

Prepared and Ready: Equipping Students for Meaningful Post-secondary Opportunities

Evidence Tables

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Transition of Care from Pediatrics to Adulthood for Children with Disabilities¹⁻⁷

Author. Year	Study Design	Description of Interventions	Key Points	Results	Conclusions
McManus et al. 2013¹	Examination/ Assessment of National Survey Findings ¹	Receiving anticipatory guidance in the transition to adulthood, doctors discussing shift to adult provider, doctors discussing future health care needs, doctors discussing future insurance needs, caretakers encouraging child to take responsibility for his or her health care needs ¹	“The importance of transition from pediatric to adult health care for youth with special health care needs has gained increasing attention over the past decade, but fewer than half of this population received needed transition preparation in 2005–2006.” ¹ And there have been “no discernable improvements” ¹ following a 2009-2010 national survey ¹	“Overall, 40% of Youth with Special Health Care Needs (YSHCN) meet the national transition core outcome. Several factors are associated with transition preparation, including female gender; younger age; white race; non-Hispanic ethnicity; income \$400% of poverty; little or no impact of condition on activities; having a condition other than an emotional, behavioral, or	“Most YSHCN are not receiving needed transition preparation. Although most providers are encouraging YSHCN to assume responsibility for their own health, far fewer are discussing transfer to an adult provider and insurance continuity.” ¹ ; “The 2011 release of the American Academy of Pediatrics/American Academy of Family Physicians/American College of Physicians clinical recommendations on transition, new

				developmental condition; having a medical home; and being privately insured.” ¹	transition tools, and the spread of medical home should stimulate future improvements in transition performance.” ¹
Blackman et al. 2014 ²	Examination/ Assessment of National Survey Findings ²	Physician provided education ²	“Care coordination (the integration of health services over time and across multiple physicians and diverse service sectors) is a cardinal feature of primary health care. Neither the CP nor the allergy group had readily available assistance in coordinating health services.”; “Barriers to providing coordinated care include: lack of disability specific knowledge, providers’ limited time and effort related to care, and insufficient communication among providers.” ² ; “5 key elements that support a positive	“Adolescents with CP participated less in sports, clubs, or other organized activities (P < .001)” ² than comparison. “Neither group reported much help in coordinating health services or preparing for transition to adult health care services.” ²	“Inadequate adult health care services have a direct and unsatisfactory impact on the adult life span. Physicians and other health care providers who include adolescents with CP in their practices should begin discussion and planning for transition to adult health care early in adolescence.” ²

			transition to adult-centered health care: preparation, flexible timing, care coordination, transition clinic visits, and interested adult-centered health care providers.” ²		
Gabriel et al. 2017³	Systematic Review ³	Care coordinator, preparation for transition, transfer assistance, integration into adult care, online transition mentor, transfer from pediatric to adult clinic; transition process/policy, transition readiness assessment, self-care/disease education, plan of care, transition clinic, community resource linkages ³	“More specific questions addressing particular elements of transition should be considered, such as those found in the Transition Feedback Survey in the Six Core Elements, which includes many tested questions from national surveys and Boston Children’s Hospital’s ADAPT questionnaire.” ³ ; “Obtaining anonymous youth and parent feedback will be critical for continuously refining pediatric-to-adult transition interventions.” ³	28/43 studies showed statistically significant positive outcomes; common positive outcomes included adherence to care and utilization of ambulatory care in adult settings ³	“Structured transition interventions often resulted in positive outcomes. Future evaluations should consider aligning with professional transition guidance; incorporating detailed intervention descriptions about transition planning, transfer, and integration into adult care; and measuring the triple aims of population health, experience, and costs of care.” ³

<p>Crowley et al. 2011⁴</p>	<p>Systematic Review⁴</p>	<p>Intervention directed at the patient (disease specific educational programs, generic education/skills training), intervention directed at the staffing (named transition coordinators, joint clinics run by pediatric and adult physicians), intervention directed at service delivery (separate young adult clinics, out of hours phone support, enhanced follow up)⁴</p>	<p>“Demonstrating effectiveness of services is especially important during the current economic climate when cost-savings are being demanded throughout the health service.”⁴; “Potential avenues for research are also highlighted by related strategies to improve concordance during adolescence, highlighting the value of viewing transition as a process spanning adolescence.”⁴</p>	<p>6/10 studies showed statistically significant improvements in outcomes⁴</p>	<p>“The most commonly used strategies in successful programs were patient education and specific transition clinics (either jointly staffed by pediatric and adult physicians or dedicated young adult clinics within adult services).”⁴</p>
<p>Hartman et al. 2018⁵</p>	<p>Interviews⁵</p>	<p>Transition planning program which considers specifically addressing ICF-CY domains and creating a holistic transition experience⁵</p>	<p>“Due to the relatively recent proliferation of transition programs for youth and young adults with chronic conditions of childhood, we have yet to see research on many examples of the successes and areas</p>	<p>“ICF-CY domains captured many key areas regarding individuals ‘transitions to adult care and adult functioning, but did not fully capture concepts of transition program experience,</p>	<p>“The ICF-CY framework captures some experiences of transitions to adult care, but should be considered in conjunction with other models that address issues outside of the</p>

			for growth of such programs.” ⁵	independence, and parents’ role.” ⁵	domains covered by the ICF-CY.” ⁵
National Institute for Health and Care Excellence. 2019⁶	Guidelines and Recommendations ⁶	Annual meeting to review transition planning, named worker to coordinate care and support before, during, and after transfer, meeting a practitioner from each adults’ service they will move to before they transfer, contact from adults’ services to be given further opportunities to engage if patient does not attend first meeting or appointment after transferring to adults’ services ⁶	Ensure transition support “is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options” ⁶ ; Ensure transition support “identifies the support available to the young person, which includes but is not limited to their family or careers” ⁶	Quality Statement: “Young people who will move from children's to adults' services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children's services after school year 9.” ⁶	“For groups not covered by health, social care and education legislation, practitioners should start planning for adulthood from year 9 (age 13 or 14) at the latest. For young people entering the service close to the point of transfer, planning should start immediately.” ⁶ Specific NICE Guidelines and Recommendations should be followed in transition planning. ⁶
Pediatric Section of American Physical Therapy Association. 2019⁷	Fact Sheet ⁷	Common themes of best practice in transition: student self-determination (social skills training and advocacy), ecological	Personnel involved in transition process: student, family, school personnel (teachers, paraprofessionals, work study coordinators, related	New requirements for IDEA 2004: formal transition process start age changed to 16 years, changed from an outcome-oriented process to a results-	Essential elements of transition: be based on student strength needs and preferences, be results oriented, demonstrate a coordinated set of activities, promote

		<p>approaches in determination of supports needed, individualized person-centered planning process, service coordination and interagency collaboration, access and accommodation (assistive technology), postsecondary educational supports and employment supports, systems change strategies (vocational career education, secondary curriculum reform, inclusion), family involvement along the way⁷</p>	<p>service providers including PT/OT), adult service provider agencies (vocational rehab, developmental disabilities agencies, employers, community resources)⁷</p>	<p>oriented process, local education agencies will be required to provide students with a summary of their academic and functional skills upon exiting from school, Requires measurable post-secondary goals based on age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills, Progress toward these measurable goals must be tracked and reported, Section 602 requires transition services to be focused on both academic and functional achievement.⁷</p>	<p>movement to postsecondary environments⁷</p>
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Work Preparedness and Readiness for Children with Disabilities⁸⁻¹⁹

Author (Year)	Study Design	Description of Interventions	Key Points	Results	Conclusions
Pacha et al. 2014⁸	Quasi-experimental one-group pretest-	Structured work experience program (clear program goals,	“Work experience during high school has been established as the most consistent predictor of	“Results indicated participation in a structured work experience program had	“Results indicated that (a) there was a statistically significant overall increase pretest

	<p>posttest Study⁸</p>	<p>clear roles and responsibilities, training plans that specify learning goals tailored to individual students with specific outcomes connected to student learning, convenient links between students, schools, and employers, on-the-job learning, range of work-based learning opportunities, mentors at the worksite, clear expectations and feedback to assess progress toward achieving goals, assessment to identify skills, interests, and support needs at the worksite, reinforcement of work-based learning outside of work, appropriate</p>	<p>post-school employment. The problem is the lack of intervention research demonstrating ways of implementing programs that are associated with acquisition of work-readiness skills. The purpose of this study was to investigate the effects of structured work experience on the work-readiness skills of students with disabilities, and examine whether or not disability, or type of program, affected student outcomes while controlling for number of participant contact hours.”⁸</p> <p>Research suggests that “that for individuals, with or without disabilities, to obtain and maintain employment, they must possess a strong foundation of transferrable and general employability</p>	<p>a positive effect on the work-readiness skills of these participants. ANCOVA results indicated (a) disability type was not a significant factor affecting the work-readiness of the participants, (b) program type produced a statistically significant main effect, (c) there was no statistically significant interaction effect between disability type and program type, and (d) number of contact hours produced a statistically significant main effect.”⁸</p>	<p>to posttest on the measure of work-readiness (i.e., broad work adjustment score) for participants; (b) disability type when controlling for number of participant contact hours was not statistically significant; (c) program type did produce a statistically significant main effect with service learning producing a larger mean gain; and (d) there was not a statistically significant interaction effect between type of disability and program while controlling for number of participant contact hours.”⁸</p>
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		academic, social, and administrative support for all partners); Counseling, social skills, life skills, vocational skills, self-determination interventions, transition planning process ⁸	or work-readiness skills.”⁸ “The Becker Work Adjustment Profile: 2 (BWAP:2) is the instrument used to measure these skills. The work-readiness skills measured by the BWAP:2 include: Work Habits and Attitudes (HA), Interpersonal Relations (IR), Cognitive Skills (CO), □ Work Performance Skills (WP), and a composite of HA, IR, CO and WP referred to as Broad Work Adjustment (BWA).” ⁸		
Lindsay et al. 2015 (1)⁹	Cross Sectional Study ⁹	Mock job interview, workplace role-play exercises ⁹	Implications: “Clinicians should: Coach youth with physical disability on how to ‘sell’ their abilities to potential employers and encourage youth to get involved in volunteer activities and employment readiness training programs. Consider using mock job	“Our findings show significant differences between youth with disabilities compared to typically developing peers in several areas of the mock interview content (i.e. responses to the questions: “tell me about yourself”, “how would you provide feedback to	“Youth with physical disabilities performed poorer in some areas of a job interview compared to their typically developing peers. They could benefit from further targeted employment readiness training.” ⁹

			interviews and other employment role-play exercises as assessment and training tools for youth with physical disabilities. Involve speech pathologists in the development of employment readiness programs that address voice clarity as a potential delivery use.” ⁹	someone not doing their share” and a problem-solving scenario question) and delivery (i.e. voice clarity and mean latency). We found no significant differences in the workplace role-play performances of youth with and without disabilities.” ⁹	
Schmidt et al. 2007 ¹⁰	Surveys ¹⁰	Employment training, job skills or employment-related program ¹⁰	“Nearly half of all working age people with disabilities would like to be employed.”; “the majority of the individuals surveyed wants to develop new skills and are willing to take steps to be successful. This survey also illustrated the importance of employment programs in assisting individuals with disabilities to feel more confident in their skills. The individuals surveyed felt that such programs were beneficial in fine-tuning existing	“Sixty-seven percent of individuals would like to attend a course to improve their skills. 82% of individuals who had participated in employment programs felt they had the necessary skills to work while 35.3% of those who did not attend employment programs felt they had the necessary skills. Transportation and disability status were the mostly frequently mentioned limiting factors to employment.” ¹⁰	“Generally, individuals who had either participated in an employment program were less likely to report barriers to their participation in employment than those who had never attended an employment program.” ¹⁰

			skills and/or developing new skills. These programs can also be used to address identified barriers to employment such as transportation options and wage negotiations with employers. A high percentage of individuals expressed an interest in employment related programming.” ¹⁰		
Lindstrom et al. 2011 ¹¹	Examination of Case Studies ¹¹	Work experience (6-30 hours per week in service industries), transition services and supports (assistance with resumes, interview tips, job leads, site visits to potential employment or postschool training opportunities), family support and expectations; Mentoring relationships in the workplace ¹¹	“Ongoing career advancement was supported by a combination of factors including (a) participation in postsecondary education or training, (b) steady work experiences, and (c) a set of personal attributes, including self-efficacy and persistence.” ¹¹	“Key influences on initial post-high school placement included (a) participation in work experience, (b) transition services and supports, and (c) family support and expectations.” ¹¹	“The findings of this study underline the importance of a set of initial transition services as well as ongoing opportunities for further education and training to enter living wage occupations. Transition services must be targeted to student’s needs, interests, and goals; engage students in career-related learning and work experiences; provide specific planning and assistance in preparing for postschool environments

					<p>and culminate in an initial placement in employment or postsecondary settings when the student leaves high school.”¹¹;</p> <p>“This study also highlights the need for transition education that focuses on individual knowledge and skills, such as self-determination, self-advocacy, and communication. Young adults with disabilities need to know how to cope with the constant changes and demands of the work environment.”¹¹</p>
Test et al. 2009 ¹²	Literature Review ¹²	Student focused planning (involving student in IEP meetings, self-advocacy strategy, self-directed IEP), student development (teaching home, work, life, self-advocacy, job-	“Further information about each practice can be found at http://www.nsttac.org under “Evidence- Based Practices.” At this website, each practice is described in terms of the supporting evidence, with whom it was implemented (i.e.,	Strong level of evidence for student development (life skills instruction) practices including teaching life skills and teaching purchasing skills. Moderated level of evidence for various other practices (refer to Table 6 for long list	“Findings provide practitioners with a set of evidence-based practices for improving transition services and researchers with an agenda for conducting future research.” ¹²

		specific, social, communication skills), family involvement (teaching family about transition), program structures (providing community-based instruction, structure program to extend services beyond secondary school) ¹²	disability labels, gender, ethnicity if provided), what the practice is, how and where it has been implemented, how the practice relates to State Performance Plan Part B Indicator 13 and national standards, where the best place to find out how to do the practice is, and references used to establish the current evidence base.” ¹²	among various categories). ¹²	
Guy et al. 2009¹³	Observational Study (Review of School Districts with stratified random sampling of schools) ¹³	Employment Preparation Programs; Occupational awareness and exploration, employment-related knowledge and skills, specific occupational knowledge and skills ¹³	“For youth with disabilities, the Individuals with Disabilities Education Improvement Act of 2004 has focused on two major areas: (a) access to the general education curriculum for individuals with disabilities and (b) preparation for the transition to adult living, post- secondary education, and employment. These thrusts are often seen as competing. At present,	“Work-based-only courses were the predominant approach (48.8%) in the area of work experience/internship, followed by combined classroom- and work-based courses (34.8%). Although some of the career and technical education areas offered work-based-only courses, the highest percentage, 5.6%, was in the business/office occupations area.” ¹³	“Findings indicated that (a) employment preparation offerings were limited, (b) career and technical education was the primary vehicle for delivering employment preparation, (c) the majority of employment preparation course work was offered in the classroom setting, (d) the intent of instruction for work-based-only courses was different from other delivery models, (e) the primary method of instruction in classroom-

			<p>the relationship between preparation for employment and other areas of adult life and the traditional academic curriculum is a tenuous one.”¹³;</p> <p>“As we pre- pare individuals with disabilities to function effectively in the workplace, we face a number of challenges: (a) the changing nature of the workplace and the increasing demand for employees who possess social, academic, and occupational skills; (b) the growing number of students leaving school without these skills; and (c) the failure of the general education high school curriculum to address these areas.”¹³;</p> <p>“Researchers have indicated that one of the most effective approaches for conveying the knowledge and skills</p>		<p>based-only courses was combined lecture and experiential, and (f) the method of delivering work-based learning differed by model.”¹³</p>
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			needed by youth for the transition to employment is to focus on three major areas: (a) occupational awareness and exploration, (b) employment-related knowledge and skills, and (c) specific occupational knowledge and skills” ¹³		
Sabbatino et al. 2007 ¹⁴	Program Description ¹⁴	Start on Success (SOS) Program: job placements in community-based employment with mentor pairing and salaries (community-based learning, socialization) ¹⁴	“Students with disabilities need community-based education to learn the academic, social, and vocational skills necessary for success in today’s society.” ¹⁴	“The SOS students demonstrate improved attendance, increased self-esteem, commitment to a work ethic, increased knowledge of community-based academics and economics, self-determination, and progress toward permanent employment.” ¹⁴	“The Start on Success program as a model transition program that provides students with a community-based transition from school to work in a supported environment with support from the school district, mentors, parents, and a local university.” ¹⁴
Phelps et al. 1997 ¹⁵	Literature Review ¹⁵	Academic and vocational learning, opportunities for work experience, functional curriculum, career guidance and	“School-supervised work experience has been related to positive employment outcomes for youth with disabilities.” ¹⁵	“From the 5 cluster of 20 educational practices considered in this review, two practices are found prominently and consistently in the research on school-to-	“The review of educational practices that are associated with positive learning outcomes for youth with disabilities appears to align with at least two of

		counseling, assessment of individual career interests and abilities, family involvement and support, early notification of vocational opportunities, formalized transition planning, vocation and regular educators' involvement in individualized planning, intra- and inter-agency collaboration, job placement services, follow-up ¹⁵		work transition initiatives: functional curriculum and work experience. These experiences have produced positive effects for students with a variety of disabilities.” ¹⁵	the proposed components of reform in the national school-to-work movement: (a) integrating academic and vocational learning and (b) providing expanded opportunities for work experience.” ¹⁵
Lindsay et al. 2012 ¹⁶	Interviews ¹⁶	Skill development (practical skills, self-confidence and self-awareness, social and communication skills), practical work experiences, youth employment-training program ¹⁶	Implications: “Educators and health care providers should be aware that teens with disabilities as young as 15 years old are thinking about their future and looking for employment experience. Educators and clinicians can assist youth and their families by talking about	“The findings highlight how adolescents with disabilities developed several practical, social and communication skills, and self-confidence over the course of an employment-training program. Despite personal gains, youth	“Youth valued involvement in the workforce and perceived that through their participation they developed important life skills.” ¹⁶

			<p>the benefits of involvement in volunteering and providing practical suggestions for how to get involved, including discussing the strengths and areas for skill development.</p> <p>At a community level, advocacy can raise awareness of the importance of early work experience and the potential contributions of youth with disabilities. Advocacy should target community employers, but also increased government funding for employment- training programs and employment transition supports for this age group.”¹⁶</p>	<p>reported challenges in their post-program search for employment.”¹⁶</p>	
<p>Lindsay et al. 2015 (2)¹⁷</p>	<p>Interviews¹⁷</p>	<p>Counselors linking youth to employers¹⁷</p>	<p>Implications: “Clinicians working with youth should: Promote the development of skills that can lead to improved self-confidence and communication skills for</p>	<p>“Only half of youth with a disability were working or looking for work compared to their peers. The findings show this was a result of different</p>	<p>“Youth with physical disabilities encounter some similar barriers to finding employment compared to their typically developing peers but in a stronger</p>

			<p>youth. Encourage the development of extracurricular activities and social networking to build these skills and to make contacts for finding employment. Clinicians should support youth with disabilities and their parents in practicing independence skills (such as self-care, self-advocacy and navigating public transportation) they need prior to seeking employment. Vocational rehabilitation professionals should educate youth on how to disclose their condition to a potential employer, how to ask for accommodations and how to market their abilities. Clinicians should help to link youth with disabilities to volunteer opportunities and to employers. Advocate for disability awareness training for employers regarding</p>	<p>expectations of, and attitudes toward, youth with disabilities. For many youth with a disability, their peers, family and social networks often acted as a barrier to getting a job. Many youth also lacked independence and life skills that are needed to get a job (i.e. self-care and navigating public transportation) compared to their peers. Job counselors focused on linking youth to employers and mediating parental concerns. Employers appeared to have weaker links to youth with disabilities. System level barriers included lack of funding and policies to enhance disability awareness among employers.”¹⁷</p>	<p>way. Barriers to employment exist at several levels including individual, sociostructural and environmental. The results highlight that although there are several barriers to employment for young people at the microsystem level, they are linked with larger social and environmental barriers.”¹⁷</p>
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			how to accommodate people with disabilities and the potential they offer in the workplace.” ¹⁷		
Jans et al. 2012 ¹⁸	Analysis of Focus Groups ¹⁸	Seeking job interview accommodations, interview practice, interview preparation, using specific job-finding strategies (realistic expectations, networking and connections, capitalize on volunteer position and internships, be persistent and assertive, keep applying) ¹⁸	“While the recommendation to trumpet your skills applies to all job applicants, people with disabilities need to place particular emphasis on their capabilities and qualifications to do the job.”; “The research underlined the importance of job seekers presenting themselves in a straightforward, disability- positive manner and focusing on how well they can do the job.” ¹⁸	“Disclosure and discussion decisions were influenced by the nature of disability (visible, hidden, stigmatized, multiple), whether and when people needed accommodations, and the perceived “disability-friendliness” of organizations. Qualitative data analysis suggested guidelines for whether, when, and how to discuss disability, while acknowledging the complexity of decision-making depending on workplace culture and personal choices. Interview strategies included ways to emphasize strengths, gather information about duties and work environment, handle	“Findings suggest approaches to assist job-seekers to make decisions about disclosing or discussing their disability, present themselves in a straightforward, disability-positive manner, and find satisfying work based on their skills and interests.” ¹⁸

				<p>inappropriate questions, and address unspoken employer concerns. Participants gave disability-specific advice to help job-seekers balance their abilities and interests, and use networking and other approaches to find favorable opportunities. Concluding that people with disabilities must work harder than others to get a job, they described approaches and tools to help others achieve success.”¹⁸</p>	
<p>Mazzotti et al. 2016¹⁹</p>	<p>Systematic Review¹⁹</p>	<p>Career awareness, exit exam/high school diploma status, inclusion in general education, paid employment/work experience, parent involvement, self-care/independent living skills, social skills, vocational education, work study, parent expectations, youth</p>	<p>“Results of the analysis added additional evidence to nine of the Test et al.’s predictors further expanding the literature base to support evidence-based predictors of post-school success.”¹⁹</p>	<p>“Of the existing Test et al. (2009) predictor variables, the current review included no additional evidence for six predictors (i.e., interagency collaboration, self-determination, transition program, community experiences, occupational courses, program of study). Results of this analysis</p>	<p>“New in-school predictors of post-school success for youth with disabilities”¹⁹ have been identified in research.¹⁹</p>

		autonomy/decision-making, travel skills, goal setting ¹⁹		added evidence to nine existing Test et al.'s predictors. Findings also provided evidence to support identification of four new predictor categories." ¹⁹	
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