed common themes across the 311 respondents including: inclusion of evaluation data, current assessment data, a detailed history of accommodations, a description of current abilities, a clearly stated diagnosis, increased awareness of postsecondary needs and guidelines, recommendations for the college setting, standardized assessments that are based upon an adult normative sample, and qualifications of the examiner. Respondents also recommended that reports include goals addressing self-advocacy and independent living skills. Most postsecondary personnel provided detailed responses that fulfilled multiple themes. The most common themes included a desire for reports that include a detailed history of previous assessment

instruments and scores as well as a history of the effectiveness of past accommodations. Postsecondary personnel requested an updated evaluation be completed within the Junior or Senior year for a student, and a diagnosis that is clearly stated and justified.

Desired criteria of transition reports could be of great use to school psychologists as they prepare students for transitions to postsecondary institutions. Fulfilling the majority of preferences identified by this analysis will likely greatly improve the likelihood of acceptance of high school documentation and remove the burden of obtaining a new evaluation upon entering a postsecondary institution.

Examination of Research Question 5

Many authors (NJCLD 2007; Gormley et al. 2005) described students with disabilities often requiring a new assessment upon entering postsecondary institutions. This research question explored how recent an evaluation must be for it to be considered for student services for each disability category. Additionally, possible differences in currency were explored between different disability types.

The predominant time period selected by respondents for a past evaluation to be considered for services was three years for all disability types: ASD (50%), ADHD (53%), LD (53%), and TBI (45.6%). This large response to one time period out of eleven options ranging from six months to more than five years in duration, suggest postsecondary personnel have adopted three years as a guideline for documentation consideration. However, it is important to note that the guidelines established by the Association on Higher Education and Disability (2007), the Americans with Disabilities

Act, and Section 504 of the Rehabilitation Act, do not include timelines for the appropriateness of assessment. Furthermore, the *Diagnostic and Statistical Manual-Fourth Edition, Text Revision (DSM-IV-TR*; American Psychiatric Association [APA], 2000) characterized many of these disabilities as lifelong conditions and does not mandate reevaluation every three years. Further research is needed to determine the rationale for this time range.

School psychologists and other school personnel should apply this information when conducting IDEIA mandated triennial reevaluations. IDEIA allows schools to review previous evaluation data and not conduct a new comprehensive assessment with updated standardized measures. However, given the findings of this study, students should receive updated assessments within three years of graduation. Obtaining new assessment data while in high school will provide the IEP team with a better understanding of the student's current level of functioning, and likely prevent the necessity of a new assessment upon entering postsecondary institutions. Additionally, evaluations completed in the final year of High School as part of the summary of performance would not only meet the currency requirements of students as they enter Two-Year institutions, but would also be current as students transition from Two-Year to Four-Year institutions.

Evaluations of students with ADHD and TBI were required to be more recent than evaluations of students with ASD and LD. This difference was largely attributable to a higher number of respondents indicating the acceptance of evaluations five years old

or older for individuals with ASD (24%) and LD (35%) compared to evaluations for individuals with ADHD (18%) and TBI (21%). This pattern suggests that school psychologists should particularly be mindful of conducting an updated assessment for students with ADHD and TBI within their final years of high school.

Examination of Research Question 6

The current study examined the type of professional perceived to be qualified by postsecondary institutions to conduct evaluations for eligibility determination for each of the invisible disability groups. Postsecondary personnel were asked which disorders can be documented by a list of common providers. The list included: licensed psychologist, school psychologist, psychiatrist, neurologist, medical doctors, speech-language pathologists, and social workers. This discussion will be limited to the professions most relevant to the field of school psychology and the diagnosis of invisible disabilities: licensed psychologist, school psychologist, medical doctors, and neurologists.

Licensed psychologists were perceived as highly qualified by postsecondary personnel to diagnosis ASD (82%), ADHD (87%), and LD (87%). Fewer respondents endorsed that licensed psychologist were qualified to diagnose TBI (47.1%). This difference in perception suggests that postsecondary personnel viewed TBI as a medical condition and beyond the scope of a licensed psychologist's area of competence. Conversely, neurologists and medical doctors received the highest level of competence for diagnosis of TBI (86.5% and 67.2% respectively). Neurologists received the lowest ratings of competence for diagnosis of ADHD (57%) and LD (47%), while medical

doctors received the lowest ratings of competence for the diagnosis of ASD (37%) and LD (18.2%). This pattern of responses adds evidence to the theory that postsecondary personnel view TBI as a condition primarily diagnosed and treated by doctors and LD as a condition primarily diagnosed and treated by other professionals.

Perhaps most relevant to the field of school psychology is the perception of postsecondary personnel regarding the appropriateness of school psychologists providing documentation of a disability. School psychologists were perceived to be qualified to diagnosis LD (77%) and ADHD (61%) by a majority of respondents. However, fewer postsecondary personnel viewed school psychologists as competent to diagnosis ASD (49%) and TBI (24%).

This pattern suggests that school psychologists are viewed as competent in areas of learning processes and attention, but may lack the training to provide appropriate documentation to diagnosis ASD and TBI. These perceptions of competence of school psychologists are contradictory to the training and practice of most school psychologists. These responses appear to represent a common misunderstanding of the role and areas of expertise of school psychologists and likely lead to the rejection of many reports prepared by school psychologists for students with ASD and TBI. Rejection of reports frequently results in students needing to acquire an evaluation from an outside professional to qualify for services. Increased collaboration between the fields of school psychology and postsecondary disability services would likely increase postsecondary personnel's knowledge of the training and competence of school psychologists and ultimately

decrease the burden of students as they transition from secondary to postsecondary settings.

Examination of Research Question 7

ADA and the Section 504 Rehabilitation Act mandate that postsecondary institutions consider all relevant documentation when determining eligibility and accommodations for a postsecondary student. However, unlike IDEIA, ADA and Section 504 do not require institutions to provide a free assessment to determine eligibility. Additionally, the majority of IDEIA assessments are provided on the student's home campus. The current research question investigates where assessments are completed and who pays for required postsecondary assessments.

Postsecondary personnel endorsed that if a new assessment is required, the majority of those assessments are provided exclusively outside the university setting (72%). In these instances, students are referred to specialists or community agencies that will conduct an assessment and send the results to the postsecondary disability office. A minority of respondents (20.6%) endorsed that they referred to both university based testing centers and non-university settings. Only 1% of respondents indicated that required assessments are exclusively performed on campus. Postsecondary personnel also strongly endorsed students and parents being financially responsible for any required assessments (88%). Less than one per cent (0.7%) of respondents indicated that the university exclusively paid for assessments required to qualify for accommodation.

Based upon these findings, it is important for school psychologists to make students aware of the differences in assessment characteristics they may experience when seeking postsecondary accommodation. These findings indicate that students will not only be required to seek out accommodation, but will likely be required to locate, schedule, complete, and pay for an assessment to possibly receive services. These processes are different than secondary practices and should be included in transition planning.

Examination of Research Question 8

School psychologists are often involved in the development and implementation of transition planning, including the selection of postsecondary programs for students. This research question explored which university factors are predictive of students with disabilities (ASD, ADHD, LD and TBI) being viewed as academically prepared for college by postsecondary personnel. Many factors identified as predictive were observed across all or many of the disability types.

Institutions that found transition reports helpful in determining accommodations for students were predicted to also believe students were more academically prepared for college across all disability types. This relationship is likely due to postsecondary institutions that value transition reports having more information about the students they work with. This additional information often allows postsecondary professionals to review progress on transition and academic IEP goals throughout a student's high school career. This greater awareness of students' current skills and needs likely leads

postsecondary personnel to feel more confident in the preparedness of their students. In contrast, postsecondary institutions that do not find transition reports helpful may not apply the information within transition reports to better know the needs of students and therefore feel that they are less academically prepared.

Four-Year institutions were more likely to view students with ADHD, LD, and TBI as academically prepared when compared to Two-Year institutions. Additionally, postsecondary institutions with more than one staff member were predicted to have higher views of the academic preparedness of students with ASD and LD. Private postsecondary institutions endorsed higher views of academic preparedness for students with ASD and TBI. These trends can likely be attributed to the larger number of student services available to students at Four-Year institutions, private schools, and within larger postsecondary disability offices. Additionally, postsecondary personnel may view students with ASD and LD as higher needs students and may feel more confident when their postsecondary disability office has more than one staff member to meet the needs of these students.

School size was predictive of more positive perceptions of academic preparedness for some disorders. Specifically, raters from mid-sized schools endorsed lower ratings of preparedness for students with ADHD and LD when compared to small schools. This could be attributed to the additional flexibility in course requirements, and additional flexibility in curriculum at smaller schools.

Raters from large sized postsecondary institutions were more likely to rate higher levels of academic preparedness for students with TBI when compared to small institutions. Similar to previous findings these differences are likely due to large schools having more student resources than small schools including resources outside of the disability office such as tutoring, medical clinics, and writing centers. These additional resources likely increase the level of confidence of postsecondary personnel in meeting the needs of students and improve their perception of academic preparedness.

School psychologists should be aware of these findings as they prepare transition plans for students and help students identify which potential postsecondary institutions to attend. For all disability types, school psychologist should be aware that a transition plan that is valued by postsecondary personnel will increase knowledge of the student's abilities and improve the ability of postsecondary personnel in helping the student. Additionally, school psychologists should advise parents that larger schools with additional staff as well as private schools may feel more confident in meeting the needs of specific disability types.

Finally, regional differences were observed for students with TBI. Postsecondary personnel endorsed lower levels of academic preparedness in the West compared to the Northeast region of the United States. These findings are inconsistent with previous research questions that failed to find significant differences between similar variables between these regions. Future research is needed to explain why the West region

reported lower beliefs of students with TBI's academic preparedness for the postsecondary setting.

Examination of Research Question 9

Many students with disabilities are unprepared for the social and life skills required for independent living in the postsecondary environment (Parker & Benedict, 2002). This research question explored university factors that are predictive of students with disabilities (ASD, ADHD, LD and TBI) being prepared for the social and academic demands of college by postsecondary personnel.

Postsecondary professionals who found transition reports helpful in determining accommodations for students were predicted to also believe students were more socially prepared for college across all disability types. Similar to the previous research question, this relationship is likely due to postsecondary institutions that value transition reports having more information about the students they work with. This additional information often allows postsecondary professionals to review progress on transition and academic IEP goals throughout a student's high school career. Institutions who value transition reports will, therefore, be more aware of students' strengths and levels of functioning.

Private postsecondary institutions endorsed higher views of social preparedness for students with ASD and TBI compared to public postsecondary institutions. This difference could be attributed to ASD and TBI being viewed as higher needs disability types and therefore requiring the additional student services available at private institutions. This could also be due to the additional flexibility in course requirements,

minimum credits required to remain enrolled, and additional flexibility in curriculum at private universities.

It is also important to consider the large number of postsecondary attributes that were not predictive of perception of social preparedness. The population, type (Two-Year vs. Four-Year), region, number of disability office staff, and location of assessments for postsecondary institutions were all determined to not significantly predict perceptions of social preparedness for any of the invisible disabilities studied. This finding suggests postsecondary attitudes towards social preparedness are consistent across most institutions. Additional research is needed to determine factors associated with perceptions of social preparedness.

Limitations

As with all research, there are limitations for this study. While survey data allows for the broadest capture of information, it is also subject to the bias, memory, and interpretation of the respondents. In addition, the broad scope of this survey, which included many disability and institution characteristics, did not allow for more focused questions within each disability group.

A low response rate (14.6%) to the survey limits the generalizability of findings to all postsecondary institutions. Additionally, the exploratory nature of this survey prevented using historical measures with predetermined validity and reliability. This increased possible error in responses due to confusion in the labeling of disability types, university characteristics, and documentation labels. Similarly, while many terms and

concepts were defined, respondents who were less familiar with the research literature may have misinterpreted aspects of high school service delivery and assessment documents.

Another limitation of this study was the grouping of all individuals with a specific disability into one category. While this method allowed for broad general comparisons between disability groups, it limited description of the differences within each group. For example, individuals with learning disabilities can greatly vary in their academic skill levels, social abilities, and the level of support necessary for their success in college. Additional research should be done to determine the range of characteristics and supports necessary for each disability type.

One final limitation to this study is differences between the characteristics of students who transition to Two-Year institutions compared to those who transition to Four-Year institutions. Four-Year institutions receive students transitioning from both secondary institutions and Two-Year postsecondary institutions. Additionally, Four-Year institutions provide more advanced training and require additional skills to meet the increased academic demands of these programs. These differences in student characteristics likely impact the perceptions of postsecondary disability personnel and limit the comparability between the two groups.

Recommendations for Future Research

More research needs to be conducted in the area of transitions to postsecondary institutions for students with invisible disabilities. Several areas of opportunity were

outlined within previous areas of this dissertation. This section will specifically address needs within the school psychology, special education, higher education, and postsecondary disability research.

First, this study specifically addressed the perceptions of postsecondary disability personnel regarding student preparedness and documentation prepared by secondary professionals. Additional research should be conducted to determine the perceptions and experiences of students with disabilities and their parents as they transition from high school to college. Similarly school psychologists and other special education specialists should be surveyed to determine their current understanding of the differences in disability determination and delivery methods between secondary and postsecondary institutions. Perceptions and frequencies of consultation experiences with postsecondary institutions, postsecondary characteristics that are related to successful transitions, and general perceptions of the current laws regulating the development of transition goals should be explored.

Second, the breadth and length of the current survey prevented inclusion of analysis of the academic, medical, and social supports available in postsecondary settings for each of the invisible disabilities types. While many questions in the survey for this project asked specific questions about individuals with ASD (see Muenke, 2010), additional information is needed regarding the mental health services, academic services, and services addressing activities of daily living available to all students with invisible

disabilities. The accessibility and dissemination of these services should also be explored.

Finally, more research is needed to determine the effectiveness of postsecondary interventions and supports. The graduation rates of individuals attending postsecondary institutions with and without disabilities should be compared. Additionally, graduation rates of individuals with specific disability types should be compared according to the amount of supports on each campus, and other institution factors to determine what factors may contribute to student success. Other outcome measures such as grade point average, employment after college, and increases in academic skills could also be considered.

Conclusion

The findings from this dissertation provide multiple areas of practical application for the field of school psychology. Data collected from this dissertation can be used to further the dialogue between professionals working at secondary and postsecondary institutions. For example only 49% of postsecondary personnel find school psychologists as qualified to diagnose ASD, yet most school psychology training programs include training in this area. Conversely, only 50% of postsecondary personnel found transition reports prepared by high schools as often or always useful. These findings indicate a lack of understanding in the roles and requirements between the two fields. Increased awareness and collaboration between these fields will reduce hurdles in the transition to postsecondary institutions for students with disabilities. Data collected for this

dissertation will also assist school psychologists to become more aware of the documentation requirements and preferences for postsecondary schools in their region for disability types discussed.

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APPENDIX A

Survey of Disability Support Services Personnel regarding Transition and Support Services for Postsecondary Students.

Survey of Disability Support Services Personnel regarding Transition and Support Services for Postsecondary Students.

Note: Submission of your completed questionnaire constitutes your informed consent to act as a participant in this research.

Thank you for agreeing to participate in this survey. The questions below have to do with your experiences as a professional working with Disability Support at a postsecondary institution.

Please answer all of the questions included in this survey. Participation in this survey is voluntary and you may withdraw at any time. The survey was created to be as efficient as possible and it can be completed in 30 minutes or less by most individuals. You can stop at the end of a page, save your answers, and return to the survey later if you wish to.

This survey is posted on Psychdata.com, which uses SSL encryption methods to minimize the risk of loss of confidentiality. However, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. You will have the option of sharing the name of your postsecondary institution. The name of the institution will be used to collect additional demographic data by looking at the university's website. It will not be reported in the results.

Autism and Asperger's disorders are frequently thought of as occurring on a spectrum from mild to severe. For the purposes of this survey, both disorders will be referred to as Autism Spectrum Disorder (ASD). Unless it is otherwise stated, all of the questions are directly related to the services available for students with Autism Spectrum Disorder at your postsecondary institution.

If you have any questions before or after you complete the survey, please contact Kathy DeOrnellas, Ph.D. at info@beyondtransitions.com

- 1) Do students with Autism Spectrum Disorders receive any special considerations during the admissions process?
 - a) Yes
 - b) No
 - c) I don't know
- 2) Does a student need to be accepted to the University before they can register for disability services?
 - a) Yes
 - b) No
- 3) Do you make a distinction between Asperger's Disorder and Autism?
 - a) Yes
 - b) No
- 4) I believe that Autism Spectrum Disorders:

- a) Are life-long
 - b) Can be cured
 - c) Other (please specify)
- 5) I consider Autism Spectrum Disorders to be a (check all that apply)
- a) Psychological disorder
 - b) Neurological disorder
 - c) Genetic disorder
 - d) Behavioral disorder
 - e) Social disorder
- 6) * Students enrolled in special education during their k-12 years have access to special education services such as accommodations and learning supports. When students with the following disabilities transition to postsecondary institutions, how prepared are they to succeed academically in college? [1-5 Likert Scale with: 1 = Not at all prepared, 2, 3=Somewhat prepared, 4, 5=Very prepared]
- a) Autism Spectrum Disorder
 - b) Attention Deficit Hyperactivity Disorder (ADHD)
 - c) Learning Disability
 - d) Traumatic Brain Injury
- 7) * Students enrolled in special education during their k-12 years have access to special education services such as accommodations and learning supports. When students with the following disabilities transition to postsecondary institutions, how prepared

are they to succeed with the social/independent living aspects of college? [1-5 Likert Scale with: 1 = Not at all prepared, 2, 3=Somewhat prepared, 4, 5=Very prepared]

- a) Autism Spectrum Disorder
- b) Attention Deficit Hyperactivity Disorder (ADHD)
- c) Learning Disability
- d) Traumatic Brain Injury

8) Will your postsecondary institution accept documentation for a disability of Autism Spectrum Disorders from out of state?

- a) Yes
- b) No

9) * How often do you work with high schools to develop transition plans? [1-5 Likert Scale with: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always]

10) * How often do you accept reports from high schools to determine eligibility for disability services? [1-5 Likert Scale with: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always]

11) * Do you find the transition reports (from secondary institutions) useful in determining [1-5 Likert Scale with: 1= Not useful, 2, 3=Somewhat useful, 4, 5=Very useful]

- a) Eligibility
- b) Appropriate Accommodations

- 12) * What would make transition reports from high schools (special education professionals) more useful to your eligibility and accommodation process? [Free response]
- 13) * To be considered for services, a student's evaluation must be more recent than: [6 mo., 1 year, 1.5 year, 2 years, 2.5 years, 3 years, 3.5 years, 4 years, 4.5 years, 5 years, 5+ years]
- a) Autism Spectrum Disorder
 - b) Attention Deficit Hyperactivity Disorder (ADHD)
 - c) Learning Disability
 - d) Traumatic Brain Injury
- 14) To be considered for services, can a student be diagnosed as an adult with: [Answer choices: Yes, No]
- a) Autism Spectrum Disorder
 - b) Attention Deficit Hyperactivity Disorder (ADHD)
 - c) Learning Disability
 - d) Traumatic Brain Injury
- 15) * Which disorders can the following list of providers document? [* Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Learning Disability, Traumatic Brain Injury]
- a) Licensed psychologist
 - b) School psychologist
 - c) Psychiatrist

- d) Neurologist
- e) Other Medical Doctor
- f) Speech Language Pathologist
- g) Social Worker

16) *If a current assessment is needed, where is the eligibility assessment conducted?

- a) University assessment
- b) Non-University assessment (outside of the university setting)
- c) Both
- d) Other (please specify)

17) * If a current assessment is needed, who is responsible to pay for qualifying evaluation?

- a) Student/Parent
- b) University
- c) Other (please specify)

18) Do students have a contact person on campus during breaks (ex. winter break, spring break, summer) to ensure continuity of services?

- a) Yes
- b) No

19) Please endorse any of the following health care services that are coordinated for students by your office: (Check all that apply)

- a) General healthcare/wellness
- b) Dentistry

- c) Occupation therapy
- d) Physical therapy
- e) Speech therapy
- f) None
- g) Other (please specify)

20) Where do students access counseling services provided by your postsecondary institution? (check all that apply)

- a) Disability Support Services Office
- b) Counseling Center
- c) Other (please specify)

21) How many counseling sessions are students eligible for: (enter #) [Disability Support Services Office Counseling Center]

- a) Students registered with disability services
- b) Students NOT registered with disability services

22) What mental health services are available to students with Autism Spectrum Disorders?

- a) Managing anxiety
- b) Managing depression
- c) Managing stress
- d) Managing loneliness
- e) Psychological education
- f) None

g) Other (please specify)

23) If a student with an Autism Spectrum Disorder violates your postsecondary institution's code of conduct, is his/her disability status taken into consideration when determining disciplinary action?

a) Yes

b) No

c) I don't know

24) The following is a list of support services that various universities offer to support students with Autism Spectrum Disorders regarding activities of daily living. Please rate how often your institution helps students with these activities. ? [1-5 Likert Scale with: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always]

a) Understanding university rules and procedures

b) Problem solving

c) Organization

d) Time management

e) Study skills training

f) Self-advocacy training

g) Managing medication

h) Navigating campus (help finding all classes)

i) Accessing transportation

j) Maintaining personal hygiene

k) Dressing appropriately

- l) Setting alarms clocks
- m) Handling fire drills
- n) Help managing personal budget
- o) Additional help with specific class/faculty selection
- p) Eating in a cafeteria
- q) Shopping

25) What types of living arrangements are available to students with Autism Spectrum Disorders? (check all that apply)

- a) General on campus
- b) General off campus
- c) Special housing for students with disabilities on campus
- d) Special housing for students with disabilities off campus
- e) Single-occupant rooms
- f) Communal bathrooms
- g) Private bathrooms
- h) Other (please specify)

26) What social skills services are available to students with Autism Spectrum Disorders? (check all that apply)

- a) Social skills groups
- b) Individual social skills counseling
- c) Life skills coaching
- d) Job coaching

- e) Peer Mentorship
- f) Social skills practice across multiple real-life settings
- g) None
- h) Other (please specify)

27) Are the following academic supports available to students with Autism Spectrum Disorders? ? [1-5 Likert Scale with: 1=Never/Not Offered, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always]

- a) Smaller class size
- b) Preferential seating
- c) Note taker
- d) Copies of instructor's notes
- e) Taped lectures
- f) Testing center
- g) Extra time on tests
- h) Permission to avoid group projects
- i) Permission to avoid presentations
- j) Permission to avoid public speaking
- k) Oral rather than written exams
- l) Flexible due dates
- m) Permission to attend other sections of the same class
- n) Tutoring
- o) Class substitution (taking an extra class to avoid a class like speech)

p) Class exemption (a specific class like speech)

28) Describe the culture of your university as it pertains to accessing disability services.

[Free response]

29) What do you think high schools could do to better prepare students with Autism

Spectrum Disorders for the college environment? [Free response]

30) What do you think parents can do to better prepare their students for college? [Free

response]

31) If you are a professional working at a 4-year institution, what would you like

community colleges to do to better prepare their students for university? [Free

response]

32) Title level of individual filling out survey

a) Director

b) Coordinator

c) Other (please specify)

33) Your highest level of degree attained

a) PhD

b) EdD

c) MA/MS

d) BS/BA

e) Other (please specify)

34) * How many staff are in your Disability Support Services office? [enter # of people]

a) Full-time (40+ hours):

b) Part-time (under 40 hours):

c) Student Assistants

35) * Is your school a public or private institution?

a) Public

b) Private

36) Does your institution receive any federal funding?

a) Yes

b) No

37) * Is your school a 4-year or 2-year institution?

a) 4-year

b) 2-year

38) Is your school a religiously-affiliated institution?

a) Yes

b) No

39) Is your institution an historically black college/university (HBCU)

a) Yes

b) No

40) * What state is your institution located in?

a) Alabama

b) Alaska

c) Arizona

d) Arkansas

- e) California
- f) Colorado
- g) Connecticut
- h) Delaware
- i) Florida
- j) Georgia
- k) Hawaii
- l) Idaho
- m) Illinois
- n) Indiana
- o) Iowa
- p) Kansas
- q) Kentucky
- r) Louisiana
- s) Maine
- t) Maryland
- u) Massachusetts
- v) Michigan
- w) Minnesota
- x) Mississippi
- y) Missouri
- z) Montana

- aa) Nebraska
- bb) Nevada
- cc) New Hampshire
- dd) New Jersey
- ee) New Mexico
- ff) New York
- gg) North Carolina
- hh) North Dakota
- ii) Ohio
- jj) Oklahoma
- kk) Oregon
- ll) Pennsylvania
- mm) Rhode Island
- nn) South Carolina
- oo) South Dakota
- pp) Tennessee
- qq) Texas
- rr) Utah
- ss) Vermont
- tt) Virginia
- uu) Washington
- vv) Washington, DC

ww) West Virginia

xx) Wisconsin

yy) Wyoming

41) Are you willing to share the name of your institution? [Note: The name the institution will be used to gather demographic information. The name of your institution will NOT be released in the results of this survey; however, if you give the name of your institution there is a risk of loss of anonymity]

a) Yes

b) No

42) What is the name of your postsecondary institution? [Note: this question is only visible if the participant selects “yes” to the previous question]

43) * What is the total population of your postsecondary institution? (enter #)

44) How many students are served by your Disability Support Services department?

45) How many students with an Autism Spectrum Disorder are served by your office?

46) Which state and national agencies do you interface with on behalf of students with Autism Spectrum Disorders? (check all that apply)

a) State vocational rehabilitation department

b) Mental Health Mental Retardation (MHMR)

c) None

d) Other (please specify)

47) Are there community agencies or religious organizations you regularly coordinate with on behalf of students with disabilities?

a) Yes

b) No

48) Does your department receive any specific grants or community support your outside university funding?

a) Yes

b) No

49) Please list any specific grants or community support that your department receives funding from. [Free response]

Thank you for participating in the survey. Please feel free to enter any additional comments below. [Free response]

We appreciate your time and feedback. When you click submit you will be taken to a separate survey that will collect information for the prize drawing.

Survey of Disability Support Services-Prize information.

You have been automatically directed to a new survey. This data is not connected to your responses in the previous survey.

1) Do you want to be entered into the drawing for a \$250 Amazon.com gift card?

a) Yes

b) No

- 2) Are you interested in being contacted to publish a document with information for parents of students with Autism Spectrum Disorders?
- a) Yes
 - b) No
- 3) If you answered yes to the prize question or the future study question, please fill in your name and email address. [Note: if you do not submit contact information, there will be no way to send you the prize].
- a) First Name
 - b) Last Name
 - c) enter email address