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Family Engagement in Secondary Transition: Importance, Frequency, and Preparedness Identified by Transition Professionals

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FAMILY ENGAGEMENT IN SECONDARY TRANSITION: IMPORTANCE, FREQUENCY, AND PREPAREDNESS IDENTIFIED BY TRANSITION PROFESSIONALS

by

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DEDICATION

To my grandmother Janina Stancikaite-Razanskiene (1926-1997)

To my children Mykolas, Elze, and Adele Aurelia

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The journey through the doctoral program has been one of the most challenging experiences of my life continuously testing my determination, perseverance, and dedication. Yet, if I had to choose, I would do that over again. I grew up with each and every challenge surrounded by the faculty and staff of the College of Education who extended their knowledge and assistance every time I needed it. I am forever grateful to my program advisor, dissertation co-chair, and "life coach" Dr. Erik Drasgow for his continuous support both academically and personally. Thank you to Dr. Anthony "Tony" Plotner, my other dissertation co-chair and advisor, for introducing me to the field of secondary transition. I have never planned it to become "my area", but, naturally, it did!

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ABSTRACT

The purpose of this study was to examine transition professionals' perceptions of the importance of family engagement practices, how frequently specific family engagement practices are implemented, and the perceived level of preparation to implement these practices. The survey instrument was created for the purpose of this study, based on the extant literature review related to the specific family engagement practices that transition professionals implement in their work. A total of 237 transition specialists from 81 South Carolina school districts and 24 South Carolina Vocational Rehabilitation Department local offices participated in the study. To identify the underlying structure of the specific family engagement practices, exploratory factor analysis was conducted, which revealed three family engagement domains: (a) Family Guidance, (b) Family Recognition, and (c) Family Partnership. Each domain comprised a set of specific family engagement practices and study participant responses regarding perceived importance, frequency, and preparation was evaluated at a domain level. Data analysis revealed that transition professionals perceived family engagement practices as highly important across all three domains; however, reported preparation and frequency of actual implementation of such practices were lower. Study results showed that there was a statistically significant difference related to both perceived importance and frequency of implementation of family engagement practices across three groups of transition professionals: those who felt low, moderately, and highly prepared to perform such practices across all three domains. Statistically significant difference also existed

among three groups of transition professionals based on perceived importance of family engagement practices with respect to the frequency of implementation of such practices.

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CHAPTER 1

INTRODUCTION

Background for the Study

There has been an ongoing focus over the last few decades regarding enhancing the preparation of students with disabilities for successful post-school outcomes in the areas of postsecondary education, employment, and independent living. Nearly 35 years ago, the Assistant Secretary of Special Education and Rehabilitative Services, Madeline Will, voiced her concern that students with disabilities were leaving high school unprepared for adulthood and introduced a transition model titled "Bridges from School to Working Life" to address the issue (Will, 1984). This initiative was followed by the subsequent legislative changes, research efforts, and practical applications aimed at improving secondary transition services and ensuring positive adult outcomes for students with special needs.

Despite the abundant literature, research, and legislation focused on secondary transition, the post-school outcomes for students with disabilities remain poor (Newman et al., 2011; Wagner et al., 2009). Compared to their peers, youth with special needs continue to lag behind in all major areas (i.e., postsecondary education, employment, and independent living; Newman et al., 2011; Wagner et al., 2009). To address this existing gap, it is essential that transition professionals coordinate their efforts to enhance the transition service delivery process (Blalock et al., 2003; Plotner, Trach, & Strauser, 2012).

Concerted team efforts directed toward identifying and addressing the needs of transition-age students with disabilities form the cornerstones of transition programming. The most recent Individuals with Disabilities Education Act (IDEA, 2004) defined transition services as:

> A coordinated set of activities for a student with a disability that is designed to be within a results-oriented process that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation (300.42[a][1]).

Therefore, transition process requires involvement of a variety of stakeholders, including transition-age students and their parents, in-school professionals (e.g., special education teachers, secondary transition specialists), adult agency representatives (e.g., vocational rehabilitation counselors), as well as other community members (e.g., potential employers, higher education institution representatives). The IDEA (2004) specifies that transition team should include the parents of a student with a disability; at least one regular and one special education teacher; a representative of the local education agency; and, an individual who can interpret evaluation results and their instructional implications. At the discretion of students' parents or the local education agency, other individuals with knowledge or expertise related to the student may join the team. The school districts are responsible for ensuring that students' parents are present at IEP team meetings or are provided with the opportunity to participate. The

representatives of other agencies, such as the state Vocational Rehabilitation (VR) agency, can participate in the IEP meeting if that agency is likely to be responsible for providing or paying for the transition services to be included in the student's IEP. IDEA (2004) requires the consent of students' parents or the students, if appropriate, to invite representatives from adult agencies.

The role of the family in transition planning and implementation evolved as a natural extension of ongoing parent involvement in education. Historically, parents of children with disabilities have represented the driving force behind major legal initiatives and social changes. As a result of these endeavors, parents are now considered as equal participants in their children's education, including the secondary transition years. In fact, one of the key assertions of IDEA 2004 is to encourage parents to assume a meaningful role in their children's education as well as to ensure the partnership between schools and families (Bateman & Bateman, 2001; Yell, Katsiyannis, Ennis, & Losinski, 2013). Given the importance of the role of parents, specific family engagement practices in secondary transition process require closer examination.

Need of the Study

To continue to make strides in secondary transition planning and service delivery for youth with disabilities, there are many areas that need further investigation. One critical area is how to better engage families in the transition process. Research has consistently shown the association between family engagement in the secondary transition of students with disabilities and positive youth outcomes both in school and after graduation. Empirical studies demonstrated the numerous benefits of family engagement in their child's education such as an increase in academic achievement

(Newman, 2005), improved attendance (Falbo, Lein, & Amador, 2001), as well as a decrease in drop-out rates (Doren, Gau, & Lindstrom, 2012).

Moreover, parent expectations seem to play an important role in how youth perceive their own transition outcomes. For instance, Wagner, Newman, Cameto, Levine, and Marder (2007) found that transition-age youth with disabilities who held higher expectations about their future employment, education, and independent living outcomes had parents who also maintained higher expectations for their children. These findings mirror research about youth without disabilities that suggested that parent expectations have a direct effect on their children's personal aspirations and actual achievements as students (Hong & Ho, 2005).

Scholars have identified family engagement in secondary transition as a predictor of post-school success, specifically in terms of employment (Test et al., 2009; Fourqurean, Meisgeier, Swank, & Williams, 1991). Moreover, families of transition-age youth with disabilities serve as a significant source of information during the planning process and development of transition goals (Brotherson, Berdine, & Sartini, 1993; Hanley-Maxwell, Pogoloff, & Whitney-Thomas, 1998). Whereas research has indicated that overall family participation in the education of their children gradually diminishes throughout the schooling years (Eccles et al., 1993; Newman, 2005; Adams & Christenson, 2000; Hill & Chao, 2009), family involvement in the lives of youth with disabilities often extend past the students' graduation from high school (Morningstar, Turnbull, & Turnbull, 1995). For example, because students with disabilities are no longer eligible to receive services after graduation under IDEA 2004, the family often helps their adult children to secure the assistance from the adult support system, therefore

providing sustaining support. Acknowledging the continuous presence of a family in the life of youth with disabilities both in school and after graduation, transition professionals need to engage families of youth with disabilities as equal stakeholders in the process (Hetherington et al., 2010).

Given the significant role of a family in the secondary transition of students with disabilities, it is important that parents become actively involved in the planning process to promote positive transition outcomes for students (Kohler & Field, 2003). Therefore, both educators and other transition professionals have a variety of tasks and responsibilities focused on increased family engagement. Despite their reported efforts to engage families, research has shown that the level of family engagement in transition planning and implementation continues to be insufficient (Hetherington et al., 2010; Mapp & Hong, 2010; Newman, 2005). Some causes of this lack of family engagement relate to parents' perceptions and actual efforts—problems that transition professionals struggle to address (Landmark, Roberts, & Zhang, 2013). Yet, a significant burden of parent engagement efforts falls under the responsibility of school-based staff. However, parents report an unwelcoming and threatening school environment, the use of educational jargon, untimely information, and a lack of cultural awareness (deFur, Todd-Allen, & Getzel, 2001; Geenen, Powers, & Lopez-Vasquez, 2001; Hetherington et al., 2010). School-based transition professionals, on the other hand, report feeling unequipped to implement family engagement practices and indicate that they would be willing to receive training in this area (Landmark et al., 2013; Lubbers, Repetto, & McGorray, 2008).

Even though family engagement represents a significant predictor of post-school success for youth with disabilities and the need for family engagement is well-documented (Test et al., 2009; Mazzotti et al., 2016), there is little guidance for the transition professionals on the actual implementation of specific family engagement practices. To assist teachers and transition professionals in delivering effective services, scholars have begun to focus on evidence-based practices (EBPs). The National Technical Assistance Center on Transition (NTACT) recently compiled a list of 131 effective practices (11 evidence-based, 47 research-based, and 73 promising practices) and 20 predictors of post-school success for students with disabilities that they organized following the Taxonomy of Secondary Transition (Kohler, Gothberg, Fowler, & Coyle, 2016). Yet, family engagement remains significantly underrepresented among identified effective transition practices (Mazzotti, Test, & Mustian, 2014). Moreover, little is known about the actual implementation of such practices among transition professionals and their perceptions about their preparation to perform family engagement practices. Therefore, considering the legal requirements to engage families of youth with disabilities into transition programming as well as research findings showing the positive effects of family participation on students' post-school outcomes, it is important to identify the specific practices that transition professionals currently perform to increase family engagement, as well as to determine the level of preparation and perceived importance in the implementation of family engagement practices in their job.

Statement of the Problem

For students with disabilities, a successful secondary transition leads to positive outcomes in the main areas of adulthood: employment, postsecondary education, and

independent living. Whereas special education requires concerted team efforts throughout the entire schooling of students with disabilities, it is even more essential during the transition period. Transition service planning and implementation require effective collaboration between both school-based transition professionals and adult agency representatives. Given that different legislation (i.e., IDEA and Rehabilitation Act, respectively) guides the work practices of both major agencies, defining roles and responsibilities of each transition team member is critically important. This includes engagement of families of transitioning youth with disabilities.

Despite the legal requirements and growing evidence of benefits related to family engagement in the secondary transition services of students with disabilities, research has consistently shown a lack of successful collaboration between stakeholders in this process. Parents have reported that they would like to be more involved in the transition planning (Lipscomb et al., 2017; Skaff, Kemp, Sternesky-McGovern, & Fantacone 2016; Van Laarhoven-Myers, Van Laarhoven, Smith, Johnson, & Olson, 2016; Wagner, Newman, Cameto, Javitz, & Valdes, 2012), but perceive school efforts to involve them as insufficient (Newman, 2005). In addition to logistic and cultural barriers that prevent families from actively participating in the secondary transition of their children with disabilities, parents identify such major obstacles as a lack of transition-related knowledge and insufficient information from school (Chambers, Hughes, & Carter, 2004; Cooney, 2002; Hetherington et al., 2010; Lindstrom et al., 2007; Tarleton & Ward, 2005). Thus, families believe that interacting with school professionals is stressful (Bezdek, Summers, & Turnbull, 2010; Fish, 2008), and feel like passive participants during transition planning (deFur et al., 2001; Garriott, Wandry, & Snyder, 2001; Salembier &

Furney, 1997). Finally, they also indicate that they would benefit from training related to transition programming (Chambers et al., 2004; Cooney, 2002; Hetherington et al., 2010; Lindstrom, Doren, Metheny, Johnson, & Zan, 2007; Tarleton & Ward, 2005).

Transition professionals, on the other hand, also report the need for increased family engagement (Lubbers et al., 2008). Research has shown that school-based professionals have an overall positive attitude toward family participation (Hoover-Dempsey, Walker, Jones, & Reed, 2002; Kim & Morningstar, 2007) and have made efforts to promote engagement (Young et al., 2016). Some professionals, however, reported that they feel unequipped to address the barriers related to family engagement due to a lack of knowledge about the specific family involvement practices that educators could put into action (Landmark et al., 2013).

Whereas transition specialists are expected to engage and support parents in the secondary transition process, there is a dearth of guidance on how to achieve this aim. For example, even though family engagement represents a predictor of positive post-school employment outcomes for youth with disabilities (Test et al., 2009), a review of effective transition practices revealed only one promising practice of parent-training modules (Boone, 1992). Lubbers, Repetto, and McGorray (2008) showed that the facilitation of parent/student involvement represented one of the most desired forms of transition training for middle school teachers and district transition professionals. Therefore, even though transition professionals believe that it is important to engage parents in transition planning and report implementing practices to achieve their goals, they have also expressed a lack of preparation and knowledge about how to implement specific parent engagement practices. The existing research about the preparation and

family engagement efforts that both in-school transition professionals and adult service providers implement is insufficient.

Purpose of the Study

The purpose of this study was to examine the perceptions of transition professionals regarding the importance of using family engagement practices, their preparation to implement these practices, and how frequently they used them. Furthermore, this study explored if the professionals' level of preparation impacted their perceived level of importance and reported implementation of family engagement practices. The findings gleaned from this study also broadened the understanding of how the perceived importance of specific family engagement practices impacted the frequency of implementation of such practices. As a result, the findings of this study assisted in identifying both the areas for future investigation as well as practical considerations.

Seven research questions guided the study:

1. Is there an underlying factor structure of the proposed family engagement practices?
2. What do transition professionals perceive to be the most important family engagement practices?
3. How frequently do transition professionals report implementing specific family engagement practices?
4. What is the transition professionals' perceived level of preparation to implement specific family engagement practices?

5. Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the perceived importance of these practices?
6. Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the frequency of implementation?
7. Does the perceived importance of transition professionals regarding specific family engagement practices impact how frequently they implement these practices?

CHAPTER 2

LITERATURE REVIEW

The Historical and Legislative Context of Secondary Transition

Transition to adulthood is a challenging life phase for most youth; however, it is even more difficult for individuals with disabilities (Knott & Asselin, 1999; Test, Aspel, & Everson, 2006). Leaving the familiar school-based systems of support for adult services is stressful and confusing for youth with disabilities and their families (Hart, Zimbrich, & Ghiloni, 2001). Therefore, to ensure a smooth and effective transition to post-school life, there needs to be a continuum of services and collaboration among stakeholders involved in the process; specifically, individuals with disabilities, families, school-based transition professionals, and adult service providers.

The emphasis on the transition between school and adult service systems in the United States began more than four decades ago, well before the term itself appeared in the IDEA of 1990. Even though the scope of services and the level of involvement varied over the years, secondary education system (i.e., state and local educational agencies) and adult service system (i.e., VR agency) represented the two major transition support providers for youth with disabilities and their families. Legal provisions, research, and practical applications of specific roles informed the responsibilities of each system, as well as their mutual collaboration. Both agencies carried the responsibility to involve families in the process. The expectations for family engagement not only vary significantly for both service providers, as outlined by the relevant laws but also have

changed over the years. Therefore, I will start this chapter with an overview of the major transition-related movements that helped inform current transition practices: work-study movement, career education movement, and transition movement. I will also overview two major laws that guide school-based transition services and adult service providers; specifically, how they evolved and expanded to help transition-age youth with disabilities achieve positive adult outcomes.

Historical Movements and Legislation

Two major movements have preceded and influenced the current secondary transition practices for youth with disabilities: the work-study movement and the career education movement. Both movements emerged in response to the need to prepare transition-age youth, including youth with disabilities, for post-school life.

Work-study programs emerged in the 1960s, which public schools and state rehabilitation agencies delivered cooperatively through a formal agreement (Halpern, 1992). These programs mainly targeted youth with mild intellectual disabilities and focused on their future community adjustment. They incorporated academic, social, and vocational curricula, typically paired with unpaid work experience. The work-study movement brought three major changes to the transition field. First, by allocating part of their workday to assist students with work-related tasks, teachers also assumed the role of employment coordinators. Second, work-study initiatives increased the opportunity for youth with disabilities to receive work experience within their high school program. Finally, the coordinated efforts between schools and VR agencies resulted in a more efficient referral system between the two institutions—making the transition from school to the adult service system easier. Following the LaFollette Act of 1943 and previous

legislation that focused on veterans with disabilities that resulted from military service, the earliest Vocational Rehabilitation Act Amendments of 1954 expanded vocational and rehabilitation programs for individuals with disabilities (Bader, 2003). However, it was not until 1967 and 1968 that the Vocational Rehabilitation Act Amendments designated funds for youth with disabilities specifically (Stodden & Roberts, 2008). Despite the growth and success of the work-study movement, however, the program eventually failed in the 1970s. This was the result of flaws in federal funding provisions, specifically, the supervision and similar benefits requirements of the rehabilitation legislation (Halpern, 1992).

Another major movement, *career education*, filled the void that resulted from the termination of the work-study programs. Career education programs emerged in the 1970s as a response to the career education priority that the United States Office of Education declared. Originally, career education programs targeted general education students. However, after the inception of the Career Education Implementation Incentive Act (1977) and the Council for Exceptional Children's (CEC) official endorsement of career education in 1978, individuals with disabilities became a significant part of the program participants as well.

In 1975, the Education for All Handicapped Children Act (EAHCA) was signed into law. Its goal was to ensure that students with disabilities had access to free public education by providing federal guidance and establishing an accountability system for the states. Although EAHCA was not meant to be a transition law, and the transition component was not included until the law was revised in 1990, the U.S. Congress stated in 1975 that education for students with disabilities should ensure "equality of

opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities" (20 U.S.C. § 1401 [c] [1]). The bill's major focus, however, was on education rather than the post-school outcomes of students with disabilities (DeStefano, Heck, Hasazi, & Furney, 1999).

The Vocational Rehabilitation Act (P.L. 93-112) was signed into law in 1973 to ensure civil rights for individuals with disabilities through equal access to employment and any other federally supported programs and practices, including education. The consecutive amendments to the Rehabilitation Act of 1973 further strengthened the rights of people with disabilities, providing federal grants to support an independent living program (The Rehabilitation Act Amendment, 1978), and deemphasizing the traditional long-term placement in sheltered workshops by authorizing the state rehabilitation agencies to offer supported employment services to individuals with severe disabilities (The Rehabilitation Act Amendment, 1986).

Although the career education movement of the 1970s represented an expansion of the previous work-study movement, as both prioritized the attainment of positive employment outcomes, there were several major differences. First, career education programs focused on a broader target population and educational environments. Whereas the work-study movement addressed the needs of secondary education students with mild disabilities, the career education movement targeted students across all grades, was available for both students with and without disabilities and was available in special education as well as regular classrooms. Despite the significant emphasis on career education programs in the 1970s, Congress revoked the Career Education Implementation Incentive Act (1977) in 1982—ending the career education programs.

Both the work-study programs of the 1960s and career education of 1970s brought light to the existing needs of transition-age youth with disabilities and influenced the emergence of the transition movement of the 1980s.

The *transition movement* emerged in the early 1980s after the Office of Special Education and Rehabilitative Services (OSERS) expressed its concern that students with disabilities were not prepared for successful employment after graduation (Will, 1984). To address this issue, OSERS proposed a model for school-to-work transition, based on three support levels or *bridges*: transition without special services, transition with time-limited services, and transition with ongoing services (Halpern, 1992). In addition to defining the required support level, this transition model also identified a degree of interagency collaboration. For example, while the first level utilized generic services available in the community, the highest degree of support required the joint efforts of different service providers. Whereas the original "bridges model" focused only on employment, proposed transition components rapidly appeared across various federal programs related to individuals with disabilities.

The transition movement of the 1980s and its emphasis on meaningful employment and community participation brought important changes to the reauthorized special education law—the IDEA (1990)—such as the requirement to include transition goals into the Individualized Education Program (IEP) prior to the student's 16th birthday as well as defined the composition of transition meeting participants (Halpern, 1992; Storms, DeStefano, & O'Leary, 1996, Test et al., 2006). Therefore, the law's focus shifted from educational to post-school outcomes for eligible students with disabilities (Flexer, Baer, Luft, & Simmons, 2012). This shift was influenced by the realization that

students with disabilities were leaving the special education system and entering the community, and that students schooled in special education could achieve better life outcomes (Bateman & Bateman, 2001).

The Rehabilitation Act Amendment of 1992 sought to empower individuals with disabilities through involvement in the development and an annual review of their Individualized Written Rehabilitation Program (IWRP). This amendment also defined the required areas of the IWRP, specified eligibility decision guidelines, and emphasized the importance of interagency collaboration through formal cooperative agreements. The Rehabilitation Act was amended again in 1998 through the Workforce Investment Act (WIA). The amendment's goals were to combine rehabilitation with other federally supported job training programs and to create a system of collaboration that would allow a variety of programs in addition to VR agencies to meet the needs of individuals with disabilities. In this way, it emphasized supported employment and the need for qualified personnel to serve individuals with disabilities. Also, the IWRP was renamed as the Individual Plan for Employment (IPE) (Sitlington, Clark, & Kolstoe, 2000; Test et al., 2006). The most recent reauthorization of the Rehabilitation Act of 1973—the Workforce Innovation and Opportunity Act (WIOA)—was signed into law in 2014. The regulations of the WIOA include such mandates as (a) ensuring accountability for employment results; (b) improving transparency for job seekers to help them choose training programs that best meet their needs; (c) strengthening employer engagement, including increased opportunities for work-based learning and apprenticeships; and, (d) enhancing collaboration and coordination across programs (U.S. Department of Labor, 2015).

The authorization of IDEA in 2004 also brought several changes related to transition. It emphasized postsecondary education to the previous focus on present employment and independent living. The definition of transition services shifted from an outcome-oriented process to a results-oriented process. Furthermore, the age for the inclusion of transition components in a child's IEP changed once again, from 14 back to 16, to include appropriate measurable postsecondary goals. These goals centered on assessing transition planning beyond high school in the areas of training, education, employment, and independent living. Since 1990, transition planning has become one of the functions of special education (Bateman & Bateman, 2001). Currently, IDEA (2004) guarantees both access to education for students with disabilities while also focusing on positive post-school outcomes.

Coordination and Collaboration to Enhance Transition Service Delivery

Two major legislations guide the transition professionals` work practice: IDEA (2004) defines requirements for the school-based transition specialists while the Rehabilitation Act outlines practices for vocational rehabilitation counselors. Both the IDEA and the Rehabilitation Act emphasize the importance of interagency collaboration oriented toward a common goal—positive adult outcomes for youth with disabilities (Agran, Cain, & Cavin, 2002; Carlson, Brauen, Klein, Schroll, & Willig, 2002). Although transition services begin when youth with disabilities are still in school, the established practices and legal mandates require collaboration between school-based professionals (e.g., transition coordinators and special education teachers) and adult service providers (e.g., VR professionals). For example, the Rehabilitation Act Amendment of 1992

adopted the same definition of transition services like the one stipulated in the IDEA (1990).

Furthermore, the Rehabilitation Act Amendment of 1998 mandated the coordination of the client's IPE (previously known as IWRP) with the Individualized Education Plan (IEP). In providing services to transition-age youth with disabilities who are still in a school system, VR agencies are expected to work together with the state education agencies (SEAs), local education agencies (LEAs), and institutions of higher education (IHEs) (Vaughn, 2008). Given that VR agencies do not track youth through school, the school system becomes responsible for ensuring that the student's IEP includes a referral for VR services. Once the school system makes the referral and the VR agency determines the transitioning student's eligibility, a VR counselor becomes responsible for coordinating all VR services, including attending IEP transition-planning meetings, coordinating interagency relationships, and serving as a transition resource (deFur, 2005; Vaughn, 2008). VR agencies may deliver their services directly or through other public and private providers, such as Community Rehabilitation Programs or One-Stop Career Centers (Vaughn, 2008).

Secondary Transition Professionals

The implementation of successful secondary transition practices requires a coordinated effort of both school-based and out-of-school transition professionals. Focusing on improved transition outcomes for youth with disabilities has created a niche for professionals who specialize in secondary transition. Among their many responsibilities, these professionals' roles in transition planning and service delivery include: transition assessment, instructional planning, job development, and interagency

collaboration (Benz, Lindstrom, & Yovanoff, 2000; Blanchett, 2001; deFur & Taymans, 1995; Knott & Asselin, 1999; Mellard & Lancaster, 2003). The specific job titles and the extent of work tasks, however, differ among transition professionals (Asselin, Todd-Allen, & deFur, 1998). Typically, the implementation of school-based transition planning and service delivery falls under the job responsibilities of transition coordinators/specialists and secondary special education teachers. The role of transition coordinators/specialists, on the one hand, requires them to ensure that the student receives the services that correspond to IDEA provisions. Special education teachers, on the other hand, are responsible for providing direct services to students with disabilities, including providing quality instruction in functional, academic, and vocational areas; conducting assessments to determine accommodations and modifications; and, ensuring that students achieve their IEP goals (Li, Bassett, & Hutchinson, 2009; Morningstar & Clark, 2003). The role of special education teachers is multifaceted; it had expanded greatly since the reauthorization of IDEA in 1990 when transition planning became part of the IEP process (Asselin et al., 1998; Knott & Asselin, 1999; Zhang, Ivester, Chen, & Katsiyannis, 2005).

To define the required competencies of transition specialists, the CEC Division on Career Development and Transition (CEC, 2013) issued an updated set of standards. The standards defined expectations for the job preparation for transition professionals, served as the quality descriptors for the transition service delivery, and helped guide college preparation program curricula. These standards define knowledge and skills in the areas of (a) transition assessment; (b) curriculum content; (c) programs, services, and outcomes; (d) research and inquiry; (e) leadership and policy; (f) professional and ethical practice; and, (g) collaboration (CEC, 2013).

Roles and responsibilities of adult service providers for assisting transition-age youth vary greatly. Among non-school-based professionals who play an important role in transition service planning and delivery are VR specialists. Although VR professionals' jobs typically include a wide age range of clients, legislative requirements and increasing demand for their services have defined new roles and functions of these providers, including working with a transition-age population (Ethridge, Rodgers, & Fabian, 2007).

Whereas the CEC (2013) transition specialists' preparation standards guide school-based transition professionals' preparations to work with transition-age youth with disabilities, the competency areas for transition professionals working outside of school system are relatively undefined. The Commission of Rehabilitation Counseling Certification (CRCC, 2003) distinguished the following twelve knowledge domains for rehabilitation counselors: (a) professional orientation and ethical practice; (b) counseling theories, techniques, and evidence-based practices; (c) group and family counseling; (d) crisis and trauma counseling and interventions; (e) medical and psychosocial aspects of chronic illness and disability; (e) assessment, occupational analysis, and service implementation; (f) career development and job placement; (g) demand-side employer engagement; (h) community resources and partnership; (i) case management; (j) health care and disability management; and, (k) research, methodology, and performance management (CRCC, 2018). Plotner et al. (2012) identified the following main competency domains of non-school-based transition specialists, specifically VR counselors: (a) provide career planning and counseling; (b) offer career preparation experiences; (c) promote access and opportunity for student success; (d) conduct program

improvement practices; (e) facilitate nonprofessional support and relationships; (f) enable the allocation of resources; and, (g) develop and maintain collaborative partnerships.

Secondary Transition Practices and Predictors

The success of secondary transition programming for youth with disabilities depends on a variety of elements, such as personal characteristics and environmental factors. Research has identified a wide array of individual, school, family, and community-level factors associated with both positive and negative postsecondary outcomes for young adults with disabilities. Whereas individual-level factors are undoubtedly important, the existing legislation and practice recommendations emphasize the school-based secondary transition practices that can improve a student's future success. Specifically, researchers have tried to identify which school system-level initiatives are helpful in improving such outcomes.

One of the transition models that helps guide planning, delivery, and evaluation of transition services is Kohler's taxonomy of secondary transition (Kohler, 1996). Kohler outlined five areas in the Taxonomy for Transition Programming: (a) student-focused planning, (b) student development, (c) interagency collaboration, (d) family involvement, and (e) program structure. Kohler et al. (2016) later published the Taxonomy for Transition Programming 2.0, which reflects the latest research literature in the secondary transition field and further builds on the original version of the model. Even though the newer model still maintains five primary practice categories, there is an added emphasis on collaboration with service agencies and cultural competency, as well as the expansion of the specific practices for each category.

Test et al. (2009) conducted a systematic review of the correlational literature and identified 16 in-school predictors related to positive post-school outcomes for students with disabilities in the areas of education, employment, and independent living. The researchers organized these predictors around one of the most broadly used secondary transition models: Taxonomy for Transition Programming (Kohler, 1996; Kohler et al., 2016). They identified: career awareness, community experiences, exit exam requirements/high school diploma status, inclusion in general education, interagency collaboration, occupational courses, paid work experiences, parental involvement, program of study, self-advocacy/self-determination, self-care/independent living, social skills, student support, transition program, vocational education, and work/study.

Identification of the post-school outcome predictors provides the necessary guidance for the development of specific practices related to the secondary transition of youth with disabilities. The emphasis on the application of evidence-based practices (EBP) in secondary transition has emerged because of the EBP movement. The EBP movement started as a response to the IDEA (2004) requirement for special education teachers to use scientifically-based instruction in special education. To meet federal requirements, the field of special education had to adopt effective educational practices based on high-quality research (Odom et al., 2005). Broadly, EBP integrated three elements: (a) best available evidence, (b) professional judgment, and (c) client values (Sackett et al., 2000). To provide effective instruction while using EBPs, educators must systematically address the three steps of EBP application: (a) identifying, (b) implementing, and (c) evaluating evidence-based interventions (Detrich, 2008). In the field of secondary transition, the identification and application of EBPs are meant to

enhance service delivery and improve student post-school outcomes (Mazzotti et al., 2014; Test et al., 2009).

In 2009, the U.S. Department of Education, Office of Special Education Programs (OSEP) requested a systematic review of quality experimental studies to identify the best evidence-based practices in secondary transition. In response, Test et al. (2009) identified 32 evidence-based practices. Since then, the list has been updated annually, and the evidence level has been further specified. As of 2018, the list contained a total of 11 evidence-based practices, 47 research-based practices, and 73 promising in-school practices that target postsecondary education, employment, and independent living outcomes for youth with disabilities.

Family Engagement as an Essential Practice Area in Secondary Transition

The nature of transition planning requires coordinated efforts among all stakeholders: the student, his or her family, school-based transition professionals, adult service agencies, and the community. Family engagement is among the many tasks that are both formally and informally included in the work of school-based transition professionals. Parent involvement has been defined as "parents/families/guardians are active and knowledgeable participants in all aspects of transition planning" (Rowe et al., 2015, p. 122). Even though the terms "family engagement", "family involvement", "parent engagement", and "parent involvement" are often used interchangeably in the research literature, Kohler et al. (2016) suggested "family engagement" as an umbrella term that encompasses such transition planning areas as family involvement, family empowerment, and family preparation. Further, the practice represents repetition of an activity to improve a skill; therefore both terms will be used for the purpose of this study.

Since its inception in 1975, the IDEA has emphasized parent-school collaboration to ensure free appropriate public education for eligible children with disabilities (Mead & Paige, 2008). The law granted parents the rights to be fully and meaningfully involved in all aspects of their children's education; therefore, local education agencies must ensure that parents are engaged in the identification, assessment, programming, and placement of children with disabilities. Specifically, the IDEA mandates the following procedural requirements related to parental participation: (a) providing notice to parents when their child's education program is discussed; (b) inviting them to participate in meetings to develop their child's educational program; (c) securing parental consent prior to initiating evaluations or placement in a special education program; (d) allowing parents to examine their child's educational records; (e) permitting them to obtain an independent educational evaluation at public expense, if they disagree with the school's evaluation; and, (f) giving them the right to a due process hearing. The purpose of these procedural safeguards is to ensure that parents of children with disabilities are equal partners throughout the special education process (Turnbull et al., 2010).

Although parents of transition-age youth with disabilities continue to have the same rights and responsibilities as parents of younger children, the IDEA mandates specific provisions related to transitioning youth. For example, students' parents should be notified that the purpose of the IEP meeting is to discuss transition services and post-school goals (20 U.S.C. 1414(d)(1)(B)(i)). Furthermore, if a student reaches the age of majority while in school, the law requires the notification of the parents about the transfer of rights. Moreover, the U.S. Department of Education requires states to collect information from parents of children with disabilities on a yearly basis to determine if

schools have effectively engaged parents in their children's special education programs. The Department of Education then reports the survey data to Congress as part of the state's annual performance report. Therefore, the implementation of parent engagement practices in the education of students with disabilities is not only desired but also legally mandated.

In addition to legal requirements, transition professionals must implement a variety of informal practices to increase family engagement, such as maintaining ongoing communication with parents, creating a welcoming environment, and addressing cultural expectations (Kohler, 1996; Kohler et al., 2016). Therefore, family engagement comprises a significant part of the Taxonomy for Transition Programming (Kohler, 1996; Kohler et al., 2016) that guides the planning and implementation of transition services for youth with disabilities. Kohler et al. (2016) made several changes to the original family involvement module; specifically, the new transition model emphasizes collaboration and cultural competency. First, the overarching family involvement module was renamed family engagement module; however, it comprised similar structural components: involvement, empowerment, and preparation. The authors of the revised framework acknowledged that a family's cultural background, knowledge, and experience with their child informs their IEP. The researchers suggested that parents provide information about their children, either orally or in writing.

Furthermore, families represent equal partners in the secondary transition planning and implementation process, including student assessment, program evaluation, and decision-making. They actively participate in a natural support network through their involvement as trainers, mentors, peer advocates, or community liaisons. The framework

suggested that family concerns and needs must be represented in school governance and considered during program policy development.

In the case of family empowerment, the revised taxonomy emphasized cultural responsiveness through the sharing of transition information in an everyday language and a culturally respectful manner. Moreover, it highlights the importance of identifying and addressing a broad range of family needs (such as childcare and respite care) and applying specific practices that facilitate family participation in transition meetings and pre-IEP planning practices. Also, the family empowerment component emphasized practices of direct individualized support for the families that would help engage youth in community experiences, reach out to adult service providers, and assist in applying for college. Lastly, the revised taxonomy defined family preparation as a set of practices focused on preparing families to participate effectively in the transition planning process. It encompasses such areas as training families in empowerment strategies, advocacy, identification of legal issues, and facilitating community experiences and reaching out to agencies and local support networks. Also, the family preparation component emphasized setting high expectations and promoting the child's self-determination.

Both legal requirements and informal family engagement practices require collaboration between school-based transition professionals and adult services providers. Research has shown that effective collaboration between educators and rehabilitation professionals is beneficial to transitioning youth and their families (Noonan, Erickson, & Morningstar, 2013; Oertle & Trach, 2007; Trach, 2012). However, even though both the IDEA and the Rehabilitation Act provided some guidance for collaboration, the actual extent of partnership varies greatly among service providers (Oertle & Trach, 2007).

Despite their common goals, the collaboration between school-based transition professionals and adult service providers has been problematic, causing duplication, disruption, or absence in services (Baer, Daviso, Queen, & Flexer, 2011; Oertle & Trach, 2007).

Competencies of Family Engagement

School-Based Transition Professionals

Implementation of legally mandated and informal family engagement practices requires substantial knowledge and skills from transition professionals. The CEC transition specialists' preparation standards, established by the Division on Career Development and Transition (CEC, 2013), defined competency areas for the school-based professionals necessary to engage families of students with disabilities into the secondary transition planning and implementation. Even though the CEC standards do not have a separate family engagement component, most transition specialists' competency areas encompass family involvement practices. For example, the advanced preparation standard of transition assessment specified that specialists must be able to explain transition results to the student's family.

Furthermore, the programs, services, and outcomes standard states that transition specialists must be knowledgeable about the effects of the family's cultural and social environment on the student's behavior and learning. Similarly, the area of collaboration requires skills in promoting the active involvement of families, especially those who are culturally and linguistically diverse, throughout the transition decision-making and implementation process. Also, one of the key elements in the area of leadership and

policy is maintaining an environment that respects and safeguards the rights of individuals with disabilities and their families.

Williams-Diehm, Rowe, Johnson, and Guilmeus (2018) explored the extent that competency areas figure in the professional preparation curricula of special education licensure programs. Among other goals, the authors sought to determine how well the course syllabi reflected five domains identified in the transition taxonomy (family involvement, family empowerment, and family preparation) and whether they referenced CEC-DCDT Transition Specialist Standards. After analyzing the syllabi of more than 100 institutions of higher education that provide special education licensure courses, Williams-Diehm et al. found inconsistency in the coursework across transition taxonomy domains. Their study data suggested that student-focused planning and student development were the most commonly addressed areas. However, family engagement was largely underrepresented in the curricula. Out of three family engagement domain areas, family involvement as a learning outcome appeared in 79% of syllabi, whereas family empowerment appeared in only 13% of analyzed cases and family preparation was not mentioned at all. Moreover, only 21% of the syllabi included in the study mentioned the CEC Transition Specialist Standards.

Similarly, Morningstar, Hirano, Roberts-Dahm, Teo, and Kleinhammer-Tramill (2018) asked special education program faculty to what extent their programs prepared students to apply transition-related content across seven CEC initial licensure domains (Learner Development and Individual Learning Differences; Learning Environments; Curricular Content Knowledge; Assessment; Instructional Planning and Strategies; Professional Learning and Practice; and Collaboration) (CEC, 2015). They found that the

transition competency area in which program faculty reported their students to be best prepared was the area that "include[d] the student, family, team, and other related agency members in the transition planning process." The respondents indicated that a variety of instructional methods and content addressed family involvement during transition planning, most often through readings and lectures. Interestingly, the dissemination of transition information was one of the areas that received the lowest attention within program coursework (Morningstar et al., 2018).

Non-School-Based Transition Professionals

Over the past decade, individuals of transition-ages with disabilities that reached out to adult service providers had more than doubled (Schmidt-Davis & Hayward, 2000; Honeycutt, Thompkins, Bardos, & Stern, 2015). Consequently, the necessity for relevant competencies in addressing the needs of transition-age population emerged as well. These competencies included professional knowledge and skills of engaging families of transitioning youth with disabilities. Whereas the CEC transition specialists' preparation standards (CEC, 2013) guided school-based transition professionals' preparation to work with families, family-related competency areas for transition professionals working outside the school system are less clearly defined.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) outlined family engagement in their general professional knowledge, skills, and practice areas for rehabilitation counseling professionals. Unlike the CEC (2013) standards that outline school-based transition professionals' competency areas, the CACREP (2016) standards did not include a separate family engagement component. Rather, specific competencies are incorporated into general standards. For example, in

the domains of counseling, prevention, and intervention, rehabilitation counselors had to possess knowledge in parent education as well as recognize the importance of family in the provision of services for and treatment of individuals with disabilities. Similarly, the domains of diversity, advocacy, and accommodation encompassed skills and practices in consulting with and educating families on accessibility, ADA compliance, and available accommodations. Further, the domain of assessment and diagnosis focused on rehabilitation counselors' knowledge about the effect of co-occurring disabilities on their clients and their families. Even though CACREP (2016) competency areas did not specify requirements related to working with transition-age youth with disabilities and their families, general family-related knowledge and skills may apply to this population as well.

After defining professional competency domains of non-school-based transition specialists', specifically, that of VR counselors, Plotner et al. (2012) identified the domain of allocation of resources like the one requiring specialists to provide transition partners, including students and their families, with transition information and available resources. Plotner et al. (2012) found that transition professionals perceived this domain as the most important competency for the transition. However, this is also an area in which they reported having moderate to low preparation.

Family-Related Predictors of Postsecondary Outcomes

Family engagement in the secondary transition process of youth with disabilities has received increased attention in the research literature. Recent research has shown that family engagement is a strong predictor of positive adult outcomes for youth with disabilities. In a systematic review, Mazzotti et al. (2016) revealed several specific family

engagement areas that resulted in positive outcomes in the areas of employment and postsecondary education for young adults with disabilities. Despite growing evidence that family engagement is linked to the positive post-school outcomes of young adults with disabilities, there are still a few effective practices. Based on an earlier a priori study (Fourqurean et al., 1991), Test et al. (2009) established that family engagement was positively associated with employment outcomes for youth with disabilities after leaving high school. Fourqurean et al. (1991) also found that parental participation, measured as a percentage of the IEP meetings that one or more parents attended during 11th and 12th grade, related to both employment stability and job status. In a 2016 correlational literature review, Mazzotti et al. further extended the findings of Test et al. (2009) by identifying further in-school predictors, while also detecting new in-school predictors of post-school success for youth with disabilities. In their exploratory study, Wagner, Newman, and Javitz (2014) explored the association of family engagement in home education with postsecondary education outcomes. Although the evidence for this predictor remained the same, this study added areas beyond employment to the research base for outcomes. Mazzotti et al. (2016) used a high quality a priori study (Doren et al., 2012) and four quality exploratory studies (Carter, Austin, & Trainor, 2012; Chiang, Cheung, Hickson, Xiang, & Tsai, 2012; Papay & Bambara, 2014; Wagner et al., 2014), to indicate that parent expectations have a potential level of evidence for predicting education, employment, and independent living outcomes.

In their study, Doren et al. (2012) concluded that parent expectations regarding youth with disabilities obtaining a job and attending postsecondary education were significantly and positively associated with their children's likelihood of achieving these

outcomes. Moreover, the authors found that the main effects of parent expectations remain stable regardless of other moderating factors such as family background, gender, and minority status (Doren et al., 2012). Similarly, Carter et al. (2012) found that socioeconomic factors such as parental education level, employment, income, and ease of transportation did not determine post-school employment outcomes for young adults with severe disabilities. However, they noted that parental expectations were very strong predictors of student employment after high school. In their exploratory study, Papay and Bambara (2014) also established that parent expectations for employment and postsecondary education for students with intellectual disabilities are some of the strongest predictors of post-school success. Chiang et al. (2012) study showed similar results, indicating that family characteristics, specifically parent expectations and annual household income, were significant predictors of parental participation in the postsecondary education of young adults with autism.

Prior research has established a positive association between parental expectations and post-school outcomes for students with disabilities (Blacher, Kraemer, & Howell, 2010; Olivos, Gallagher, & Aguilar, 2010; Powers, Geenen, & Powers, 2009). However, this research was mostly descriptive. The findings that emerged from the systematic correlational literature review of Mazzotti et al. (2016) resulted in the inclusion of parental expectations within the list of in-school predictors of positive outcomes in all major areas: postsecondary education, employment, and independent living.

Barriers to Family Engagement Facilitation in Secondary Transition

The coordination of practices, as specified by the law, not only requires both educators and other transition professionals to jointly implement certain family

engagement practices but also share responsibilities. Team approach in implementing secondary transition-related practices prevents from the duplication of services and ensures that required activities are present. Most family engagement in secondary transition practices, however, represent isolated activities based on existing competencies (or lack thereof) of school-based transition specialists and their colleagues in the adult service system.

Lack of Professional Preparation to Engage Families

Transition planning and service delivery require transition professionals to possess a set of knowledge and skills to perform their tasks. Even though transition professionals are expected to engage parents in all aspects of transition planning and implementation, they report being ill-prepared to implement parent engagement practices. For example, Knott and Asselin (1999) explored the perception of a sample of secondary special education teachers' regarding their knowledge, involvement, and the importance they place on transition planning and service delivery. They found that respondents indicated having medium understanding of problems, issues, definitions, models, and relevant historical and legal mandates. Moreover, even though survey participants reported high involvement in engaging parents in the IEP planning process (i.e., collaborating with families in goal setting and IEP team planning), they also indicated having low levels of working knowledge of adult service agencies and family support services.

Although secondary transition teachers reported having insufficient knowledge in family support services, Knott and Asselin (1999) found that transition professionals placed the highest importance on family and student engagement in transition. They

revealed that secondary transition professionals perceived family engagement as an important area of transition and engaged in required practices in this area; however, they implemented such practices despite feeling prepared to perform them.

Similarly, after exploring the perceived importance of transition-based competencies, Blanchett (2001) found that special education teachers indicated that parent engagement represented the most important area of secondary transition. Almost three quarters of respondents reportedly received some kind of parent-engagement training and one-third of them attended in-service learning activities. However, despite perceived high importance and some training in family engagement, almost half of all participants felt that they were not adequately prepared for the job.

In their study, Benitez, Morningstar, and Frey (2009) revealed similar results related to perceived preparation to provide transition services, satisfaction with received training, and actual implementation of specific transition practices. The authors of the study found that middle and high school special education teachers involved in transition planning and implementation generally felt prepared to provide transition services. The analysis of specific transition domains revealed that transition professionals felt the most prepared for transition planning competencies (e.g., develop transition programs based on outcomes). However, collaboration domain, which involved collaboration with families, was among the lowest-ranked transition domains. Moreover, when asked about their satisfaction level related to the past transition training, secondary special educators reported that they were most satisfied with the transition planning domain and the least satisfied with the collaboration domain. Finally, similar to their preparation and satisfaction responses, the secondary education transition professionals reported that they

were most likely to implement transition planning and least likely to implement collaboration practices. Benitez et al. (2009) also revealed alarming findings showing that secondary transition professionals feel inadequately prepared to implement specific transition practices, but they reported performing them anyway.

After reviewing teacher preparation program curricula, Bartels and Eskow (2010) found that most teacher preparation programs do not teach these skills in a systematic manner. In their study, Epstein and Sanders (2006) explored the extent to which future educators receive knowledge and skills related to family participation. They showed not only that more than half of the institutions they examined offered an entire course in family engagement, but also that two-thirds of them reported that the course was mandatory. These courses were mostly available to early childhood and special education majors. Despite this, recent graduates and school leaders stated that they felt that the preparation to engage parents was insufficient (Epstein & Sanders, 2006).

The researchers found a similar situation occurred when it came to the "on-the-job" training. After exploring the formal professional development opportunities for teachers, Parsad, Lewis, and Farris (2000) found that less than half of their respondents indicated that they had received professional development training in family engagement. In the case of VR counselors, Plotner et al. (2012) revealed that they reported little to moderate preparation in every domain except related to career planning and counseling. Also, 85% of the participants declared that they attended transition-related training only seldom or very seldom. The authors suggest that more preservice and continuing education is necessary for VR professionals to assume an effective role in transition services.

Lack of Understanding Professional Roles Related to Family Engagement

Transition planning process represents a collaborative effort involving students, family members, special education personnel, and community service providers. Thus, it requires a clear understanding of each participant's roles and duties in the process. Yet, research consistently shows insufficient knowledge of specific responsibilities among stakeholders as well as a lack of coordinated practice in gathering transition teams together (deFur & Taymans, 1995; Knott & Asselin, 1999; Oertle & Trach, 2007). Family members of transition-age youth with disabilities report lacking information about available community resources and understanding their role in transition planning (Chambers et al., 2004; Wehman, 2006), whereas school-based transition personnel and adult service providers disclose feeling unsure of their responsibilities in the transition-planning process (Lovelace, Somers, & Steveson, 2006).

Among many barriers negatively affecting secondary transition planning process is a lack of clarity regarding who is responsible for gathering transition teams together as well as who should be invited, often resulting in insufficient involvement and utilization of adult service providers (Agran et al., 2002; Benz et al., 1995; Oertle & Trach, 2007). Research shows that special educators are among the most active participants in transition IEP meetings, also bearing the responsibility of planning and leading them. In addition to other duties, they are responsible for inviting other IEP team members and following up on their attendance. Therefore, whether or not other team members are invited and participate in the IEP meetings often depends on the special educators` knowledge of the secondary transition services and stakeholders, especially adult service providers. For example, Oertle et al. (2013) found that educators most often initiated participation of

rehabilitation professionals in transition planning meetings, whereas parents invited other transition professionals, such as the Center for Independent Living (CIL) personnel.

The insufficient knowledge of roles within the transition team also negatively affects communication with families of transition-age youth with disabilities. For example, in their 2013 study, Oertle et al. identified a significant discrepancy in reaching out to families among transition team members. Their data suggest that during the transition process, rehabilitation counselors and transition specialists communicate most frequently with educators, and least frequently with parents. Out of all transition professionals, only CIL personnel reported communicating most frequently with both youth and parents. Interestingly, data from the same study suggested that while all participants declared that more contact outside of transition planning meetings was necessary to be more effective in transition, rehabilitation counselors and CILs were the only ones who expected more regular contact with parents (Oertle et al., 2013).
Another reported barrier preventing effective family engagement is the perception of family expectations among transition professionals. Oertle et al. (2013) revealed that rehabilitation counselors, transition specialists, and community resource providers perceived that parents expected them to contribute financially, assist with vocational goals, and provide community resources. For example, CIL personnel stated that parents expected them to offer community resources and serve as a system of support and advocacy. Also, transition specialists declared that educators expected them to address difficulties with parents. Therefore, even though each team member has his or her own assumptions about their roles in the transition process, communication about these roles is often insufficient and unclear.

Summary

The transition to adulthood for youth with disabilities typically starts in school, where a team of professionals, family members, and the students themselves engage in planning and implementing transition practices. Even though the legislation mandates family engagement for both school-based transition professionals and adult service providers, the actual implementation of these practices varies greatly. Among many factors preventing effective family engagement are lack of skills and knowledge in family engagement practices among transition specialists. Moreover, there is a lack of research about what specific parent engagement practices are used and how the implementation of those practices differs among various transition service providers (i.e., school-based professionals and adult service providers).

CHAPTER 3

METHODOLOGY

The purpose of this study was to examine transition professionals' perceptions of the importance of family engagement practices, how frequently specific family engagement practices were implemented, and the perceived level of preparation to implement these practices. Specifically, the following research questions guided the study:

1. Is there an underlying factor structure of the proposed family engagement practices?
2. What do transition professionals perceive to be the most important family engagement practices?
3. How frequently do transition professionals report implementing specific family engagement practices?
4. What is the transition professionals` perceived level of preparation to implement specific family engagement practices?
5. Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the perceived importance of these practices?
6. Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the frequency of implementation?

7. Does the transition professionals' perception of the importance of specific family engagement practices impact how frequently they implement these practices?

To achieve the objectives of this study, a cross-sectional survey research design was used. The survey research design was chosen for the following reasons: (a) a survey ensures that all the data needed for a given analysis is available and can be related; and (b) standardized measurement that is consistent across all respondents ensures that comparable information is obtained about everyone who is described (Fowler, 2009). Fowler (2009) describes two fundamental premises of the survey design: (a) we can describe the target population by describing the sample of people who actually respond; and (b) we can use the answers of people who respond to accurately describe the respondent characteristics. Therefore, the goal of survey methodology is to "minimize the random differences between the sample and the population" (Fowler, 2009, p. 13). This chapter will outline the research design, sampling, instrumentation, data collection, and analysis plan utilized in the study.

Instrumentation

A survey instrument was developed for the purpose of this study (see Appendix B for the Family Engagement in Secondary Transition Inventory). The development of this instrument consisted of three major stages: (a) initial survey development based on a comprehensive review of the relevant transition and family engagement literature; (b) content review and pilot testing; and (c) survey instrument revision.

Initial survey development

According to Salant and Dillman (1994), after the focus of the study is clearly defined, its objectives must be translated into measurable factors. Consequently, the first

step in survey development for this study was a systematic review of the existing literature to identify the specific practices used by transition professionals to engage families of youth with disabilities. During the first stage of literature review, sources for identifying these practices included empirical and meta-analytic studies, existing survey instruments (e.g., Hirano, 2016), and professional competency standards (e.g., DCDT, 2013). Throughout the process, electronic databases (i.e., EBSCO, Google Scholar) were utilized. The initial search targeted two major areas: the secondary transition of students with disabilities and family engagement in secondary transition. It also involved all disability categories and included the following search terms: *family involvement*; *family engagement*; *family participation; parent involvement*; *parent engagement*; *parent participation*; *activities*; *practices*; *secondary transition*; *students with disabilities; youth with disabilities*. To meet the literature search requirements, only those practices that involved both the areas of the secondary transition of students with disabilities AND family engagement were considered for the study. Therefore, family engagement practices that were not specific to secondary transition (e.g., elementary school-level parent engagement practices) or disabilities (e.g., family engagement of students without disabilities) were excluded from the search. The overall search resulted in a total of 94 family engagement practices in the secondary transition of youth with disabilities (see Appendix C for family engagement practices).

The original list of 94 family engagement practices was reviewed to ensure the clarity of the potential survey items. In addition, the practices that were close in meaning were combined (e.g., connect parents to adult service providers and refer parents to adult service providers) to generate an initial list of items. In addition, to control for the length

of the survey instrument and reduce the response bias (Fowler, 2014), practices that referred to the same practice but described varying means to implement it were combined into broader categories (for example, "providing parents with brochures" and "offering resource guides to parents" became "disseminating information to families through written materials"). Similarly, practices that were described as specific to a certain population (e.g., providing interpreters to culturally and linguistically diverse parents) but could be applied to a broader group (e.g., providing sign-language interpreters to the members of a Deaf community) were revised and reworded. This process resulted in a list of 35 family engagement practices that were included in the initial version of the survey instrument. The second and third steps in survey instrument preparation were the conducting of a content review and pilot testing. The purpose of these steps was to identify if the potential survey items were relevant, specific, and clear.

Content review and pilot testing

Two types of professionals served as the content reviewers: (a) three leading PhD-level researchers in the field of special education in secondary transition and (b) transition professionals that provide technical assistance in the secondary transition to school districts and other agencies involved in such services. First, an e-mail was sent to the PhD-level transition experts asking to review the survey instrument with respect to the accuracy and comprehensiveness of the content, the clarity of the survey items, and the overall organization of the items. Secondary transition practitioners were then asked to review the survey instrument and provide feedback on the clarity and organization of the survey items. Based on the reviewers' recommendations, the following adjustments were made: (a) the wording of the survey items was adjusted (e.g., the term "transition

services" was changed to "secondary transition services"; (b) the term "youth with disabilities" was operationally defined to reflect the legal definition; (c) transition items were combined (e.g., two separate items related to a time and place of IEP/transition meetings were combined into one specifying that meetings will be conducted in a convenient time and format); (d) items that were not relevant were deleted (e.g., asking help from other professionals in parent engagement); (e) the order of the survey items was changed to better reflect similar items; (f) additional demographic items were added (e.g., instead of one item choice for vocational rehabilitation counselor, two options—general vocational rehabilitation counselor and transition-focused vocational rehabilitation counselor—were added); and (g) missing secondary transition areas were added to better reflect the extent of services (i.e., supported decision-making, person-driven planning, guardianship, benefits/financial counseling and planning). The next step in the survey instrument development was pilot testing. The testing was conducted by three former high school secondary transition practitioners who were not included in the study's sample. These reviewers completed the survey and evaluated the content based on the criteria of clarity, ease of use, and time needed to answer survey questions.

Survey instrument revision

The last step in the development of the instrument included final revisions of the instrument based on recommendations from the content reviewers and secondary transition practitioners. The final version of the survey instrument consisted of two parts: specific family engagement practices and demographics. The survey also included a screening question. It asked if a part of the participant`s job responsibility was to support transition-age youth with disabilities. If the participant responded positively, then he/she

continued with other survey questions. However, if the respondent indicated that working with transition-age youth was not part of his/her job responsibility, then the study participant was automatically redirected to the end of the survey.

The first part of the survey consisted of 22 specific family engagement practices. Using the same response format, study participants were asked to report their beliefs and behaviors on each practice: perceived importance, the frequency of use, and preparation to implement the specific family engagement practices. The closed-response format included four Likert-scale items: 1 – not at all, 2 – a little, 3 – moderately, and 4 – extremely. The choice of this scale was based on the recommendation by Lozano et al. (2008), who suggested that the minimum number of response categories in a Likert-type scale should be at least four to meet the criteria of reliability and validity. The even number of responses allows for the elimination of neutral response option (Allen & Seaman, 2007) and it provides an opportunity to condense the responses into broader categories (e.g., better-prepared respondents vs. less prepared respondents). The demographics section included questions on the respondents' age, race, geographic work area (e.g., rural, urban), job title and site, years of experience, training opportunities, and actual participation. This section contained both open-ended questions and closed-response items with a multiple-choice response format.

Procedure

An Internet-based survey was chosen as the method for collecting data. The following reasons determined this choice: (a) data collection cost efficiency, (b) potentially high speed of returns, (c) the advantages of a self-administered and computer-assisted instrument (Fowler, 2014; Greenlaw & Brown-Welty, 2009; Yun & Trumbo,

2000). According to Fowler (2014), among the potential disadvantages of Internet surveys are that they only grant access to Internet users and require a comprehensive list of e-mail addresses. These limitations were partially addressed by the fact that the potential survey participants were contacted via their work e-mail; therefore, it could be assumed that participants had either been assigned organization-based e-mail address or used their personal e-mail for work purposes. In addition, since the majority of e-mail addresses are routinely used for work-related communication, it could be assumed that the potential survey participants possessed adequate skills to receive the survey invitation via e-mail and complete the survey using the directions provided in the e-mail.

The survey instrument was created using the SurveyMonkey® software program. An e-mail invitation with a link to the survey was sent to potential study participants, who were given two weeks to respond to the survey. One reminder was sent after the initial two-week period that allowed an additional one week for survey participation. To prevent multiple responses from the same recipient, the default option included in the software was utilized that allowed only one response per browser or e-mail address.

Sampling

The purpose of this study was to examine the perceptions of transition professionals regarding family engagement practices. The target population, therefore, consisted of the direct transition service providers who served transition-age youth with disabilities (age 13-21), specifically high school and middle school special education teachers, school-based transition specialists and coordinators, and adult service agency (e.g., vocational rehabilitation) transition providers. A sampling frame comprised transition professionals whose contact information was accessible through professional

networks and those transition professionals who accepted the invitation to participate in the survey. Only those transition professionals who served transition age-youth (13-21) with disabilities became the sample for the study. The sample is therefore based on the nonprobability characteristics of convenience and purpose (Leedy & Ormrod, 2005).

Two major sources were used to recruit potential study participants. First, special education directors of 81 South Carolina school districts were asked to disseminate study information and a link to the online survey to school-based transition professionals in their respective school districts. The list of special education directors was obtained from the South Carolina Department of Education website. The South Carolina Department of Education oversees the implementation of transition practices by the local education agencies across 81 school districts in South Carolina. Second, the area supervisors of 24 South Carolina Vocational Rehabilitation Department local offices were contacted asking to disseminate the same information to vocational rehabilitation counselors that served transition-age youth with disabilities. The list with contact information of area supervisors was obtained from the South Carolina Vocational Rehabilitation Department website. The special education directors and vocational rehabilitation area supervisors oversee the work of transition professionals identified as a sample in this study. Therefore, they had direct access to the contact information of potential study participants and could disseminate a link to the survey. This participant recruitment method has been successfully applied in other studies in the field (e.g., Mazzotti & Plotner, 2016). Both special education directors and vocational rehabilitation area supervisors were sent a scripted e-mail letter describing a purpose of the study, a target population, and a link to

the online survey that they can further distribute to their respective contacts (see Appendix A for a letter to supervisors).

Participants

A total of 248 transition professionals responded to the invitation to participate in this study. To gather information from transition professionals who specifically served transition-age youth with disabilities (age 13-21), the survey instrument comprised an eligibility screening question, "Is part of your job responsibility to support transition-age (age 13-21) youth with disabilities?". Only those transition professionals who responded positively to the screening question were able to continue their participation in the study. The screening procedure resulted in a total of 237 eligible participants. Demographic characteristics of study participants are included in Table 3.1.

Table 3.1

Demographic Results of Respondents

Variables	*N*	*%*
Gender		
Female	209	88.1
Male	28	11.8
Ethnicity		
African American	30	12.6
Asian/Pacific Islander	5	2.1
Caucasian	195	82.2
Hispanic	3	1.2
Other	4	1.7
Highest Educational Degree		
Associate`s	1	0.4
Bachelor`s	33	13.9

Variables	*N*	*%*
Master`s	196	82.5
Doctoral	7	3.0
Degree Specialty Area		
Special Education	187	78.8
General Education	33	13.9
Counselor Education	7	3.0
Rehabilitation Counselor	18	7.6
Education Administration	21	8.9
Other	35	14.8
Work Setting		
Middle School	29	12.2
High School	144	60.7
State Vocational rehabilitation (VR) Department	20	8.4
Other	44	18.6
Job Area		
Urban	28	11.8
Suburban	116	48.8
Rural	93	39.2
Job Title		
Special Educator	101	42.6
School-Based Transition Specialist	4	1.7
School-Based Transition Coordinator	64	26.9
General Vocational Rehabilitation (VR) Counselor	4	1.7
Transition-Focused Vocational Rehabilitation (VR) Counselor	14	5.9
Other	50	21.1
Serving on the district transition team		
Yes	75	31.6
No	162	68.3

Note: n = 237

Data Analysis

Survey answers collected via SurveyMonkey® were coded and transferred into an IBM® SPSS Statistics® software program for statistical analysis. Four major types of data were used: (a) importance data; (b) frequency data; (c) preparation data, and (d) demographic data. First of all, missing data analysis was completed. It suggested that approximately 26% of the observations were missing. The rate of item nonresponse was higher than 5%; therefore, missing data were addressed by using the expectation-maximization (EM) procedure. The EM is an iterative procedure that uses information from other variables to impute a missing value by repeatedly checking for the most likely value (Dong & Peng, 2013). The EM procedure was chosen because, unlike mean imputation, it preserves the relationship with other variables, which is important for factor analysis (Graham, 2009).

Research Question 1

A 22-item questionnaire "Family Engagement in Secondary Transition Inventory (FESTI)" was used to measure transition professionals' perceptions of the specific family engagement practices. To investigate whether an underlying factor structure exists across FESTI items, an exploratory factor analysis (EFA) was conducted (Stevens, 1996). The EFA allowed for the identification of underlying variables, or domains that explained the pattern of correlations within the sets of scale items (Tabachnick & Fidell, 1996). This procedure further provided an opportunity to analyze data at both domain and item level. Even though the same 22 survey items were used to collect study participant responses on the perceived importance, frequency of use, and preparation to implement the specific

family engagement practices, only importance data were used for the exploratory factor analysis.

A final sample size of 237 respondents yielded that the minimum amount of data for factor analysis was satisfied, providing a ratio of approximately 11 cases per variable. Further, the suitability of data for EFA analysis was assessed. Inspection of the correlation matrix showed that all variables had at least one correlation coefficient greater than .3. The overall Kaiser-Meyer-Olkin (KMO) measure was .876 with individual KMO measures all greater than .8, which placed the scores within the range of "meritorious" to "marvelous" according to Kaiser (1974). Bartlett's Test of Sphericity was statistically significant ($p < .05$), suggesting that the correlation matrix was not equal to the identity matrix; that is, that there were correlations between some of the variables. Further, commonalities were explored, which allowed for the identification of the extent to which an item correlated with all other items. The communalities were all above .3, further conforming that each item shared some common variance with other items. Given these indicators, it was decided to proceed with EFA.

The eigenvalue-one criterion (Kaiser, 1960) was used to identify the number of components to retain in the analysis. The EFA revealed five components that had eigenvalues greater than one, explaining 38.02%, 10.27%, 6.15%, 5.41%, and 5.00% of the variance, respectively. The components that explained less than 5% of the total variance were not retained; therefore, the five-component model explained 64.85% of the total variance. Further, a visual inspection of the scree plot was used to identify the number of components that should remain in the model; only components before the inflection point of the graph were considered for further analysis (Cattell, 1966).

Therefore, visual inspection of the scree plot indicated that only three components should be retained. The three-component model explained 54.44% of the total variance.

Solutions for three, four, and five components were each examined using orthogonal and oblique rotations with a goal of identifying "simple structure" for interpretation (Thurstone, 1947). The analysis revealed that oblique rotation provided a simple structure for this data set. As such, three components were retained. They explained 38.02%, 10.27%, and 6.15% of the total variance, respectively (Table 3.2).

Table 3.2

Factor Analysis: Rotated Factor Structure and Total Variance Explained

Component	Extraction Sums of Squares Loadings		
	Eigenvalue	% of Variance	Cumulative %
Family Guidance	8.37	38.02	38.02
Family Recognition	2.26	10.27	48.30
Family Partnership	1.35	6.15	54.44

Further, individual items in the model were assessed. Twenty items met minimum criteria of having a primary factor loading of .4 or above, and two items cross-loaded on two components. The item "Discuss all secondary transition-related decisions with families" had factor loadings of .371 and .720 on the components 2 and 3, respectively. The item "Make adaptations to secondary transition assessments to reflect the sociocultural and linguistic background of the family" had factor loadings of .362 and .403, on the components 1 and 3, respectively. Both items were associated with the component on which they had higher loading. Therefore, all 22 items remained in the model. The factor loading matrix for the final three-component model is presented in Table 3.3.

Table 3.3

Factor Loading Matrix

Item	Component		
	1	2	3
Provide family training on available benefits and financial planning	**.850**		
Organize school-wide informational events for families related to secondary transition (e.g., transition fairs)	**.798**		
Provide family training on promoting self-determination for their child	**.719**		
Communicate with other secondary transition team members on how to improve family engagement	**.716**		
Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures)	**.631**		
Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives)	**.585**		
Provide family training on available agencies and services related to secondary transition	**.508**		
Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning	**.482**		
Ensure that student-led IEP meetings are conducted	**.467**		
Provide family training on secondary transition planning process	**.448**		
Ensure that IEP meetings are scheduled at convenient time and format for families to attend		**.841**	
Ensure that families are given information that was discussed during an UNATTENDED IEP meeting		**.813**	
Communicate to families in a way they can understand (e.g., avoid using professional jargon)		**.737**	
Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters)		**.712**	

Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP)		**.591**	
Coordinate/lead the pre-IEP planning/preparation meeting with families		**.415**	
Explain secondary transition assessment results to families			**.820**
Discuss all secondary transition-related decisions with families		.371	**.720**
Ask families to complete formal and informal secondary transition assessments of their child			**.654**
Explain transition team roles and responsibilities to the families			**.573**
Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination)			**.561**
Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family	.362		**.403**

Research Questions 2, 3, & 4

Descriptive statistics (mean, standard deviation, and range) were computed for each dependent variable (*importance*, *frequency*, and *preparation*) at the domain level. Representation of each individual family engagement practice in percentage was calculated for the item-level analysis.

Research Questions 5 & 6

For research questions 5 and 6, participant responses on the perceived preparation to implement parent engagement practices were divided into three groups based on the mean distribution across scores for each of the three domains. The combined preparation scores for each domain were split into three groups using 33rd and 66th percentile value. The three groups were as follows: (a) *low prepared* (mean scores 1.00 – 2.70 for the Family Guidance Domain, 1.00 – 3.52 for the Family Recognition Domain, and 1.00 –

2.98 for the Family Partnership Domain), (b) *moderately prepared* (mean scores 2.71 – 2.90 for the Family Guidance Domain, 3.53 – 3.83 for the Family Recognition Domain, and 2.99 – 3.15 for the Family Partnership Domain), and (c) *highly prepared* (mean scores 2.91 – 4.00 for the Family Guidance Domain, 3.84 – 4.00 for the Family Recognition Domain, and 3.16 – 4.00 for the Family Partnership Domain). Further, a One-Way Analysis of Variance (ANOVA) was conducted to determine if a significant difference exists between three participant groups across each of the three domains with respect to perceived importance (research question 5) and frequency (research question 6) of implementation of family engagement practices.

Research Question 7

Similarly, for research question 7, participant responses on the perceived importance to implement parent engagement practices were divided into three groups based on the mean distribution across scores for each of the three domains. The three groups were as follows: (a) *low importance* (mean scores 1.00 – 3.57 for the Family Guidance Domain, 1.00 – 3.84 for the Family Recognition Domain, and 1.00 – 3.61 for the Family Partnership Domain), (b) *moderate importance* (mean scores 3.58 – 3.80 for the Family Guidance Domain, 3.85 – 4.00 for the Family Recognition Domain, and 3.62 – 3.83 for the Family Partnership Domain), and (c) *high importance* (mean scores 3.81 – 4.00 for the Family Guidance Domain, 3.85 – 4.00 for the Family Recognition Domain, and 3.84 – 4.00 for the Family Partnership Domain). Further, a One-Way Analysis of Variance (ANOVA) was conducted to determine if a significant difference exists between three participant groups across each of the three domains with respect to the reported frequency of implementation of family engagement practices (research question

7). The eta square was calculated as an indicator of the effect size for research questions 5, 6, and 7. An eta square of 0.01 was considered as a small effect, 0.06 a medium effect, and 0.14 a large effect size (Cohen, 1998).

CHAPTER 4

RESULTS

The purpose of this study was to explore transition professionals' perceptions of the importance of family engagement practices, how frequently specific family engagement practices are implemented, and the perceived level of preparation to implement these practices.

Research Question 1

A 22-item questionnaire "Family Engagement in Secondary Transition Inventory (FESTI)" was used to measure transition professionals' perceptions of the specific family engagement practices. To investigate whether an underlying factor structure exists across FESTI items, an exploratory factor analysis (EFA) was conducted. The EFA analysis revealed that 22-items on the FESTI questionnaire comprised three independent components (sub-scales). Based on the specific items, they were named as follows: (a) *Family Guidance Domain*, (b) *Family Recognition Domain*, and (c) *Family Partnership Domain*. The composition of specific items in each domain is explained in further sections.

Family Guidance domain is the largest sub-scale that comprises ten items. Items on the Family Guidance domain represent practices intended to increase a family`s knowledge of the secondary transition process and available services. Specific practices in this domain include family training, informational events, and collaboration with other

stakeholders. Table 4.1 provides a summary of the Family Guidance domain items and their respective numbers on the Family Engagement in Secondary Transition Inventory (FESTI).

Table 4.1

Family Guidance Domain Items.

Family Guidance Domain Practices	FESTI Item Number
Provide family training on available benefits and financial planning	Item 18
Organize school-wide informational events for families related to secondary transition (e.g., transition fairs)	Item 19
Provide family training on promoting self-determination for their child	Item 17
Communicate with other secondary transition team members on how to improve family engagement	Item 23
Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures)	Item 20
Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives)	Item 16
Provide family training on available agencies and services related to secondary transition	Item 15
Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning	Item 3
Ensure that student-led IEP meetings are conducted	Item 11
Provide family training on secondary transition planning process	Item 14

Family Recognition domain consists of six items. Items on the Family Recognition domain represent practices related to ensuring effective communication

between families and transition professionals as well as acknowledging family`s input during the Individualized Education Planning (IEP) meetings. Table 4.2 provides a summary of the Family Recognition domain items and their respective numbers on the Family Engagement in Secondary Transition Inventory (FESTI).

Table 4.2

Family Recognition Domain Items.

Family Recognition Domain Practices	FESTI Item Number
Ensure that IEP meetings are scheduled at convenient time and format for families to attend	Item 10
Ensure that families are given information that was discussed during an UNATTENDED IEP meeting	Item 12
Communicate to families in a way they can understand (e.g., avoid using professional jargon)	Item 22
Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters)	Item 13
Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP)	Item 21
Coordinate/lead the pre-IEP planning/preparation meeting with families	Item 2

Family Partnership domain consists of six items. Items on the Family Partnership domain represent practices related to acknowledging families as valuable partners in the secondary transition process. Specific practices in this domain include discussing the roles and responsibilities of secondary transition stakeholders as well as actively involving families in the assessment and decision-making process. Table 4.3 provides a summary of the Family Partnership domain items and their respective numbers on the Family Engagement in Secondary Transition Inventory (FESTI).

Table 4.3

Family Partnership Domain Items.

Family Partnership Domain Practices	FESTI Item Number
Explain secondary transition assessment results to families	Item 8
Discuss all secondary transition-related decisions with families	Item 9
Ask families to complete formal and informal secondary transition assessments of their child	Item 6
Explain transition team roles and responsibilities to the families	Item 4
Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination)	Item 5
Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family	Item 7

Even though the purpose of this study was to explore whether there was an underlying structure of the individual family engagement practices rather than to test how well those practices represented existing constructs, the three-domain model that resulted from EFA, closely related to the family engagement frameworks represented in the current literature. For example, *Family Guidance* domain mirrors Family Preparation domain of the Taxonomy for Transition Programming framework (Kohler, 2016) in that both domains specify learning opportunities for families related to the secondary transition (e.g., legal issues, agencies and services). Similarly, the *Family Guidance* domain comprises activities that are also represented in the Facilitate Allocation of Resources domain (e.g., providing secondary transition information and resources; Plotner et al., 2012).

Further, internal consistency for each of the three sub-scales was examined using Cronbach`s alpha. The Cronbach`s alpha of .893 for the Family Guidance domain (10

items) and .817 for the Family Recognition domain (6 items) indicated a high level of internal consistency. The Cronbach`s alpha of .794 for the Family Partnership domain (6 items) indicated a moderate level of internal consistency. Data analysis suggested that an increase in the Cronbach`s alpha for the Family Recognition domain could have been achieved by eliminating the item "Coordinate/lead the pre-IEP planning/preparation meeting with families." Based on the literature analysis, however, it was decided to retain the item in the final model. The Cronbach`s alphas for all three subscales are presented in Table 4.4.

Cronbach`s Alpha Coefficients for FESTI Domains.

Subscale	α
Family Guidance Domain	.893
Family Recognition Domain	.817
Family Partnership Domain	.794

Overall, EFA analysis revealed that three distinct factors were underlying secondary transition professionals` responses to the Family Engagement in Secondary Transition Inventory (FESTI) items and that these factors were moderately to highly internally consistent.

Research Question 2

The second research question examined transition professionals` beliefs regarding the most important family engagement practice domains. The respondents were asked to rate their beliefs on a four-point Likert scale (1 = not at all, 2 = a little, 3 = moderately, and 4 = extremely). The three-domain model of family engagement practices, which

resulted from EFA, allowed for the analysis of data at a domain as well as individual item level.

The descriptive statistics on the responses revealed that the overall mean ratings of the transition professionals` perceived importance of family engagement practices were very high, ranging from 3.57 to 3.85 across all three domains (*SD* ranged from .278 to .411). Family Recognition was perceived as the most important family engagement domain (*M* = 3.85, *SD* = .28), followed by Family Partnership (*M* = 3.62, *SD* = .362), and finally Family Guidance (*M* = 3.57, *SD* = .411) domains. Summary of descriptive statistics across all three domains is provided in table 4.5.

Table 4.5

Importance Mean, Range, and Standard Deviation for Each Domain

Domain	*n*	*M*	*SD*	Range
Family Recognition	237	3.85	.278	2.63
Family Partnership	237	3.62	.362	2.17
Family Guidance	237	3.57	.411	2.63

Overall, the mean scores for all three domains indicated a very high perceived importance of family engagement practices. There was only .28 mean difference between the highest and the lowest ranking domains in regards to importance. These findings indicate that transition professionals believe that each of the family engagement practice domains is highly important in their work. Appendix D summarizes the percentages of importance scores across individual practices for all three family engagement domains.

Research Question 3

The third research question examined transition professionals` beliefs regarding family engagement practice domains that they perform most frequently. The respondents were asked to rate their beliefs on a four-point Likert scale (1 = not at all, 2 = a little, 3 = moderately, and 4 = extremely). The three-domain model of family engagement practices, which resulted from EFA, allowed for the analysis of data at a domain as well as individual item level.

The descriptive statistics on the responses revealed that the overall mean ratings of the transition professionals` reported frequency of performing family engagement practices were significantly lower than perceived importance mean scores, ranging from 2.54 to 3.31 across all three domains (*SD* ranged from .597 to .622). Family Recognition domain practices were reportedly the most frequently implemented practices among transition professionals (*M* = 3.31, *SD* = .597), followed by Family Partnership (*M* = 2.86, *SD* = .622), and finally Family Guidance (*M* = 2.54, *SD* = .606) domains. Summary of descriptive statistics across all three domains provided in table 4.6.

Table 4.6

Frequency Mean, Range, and Standard Deviation for Each Domain

Domain	*n*	*M*	*SD*	Range
Family Recognition	237	3.31	.597	3.15
Family Partnership	237	2.86	.622	3.00
Family Guidance	237	2.54	.606	3.00

Overall, the mean scores for all three domains indicated low to moderate reported frequency of implementation of family engagement practices. There was .77 mean

difference between the highest-ranking and the lowest-ranking domain. Low to moderate frequency mean scores indicate that transition professionals are not performing family engagement practices very frequently even though they consider them as highly important. Appendix E summarizes the percentages of frequency scores across individual practices for all three family engagement domains.

Research Question 4

The fourth research question examined transition professionals` beliefs regarding their preparation to implement specific family engagement practices. The respondents were asked to rate their beliefs on a four-point Likert scale (1 = not at all, 2 = a little, 3 = moderately, and 4 = extremely). The three-domain model of family engagement practices, which resulted from EFA, allowed for the analysis of data at a domain as well as individual item level.

The descriptive statistics on the responses revealed that the overall mean ratings of the transition professionals` perceived preparation to implement specific family engagement practices were lower than perceived importance mean scores, but slightly higher than the frequency of implementation mean scores, ranging from 2.72 to 3.53 across all three domains (*SD* ranged from .487 to .623),. The respondents reported feeling that they were most highly prepared to implement Family Recognition practices (*M* = 3.53, *SD* = .487), followed by Family Partnership (*M* = 2.99, *SD* = .589), and finally Family Guidance (*M* = 2.72, *SD* = .623) domains. Summary of descriptive statistics across all three domains provided in table 4.7.

Table 4.7

Preparation Mean, Range, and Standard Deviation for Each Domain

Domain	*n*	*M*	*SD*	Range
Family Recognition	237	3.53	.487	3.08
Family Partnership	237	2.99	.589	3.00
Family Guidance	237	2.72	.623	3.00

Overall, the mean scores for all three domains indicated low to moderate reported preparation to implement family engagement practices. There was a .81 mean difference between the highest-ranking and the lowest ranking domain in regard to preparation. Low to moderate mean scores indicate that transition professionals feel that they are not highly prepared to implement family engagement practices even though they consider them to be important. Not surprisingly, the study participants report overall low frequency in performing said practices which they feel they are not prepared to implement. Appendix F summarizes the percentages of preparation scores across individual practices for all three family engagement domains.

Research Question 5

A one-way ANOVA was conducted to determine if the perceived *importance* of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to implement such practices (independent variable) across all three domains. Study participant responses were divided into three groups based on the mean distribution: (a) low prepared, (b) moderately prepared, and (c) highly prepared. Further, the assumptions of normality and homogeneity of variance were tested to assess if data was suitable for the analysis of variance.

Family Guidance Domain. The assumption of normality for perceived importance scores was not satisfied for all three groups, as assessed by Shapiro-Wilk's test ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if perceived *importance* of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to implement those practices (independent variable) for Family Guidance domain. Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated the *importance* of Family Guidance practices higher ($M = 3.71$, $SD = .350$) than those who reported moderate ($M = 3.59$, $SD = .166$), and low ($M = 3.44$, $SD = .543$) level of preparation to implement such practices. The importance score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 135.600) = 8.077$, $p < .05$, $\eta^2 = .08$. The Games-Howell post-hoc test revealed that the mean increase from low to moderate preparation group was statistically significant (.15, $SE = .06$, $p = .05$), as well as the increase from low to high preparation group (.27, $SE = .07$, $p < .05$). The increase from moderate to high preparation group (.13, $SE = .04$, $p = .01$) was also statistically significant.

Family Recognition Domain. The assumption of normality for perceived importance scores was not satisfied for all three groups, as assessed by Shapiro-Wilk's test ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p = .001$); therefore a one-way Welch ANOVA was conducted to determine if perceived *importance* of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to

implement those practices (independent variable) for Family Recognition domain. Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated *importance* of Family Recognition practices higher ($M = 3.95$, $SD = .112$) than those who reported moderate ($M = 3.86$, $SD = .204$), and low ($M = 3.78$, $SD = .340$) level of preparation to implement such practices. The importance score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 50.286) = 14.145$, $p < .05$, $\eta^2 = .08$. The Games-Howell post-hoc test revealed that the mean increase from low to high preparation group was statistically significant (.17, $SE = .03$, $p < .05$); however, the increase from low to moderate preparation group (.08, $SE = .05$, $p = .35$) as well as from moderate to high preparation group (.9, $SE = .05$, $p = .16$) was not statistically significant.

Family Partnership Domain. The assumption of normality for perceived importance scores was not satisfied for all three groups, as assessed by Shapiro-Wilk's test ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if perceived *importance* of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to implement those practices (independent variable) for Family Partnership domain. Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated *importance* of Family Partnership practices higher ($M = 3.81$, $SD = .242$) than those who reported moderate ($M = 3.57$, $SD = .211$), and low ($M = 3.48$, $SD = .502$) level of preparation to implement such practices. The importance score was

statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 138.985) = 26.972$, $p < .05$, $\eta^2 = .144$. The Games-Howell post-hoc test revealed that the mean increase from low to high preparation group was statistically significant (.33, $SE = .07$, $p < .05$), as well as the increase from moderate to high preparation group (.24, $SE = .04$, $p < .05$); however, the increase from low to moderate preparation group (.09, $SE = .06$, $p = .33$) was not statistically significant. The summary of ANOVA statistics for all three domains presented in table 4.8.

Table 4.8

ANOVA Table for the Preparation Impact on the Importance Ratings

Domain	Groups	*n*	*M*	*SD*	*Welch F*	*p*	η^2
Family Guidance Domain	1	87	3.44	.543	8.077	$p < .05$	.077
	2	73	3.59	.166			
	3	77	3.71	.350			
Family Recognition Domain	1	131	3.78	.340	14.145	$p < .05$	.075
	2	20	3.86	.204			
	3	86	3.95	.112			
Family Partnership Domain	1	73	3.48	.502	26.972	$p < .05$	.144
	2	85	3.57	.211			
	3	79	3.81	.242			

Note: $n = 237$. Group 1 – low preparation; Group 2 – moderate preparation; Group 3 – high preparation.

Overall, the analysis of variance across all three domains in relation to perceived preparation to implement family engagement practices and its impact on perceived importance of such practices revealed statistically significant difference between highly, moderately, and low prepared groups for all domains; the effect size ranged from medium

(Family Guidance and Family Recognition) to large (Family Partnership) across three domains.

Research Question 6

A one-way ANOVA was conducted to determine if the reported frequency of family engagement practices (dependent variable) was different for groups with different levels of preparation to implement such practices (independent variable) across all three domains. Study participant responses were divided into three groups based on the mean distribution: (a) low prepared, (b) moderately prepared, and (c) highly prepared. Further, the assumptions of normality and homogeneity of variance were tested to assess if data was suitable for the analysis of variance.

Family Guidance Domain. Shapiro-Wilk test revealed that data was normally distributed for the group that felt least prepared to implement family engagement practices ($p = .292$); however, the assumption of normality was not satisfied for the moderately and highly prepared groups ($p < .05$ and $p = .004$, respectively). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if reported *frequency* of implementation of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to implement those practices (independent variable) for Family Guidance domain. Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated *frequency* of Family Guidance practices higher ($M = 3.08$, $SD = .511$) than those who reported moderate ($M = 2.56$, $SD = .126$), and low ($M = 2.05$, $SD = .510$) level of preparation to implement such practices. The frequency score was statistically

significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 120.643) = 83.128$, $p < .05$, $\eta^2 = .5$. The Games-Howell post-hoc test revealed that the mean increase from low to moderate preparation group was statistically significant (.51, $SE = .06$, $p < .05$), as well as the increase from low to high preparation group (1.03, $SE = .08$, $p < .05$). The increase from moderate to high preparation group (.52, $SE = .06$, $p < .05$) was also statistically significant.

Family Recognition Domain. The assumption of normality for reported frequency scores was not satisfied for all three groups, as assessed by Shapiro-Wilk's test ($p < .05$). Levene's test of homogeneity of variances showed that there was homogeneity of variances ($p = .136$). Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated *frequency* of Family Guidance practices higher ($M = 3.67$, $SD = .485$) than those who reported moderate ($M = 3.41$, $SD = .614$), and low ($M = 3.05$, $SD = .531$) level of preparation to implement such practices. The frequency score was statistically significantly different between groups that reported high, moderate, and low preparation levels, $F(2, 234) = 37.068$, $p < .05$, $\eta^2 = .23$. The Games-Howell post-hoc test revealed that the mean increase from low to moderate preparation group was statistically significant (.36, $SE = .14$, $p = .05$), as well as the increase from low to high preparation group (.62, $SE = .07$, $p < .05$); however, the increase from moderate to high preparation group (.26, $SE = .15$, $p = .19$) was not statistically significant.

Family Partnership Domain. Shapiro-Wilk test revealed that data was normally distributed for the group that felt least prepared to implement family engagement practices ($p = .071$); however, the assumption of normality was not satisfied for the

moderately and highly prepared groups ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if reported *frequency* of implementation of family engagement practices (dependent variable) was different for groups with different levels of *preparation* to implement those practices (independent variable) for Family Partnership domain. Data analysis indicated that study participants who felt that they were highly prepared to implement family engagement practices rated *frequency* of Family Partnership practices higher ($M = 3.354$, $SD = .473$) than those who reported moderate ($M = 2.88$, $SD = .327$), and low ($M = 2.30$, $SD = .560$) level of preparation to implement such practices. The frequency score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 141.508) = 78.101$, $p < .05$, $\eta^2 = .46$. The Games-Howell post-hoc test revealed that the mean increase from low to moderate preparation group was statistically significant (.58, $SE = .07$, $p < .05$), as well as the increase from low to high preparation group (1.05, $SE = .08$, $p < .05$). The increase from moderate to high preparation group (.47, $SE = .06$, $p < .05$) was also statistically significant. The summary of ANOVA statistics for all three domains is presented in table 4.9.

Table 4.9

ANOVA Table for the Preparation Impact on the Frequency Ratings

Domain	Groups	*n*	*M*	*SD*	*F*	*Welch F*	*p*	η^2
Family Guidance Domain	1	87	2.05	.510		83.128	$p < .05$	.501
	2	73	2.56	.126				
	3	77	3.08	.511				
Family Recognition Domain	1	131	3.05	.531	37.068		$p < .05$	.229
	2	20	3.41	.614				
	3	86	3.67	.485				
Family Partnership Domain	1	73	2.30	.560		78.101	$p < .05$	.463
	2	85	2.88	.327				
	3	79	3.35	.473				

Note: $n = 237$. Group 1 – low-preparation; Group 2 – moderate preparation; Group 3 – high preparation.

Overall, the analysis of variance across all three domains in relation to perceived preparation to implement family engagement practices and its impact on the reported frequency of implementation revealed a statistically significant difference between highly, moderately, and low prepared groups for all domains; the effect size was large for all three domains.

Research Question 7

A one-way ANOVA was conducted to determine if the reported frequency of family engagement practices (dependent variable) was different for groups with different levels of perceived importance regarding the implementation of such practices (independent variable) across all three domains. Study participant responses were divided into three groups based on the mean distribution: (a) low importance, (b) moderate importance, and (c) high importance. Further, the assumptions of normality and

homogeneity of variance were tested to assess if data was suitable for the analysis of variance.

Family Guidance. Shapiro-Wilk test revealed that data was normally distributed for the groups that perceived family engagement practices as highly important ($p = .170$) and of low importance ($p = .069$); however, the assumption of normality was not satisfied for the group with perceived moderate importance ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if reported *frequency* of implementation of family engagement practices (dependent variable) was different for groups with different levels of perceived *importance* of such practices (independent variable) for Family Guidance domain. Data analysis indicated that study participants who felt that family engagement practices are highly important rated *frequency* of implementation of Family Guidance practices higher ($M = 2.75$, $SD = .744$) than those who reported moderate ($M = 2.55$, $SD = .397$), and low ($M = 2.32$, $SD = .636$) level of importance to implement such practices. The frequency score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 121.015) = 6.979$, $p = .001$, $\eta^2 = .08$. The Games-Howell post-hoc test revealed that the mean increase from low to moderate importance group was statistically significant (.24, $SE = .09$, $p = .02$), as well as the increase from low to high importance group (.43, $SE = .08$, $p < .05$); however, the increase from moderate to high importance group (.19, $SE = .09$, $p = .12$) was not statistically significant.

Family Recognition Domain. Only two groups (moderate and low importance) of transition professional responses were assessed for the Family Recognition domain due to

the absence of responses in the high importance category. The assumption of normality for perceived importance scores was not satisfied for both groups, as assessed by Shapiro-Wilk's test ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if reported *frequency* of implementation of family engagement practices (dependent variable) was different for groups with different levels of perceived *importance* of such practices (independent variable) for Family Recognition domain. Data analysis indicated that study participants who felt that family engagement practices were moderately important rated *frequency* of implementation of Family Recognition practices higher ($M = 3.38$, $SD = .555$) than those who reported low importance ($M = 3.12$, $SD = .675$) to implement such practices. The frequency score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(1, 89.868) = 7.107$, $p = .009$, $\eta^2 = .04$.

Family Partnership Domain. Shapiro-Wilk test revealed that data was normally distributed for the group that perceived family engagement practices as moderately important ($p = .087$); however, the assumption of normality was not satisfied for the groups with perceived high and low importance ($p < .05$). Levene's test of homogeneity of variances showed that there was a heterogeneity of variances ($p < .05$); therefore a one-way Welch ANOVA was conducted to determine if reported *frequency* of implementation of family engagement practices (dependent variable) was different for groups with different levels of perceived *importance* of such practices (independent variable) for Family Partnership domain. Data analysis indicated that study participants who felt that family engagement practices are highly important rated *frequency* of

implementation of Family Partnership practices higher (M = 3.04, SD = .779) than those who reported moderate (M = 2.91, SD = .738), and low (M = 2.73, SD = .424) level of importance to implement such practices. The frequency score was statistically significantly different between groups that reported high, moderate, and low preparation levels, Welch`s $F(2, 53.397) = 5.718$, $p = .006$, $\eta^2 = .05$. The Games-Howell post-hoc test revealed that the mean increase from low to high importance group was statistically significant (.30, SE = .09, $p < .05$); however, the increase from low to moderate importance (0.18, SE = .16, p = .50) as well as from moderate to high importance group (.12, SE = .18, p = .76) was not statistically significant. The summary of ANOVA statistics for all three domains presented in table 4.10.

Table 4.10

ANOVA Table for the Importance Impact on the Frequency Ratings

Domain	Groups	*n*	*M*	*SD*	*Welch F*	*p*	η^2
Family Guidance Domain	1	68	2.32	.636	6.979	.001	.075
	2	100	2.55	.397			
	3	69	2.75	.744			
Family Recognition Domain	1	61	3.12	.675	7.107	.009	.035
	2	175	3.38	.555			
Family Partnership Domain	1	128	2.73	.424	5.718	.006	.053
	2	23	2.91	.738			
	3	86	3.04	.779			

Note: n = 237. Group 1 – low importance; Group 2 – moderate importance; Group 3 – high importance.

Overall, the analysis of variance across all three domains in relation to perceived importance to implement family engagement practices and its impact on the reported frequency of implementation of such practices revealed a statistically significant

difference between groups for all three domains. Data suggests that transition professionals who perceive family engagement practices as highly important implement such practices more frequently than those who feel low levels of importance of family engagement practices. The effect size ranged from small (Family Recognition and Family Partnership) to medium (Family Guidance) across all three domains.

CHAPTER 5

DISCUSSION

The purpose of this study was to examine transition professionals' perceptions of the importance of family engagement practices, how frequently specific family engagement practices are implemented, and the perceived level of preparation to implement these practices. Seven research questions guided the study: (a) Is there an underlying factor structure of the proposed family engagement practices?, (b) What do transition professionals perceive to be the most important family engagement practices?, (c) How frequently do transition professionals report implementing specific family engagement practices?, (d) What is the transition professionals` perceived level of preparation to implement specific family engagement practices?, (e) Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the perceived importance of these practices?, (f) Does the transition professionals' perceived level of preparation to implement specific family engagement practices impact the frequency of implementation?, and (g) Does the transition professionals' perception of the importance of specific family engagement practices impact how frequently they implement these practices?

The survey instrument was created for the purpose of this study, based on the current literature review related to the specific family engagement practices that transition professionals implement in their work. Survey data from 237 transition professionals were collected to investigate their level of perceived importance,

preparation, and frequency of implementation of family engagement activities in practice. This chapter summarizes the study findings and discusses their implications for practice and further research.

Summary of the Findings

To identify the underlying structure of the specific family engagement practices, exploratory factor analysis was conducted which revealed three family engagement domains: (a) *Family Recognition*, (b) *Family Partnership*, and (c) *Family Guidance*. Each domain comprises a set of specific family engagement practices and allows for the analysis of study participant responses at both domain and individual practice level.

Family Recognition domain includes family engagement practices aimed at providing opportunities for the families of transition-age youth with disabilities to be actively involved in the IEP process as well as ensuring that interaction between transition professionals and families is effective (e.g., avoiding professional jargon). *Family Partnership* domain is comprised of family engagement practices related to the secondary transition assessments, transition team roles and responsibilities, and transition-related decisions. It acknowledges family input and knowledge of the child and considers that information when planning transition services for youth with disabilities. Finally, the *Family Guidance* domain includes family engagement practices that are mainly focused on school-wide family engagement events, dissemination of transition-related information, and communication among professionals. Therefore, Family Guidance domain practices not only require transition professionals to be knowledgeable in the secondary transition planning and implementation but also have skills in

disseminating that information to the families of youth with disabilities as well as involving other professionals in the process.

To determine which family engagement practices surveyed transition professionals perceived as the most important, felt highly prepared to perform, and reported implementing most frequently, descriptive statistical analysis was used on both domain and individual item level. Data analysis revealed that out of three family engagement practice domains, transition professionals assigned the highest rankings to the *Family Recognition* domain across all target areas: importance, frequency, and preparation. Ensuring that professionals were invited to IEP meetings to support language needs for families ranked as the most important practice in the *Family Recognition* domain, while family engagement practice that transition professionals felt both being highly prepared to perform and reported most frequently implementing was communicating to families in a way they can understand.

Discussing the role of a student in the secondary transition planning was perceived as the most important *Family Partnership* domain practice by the majority of study participants. This practice together with discussing all secondary transition-related decisions with families was also ranked as the most frequently performed family engagement practice. Explaining secondary transition assessment results to families was listed as the practice that most of the surveyed transition professionals reported feeling extremely well prepared to implement. The most important practice in the *Family Guidance* domain, as reported by the majority of transition professionals, was meeting with families to discuss their family role expectations and responsibilities in secondary transition planning. Almost one-quarter of all surveyed transition professionals also

revealed implementing it most frequently. Ensuring that student-led IEP meetings were conducted was reported as the practice that most of the transition professionals felt very well-prepared to perform.

Analysis of the perceived importance, preparation, and frequency of implementation of the family engagement practices revealed a concerning trend across all three domains. Study participants consistently indicated that even though they perceived specific practices as highly important, they felt less prepared to implement them, and the frequency of actual application was even lower. This tendency was observed on both domain and individual item level.

Finally, the Analysis of Variance (ANOVA) was used to determine whether the perceived importance and reported implementation of family engagement practices differed based on perceived preparation level and whether the frequency of implementation differed based on the perceived importance of such practices. Study participant responses were divided into three groups based on the mean distribution of preparation and importance scores to allow for comparison across groups. Data analysis revealed that there was a statistically significant difference related to the perceived *importance* of family engagement practice implementation across three groups of transition professionals: those who felt low, moderately, and highly *prepared* to perform family engagement practices across all three domains. The effect size ranged from medium (*Family Guidance* and *Family Recognition* domains) to large (*Family Partnership* domain). Similarly, the level of *preparation* was significantly related to the *frequency* of implementation of family engagement practices across Family Partnership, Family Recognition, and Family Guidance domains. The large effect size was found

across all three domains. Statistically significant difference also existed among three groups of transition professionals who felt that family engagement practices across all three domains were *important* with respect to the *frequency* of implementation of such practices. The effect size ranged from small (*Family Recognition* domain) to medium (*Family Guidance* and *Family Partnership* domains).

Discussion and Implications of the Findings

Engaging families of youth with disabilities in the transition process is a significant part of transition professionals` work. Existent literature shows, however, that even though transition professionals consider family engagement practices as important part of their job (Hoover-Dempsey, Walker, Jones, & Reed, 2002; Kim & Morningstar, 2007), they feel ill-equipped to implement them in practice and would be willing to receive training in this area (Landmark et al., 2013; Lubbers, Repetto, & McGorray, 2008). The analysis of current study data revealed a similar pattern: even though surveyed transition professionals perceived family engagement practices as highly important across all three domains (*Family Recognition*, *Family Partnership*, and *Family Guidance*), they also reported feeling less prepared to implement them as well as indicated lower actual performance of such practices. Moreover, study findings revealed that the gap among importance, preparation, and implementation levels was even wider for the lowest (*Family Guidance*) domain activities compared to the highest-ranking (*Family Recognition*) domain. In addition, study data revealed that there is a significant difference between the groups with high, moderate, and low preparation level and perceived importance as well as the actual implementation of such practices. Perceived levels of importance also seem to affect implementation efforts. Therefore, study data

allowed to identify potential barriers that prevent transition professionals from implementation of family engagement practices.

Maximizing Professional Training to Engage Families

Implementation of *Family Guidance* domain practices requires knowledge and skills related to secondary transition planning and service delivery, including organization of school-wide events and dissemination of transition-related information. This domain, however, received the lowest ranking across all three investigated areas (importance, preparation, and implementation). This was especially true with practices that addressed the implementation of transition-related training to families of youth with disabilities. Whereas the majority of survey respondents acknowledged that transition-related training events were extremely important, the actual implementation and perceived preparation to perform them were significantly lower. *Family Guidance domain* practice reported as the least important was organizing school-wide informational events for families related to secondary transition. Predictably, the majority of all respondents reported never or only rarely performing such activity in practice, and more than one-third of them indicated feeling ill-prepared to implement it.

These findings are not surprising given that the dissemination of transition-related information was found to be among the areas that received little attention within special education program preparation curricula (Morningstar, Hirano, Roberts-Dahm, Teo, & Kleinhammer-Tramill, 2018). Data analysis of the current study revealed that study respondents especially struggled with providing training in specific areas of secondary transition despite the perceived high level of importance. For example, more than one-third of all respondents indicated feeling unprepared and never or rarely providing family

training on legal requirements and their rights during the secondary transition process. The level of preparation and actual implementation efforts were even lower when providing family training on available benefits and financial planning. Three-quarters of respondents reported never or rarely performing such practice, and a similar number felt unprepared to implement it.

Existent research shows that transition professionals have overall low levels of working knowledge related to adult service agencies and family support services (Blanchet, 2001; Knott & Asselin, 1999). For example, Plotner et al. (2012) found that even though the allocation of resources (i.e., providing transition partners with transition information and resources) was perceived as a highly important competence domain among out-of-school transition professionals, they also reported feeling less prepared to implement it in practice. Study findings closely relate to the existing literature by showing that even though Family Guidance domain practices related to adult service agencies and family support services were perceived as very important, transition professionals felt insufficient preparation to implement them and reported low performance of such activities. However, compared to providing family training on such specific issues as legal requirements or finances, implementation of family training on available agencies and services related to secondary transition and dissemination of such materials was substantially higher. A similar pattern can be observed in preparation levels to perform these practices, suggesting that transition professional knowledge and preparation related to available agencies and services is generally higher than in other areas of secondary transition.

Data analysis revealed concerning findings in the family training area – lack of actual implementation of family engagement practices despite perceived importance and preparation level. For example, even though only one-third of all respondents felt unprepared or under-prepared to implement family training on the secondary transition planning process, two-thirds of them chose not to implement such practice or performed it rarely. Data analysis also showed that study participants ranked Family Recognition domain practices as of the highest importance across all three domains; they also reported feeling most prepared and frequently implementing these activities in practice. The *Family Recognition* domain comprises practices related to the IEP process, addressing logistical barriers, and ensuring effective ongoing communication between school and families of transition-age youth with disabilities. Transition professionals, working in a school system, are required by law to implement family engagement practices that comprise the Family Recognition domain. To meet the legal requirements, they are required to follow protocols determined by the states as well as individual school districts, including those that guide family engagement practices (e.g., inviting parents to the IEP meeting). Therefore, it is not surprising that study participants perceived these practices as the most important and reported implemented them most frequently compared to other domains.

The study findings indicating that transition professionals felt most prepared to perform Family Recognition domain practices were also consistent with existing research. Even though teachers report the overall formal professional development training in family engagement as insufficient (Parsad, Lewis, & Farris, 2000), studies also show that transition planning practices (e.g., practices related to the IEP process) are

among those that transition professionals feel best prepared to implement (Benitez, Morningstar, & Frey, 2009). While school-based transition professionals reportedly receive some guidance on the implementation of the IEP-related practices both prior to employment and during the on-the-job training, preparation of the adult service-based transition professionals to implement Family Recognition domain practices has been less investigated. In their study, Plotner et al. (2012) found that except for the career planning and counseling domain competencies, transition professionals working outside the school system reported little to moderate preparation levels in all transition-related domains. Even though transition specialist competencies require out-of-school-based transition professionals to engage in school-based transition practices, existing research lacks information on the extent and nature of pre-service and on-the-job training in specific family engagement practices they receive.

Given that perceived preparation levels were higher than the actual implementation of Family Guidance practices, more investigation is necessary on what prevents transition professionals from performing such activities in practice. Without the organization of school-wide transition-related events that could provide families with important information, answer questions, and address concerns, the responsibility to disseminate such information falls on the individual transition professionals and requires other means of communication which, according to the study data, has been reported as insufficient. Analysis of survey results also adds to the knowledge base as to which family engagement domains need further investigation in relation to better preparation and implementation of specific family engagement practices.

Logistical Support as a Critical Factor in Engaging Families

Logistical barriers have been consistently identified as a major obstacle preventing families of youth with disabilities from engagement in the IEP process, especially culturally and linguistically diverse parents (deFur, Todd-Allen, & Getzel, 2001; Geenen et al., 2003). Findings of this study further add to the existing research suggesting that even though transition professionals perceive family engagement practices that help address logistical obstacles as highly important and feel prepared to perform them, the actual implementation of such practices is substantially lower. The findings of the current study revealed several issues associated with specific activities. For example, the item-level analysis revealed that even though the vast majority of study participants felt that ensuring that IEP meetings are scheduled at convenient time and format was highly important, and most of them reported being very well prepared to implement it, only half of the survey respondents indicated performing this practice very frequently. Moreover, one-tenth of all respondents noted that they never applied this activity in practice.

Another issue, often reported by families of transition-age youth with disabilities, is that they do not feel comfortable during IEP meetings due to a lack of support, insufficient background information, and communication barriers (deFur et al., 2001; Geenen et al., 2003). The findings of this study add more evidence to the existent research. Data analysis revealed that in spite of perceived high importance related to addressing communication needs of the families of transition-age youth with disabilities during IEP meetings, surveyed transition professionals felt less prepared to perform specific practices to ensure effective communication, and reported implementation of

such practices was even lower. For example, even though ensuring that professionals were invited to IEP meetings to support language needs for families was perceived as the most important Family Recognition domain practice, only slightly less than one-half of all respondents reported feeling well-prepared to implement and indicated actually performing such practice very frequently. Moreover, more than 6% of all respondents indicated feeling unprepared to implement this practice, and almost 14% reported never doing that.

Families of transition-age youth with disabilities serve as a significant source of information during the transition planning process (Brotherson, Berdine, & Sartini, 1993; Hanley-Maxwell, Pogoloff, & Whitney-Thomas, 1998). In fact, the very essence of an IEP meeting is for all concerned parties (i.e., families) to decide as a team on how to address the individual needs of a child; therefore, transition professionals need to engage families of youth with disabilities as equal stakeholders in the process (Hetherington et al., 2010). That requires families to understand what is being discussed during the IEP meeting as well as offer their input to the process. Given that some of the surveyed transition professionals failed to ensure appropriate language supports for the parents, it raises a question of the extent those families were able to contribute to the decision-making process of their child`s transition planning.

Intensifying Communication with Families

Ongoing communication with parents is among the many responsibilities carried by transition professionals (Kohler, 1996; Kohler et al., 2016). Study data showed, however, a lack of initiative from transition professionals to maintain ongoing communication with families, including communication prior to the IEP meetings as well

as providing information after the unattended IEP meetings. For example, study data showed that transition professionals felt that coordination/leading the pre-IEP planning meeting with families was the least important among all Family Recognition domain practices. This practice also received the lowest rankings with respect to both perceived preparation to perform it as well as the frequency of actual implementation. Similarly, even though more than three quarters of surveyed transition professionals reported feeling very well prepared to ensure that families are given information that was discussed during an unattended IEP meeting, and the majority of them felt it was highly important, only less than a half of all study participants very frequently applied this activity in practice, and almost one-tenth of them reported never sharing this kind of information with families.

Collaboration with families should encompass more than meeting transition professionals during the IEP meetings, including addressing family needs prior to the scheduled meeting as well as sharing information after the unattended event. The study findings that transition professionals did not perceive this area of family engagement as highly important, felt unprepared, and failed to implement pre- and post-IEP family engagement practices are very concerning, especially coupled with a lack of reported efforts in addressing logistical issues to encourage family engagement in IEP process. Given that families may not have an opportunity to participate in an IEP meeting due to logistical barriers, leading/coordinating pre-IEP planning meetings may give transition professionals an opportunity to discuss relevant issues with families so that their input can be further considered and represented. Moreover, sharing information that was discussed during the unattended IEP meeting would also allow for ongoing

communication with families, ensuring that their concerns and suggestions were valued and taken into consideration.

Ongoing communication is also important in ensuring the active involvement of both transition-age students with disabilities and family members in assessment and decision-making. Current study results show, however, that practical implementation of such activities is insufficient. For example, even though the majority of study participants perceived discussing the role of a student in the secondary transition planning with student family as the most important *Family Partnership* domain practice, only slightly more than one-fourth of all study participants admitted performing it very frequently, and less than one-third of all respondents felt well-prepared to implement this activity in practice. These findings are concerning given that IDEA mandates that youth with disabilities should be invited to the IEP meetings when transition services are discussed (IDEA, 2004).

Moreover, transition professionals reported overall low importance, preparation, and implementation levels for the transition assessment-related practices such as asking families to conduct formal and informal secondary transition assessments of their child and adapting transition assessments to reflect the cultural and linguistic needs of the family. One-third of all respondents reported never or rarely implementing involving families in the transition assessment process, and almost one-quarter of them admitted never explaining secondary transition assessment results to families, even though they reported higher preparation levels to implement such activity. The most concerning findings, however, were related to making adaptations to secondary transition assessments to reflect the sociocultural and linguistic background of the family. Even

though more than two-thirds of all study participants felt that this practice was highly important, the same number of surveyed transition professionals reported feeling unprepared to perform such practice and never or rarely implementing it. Failure to perform the latter practice raises concerns, especially coupled with study participants` responses that also showed a lack of initiative in addressing linguistic barriers of the families during IEP meetings.

In contrast to insufficient use of various communication means to interact with families, however, the majority of surveyed transition professionals indicated that it was extremely important to talk to the families in a way they understand (lack of professional jargon). This practice was also reported as the most frequently implemented practice, which study participants also felt highly prepared to perform. This finding, however, is somewhat contradictory to the existing research on family experiences related to communication with transition professionals. Investigation of parent perceptions regarding transitional professionals` efforts to promote family involvement consistently indicates that a lack of welcoming school environment, insufficient information, and use of educational jargon have been reported among numerous barriers preventing families of children with disabilities from active participation (deFur, Todd-Allen, & Getzel, 2001; Geenen, Powers, & Lopez-Vasquez, 2001; Hetherington et al., 2010). Therefore, even though the findings of this study are optimistic, further investigation is necessary to determine the source of discrepancy between perceptions of the professionals and families with respect to communication efforts.

Improving Professional Collaboration across Agencies

Another important issue reported in the existing literature is a lack of professional collaboration among transition professionals (Benitez, Morningstar, & Frey, 2009; deFur & Taymans, 1995; Knott & Asselin, 1999; Oertle & Trach, 2007). Insufficient communication and exchange of information between school-based transition professionals and their counterparts in adult service sector often leads to a lack of understanding of professional roles in transition process (Lovelace, Somers, & Stevenson, 2006) and low involvement in the process (Agran et al., 2002; Benz et al., 1995; Oertle & Trach, 2007). Findings of this study further support this trend by showing that even though surveyed transition professionals perceived communication with other professionals in relation to family engagement as highly important, a substantial part of study participants never or rarely implemented such activity in practice and felt unprepared to do so.

Overall, the importance, frequency, and preparation scores across all three domains were consistent and suggested that transition professionals did acknowledge family engagement practices as an important component of their job; however, they felt both less prepared to perform them and reported the lower frequency of actual implementation of such practices. Despite relatively lower frequency and preparation scores, the Family Recognition domain mean scores in all three areas suggested that transition professionals felt well-prepared to implement practices that they perceived were important in their job and implemented them frequently. Family Partnership and Family Guidance domain scores, however, showed that even though transition professionals perceived family engagement practices as important, they felt less prepared

and reported implementing such practices substantially lower, in comparison to the perceived importance scores.

Limitations

There are several limitations to this study worth considering. First, the study was limited to only one state (i.e., South Carolina). Specific state-wide practices (e.g., the number of training provided to transition professionals) might have affected survey respondents` responses. Moreover, the existing state-wide transition practice support network (e.g., Transition Alliance of South Carolina) may be offering assistance that is not available in other states. Therefore, characteristics of the environment do not allow for the generalization of findings.

Second, both school-based transition professionals and their colleagues working in adult services participated in the study representing professionals working with transition-age youth with disabilities. Therefore, survey responses were analyzed using transition professionals as a homogenous group rather than comparing responses between two groups. As a result, some of the parent engagement practices (e.g., IEP-related practices) that comprised the questionnaire might have been more relevant to one group (e.g., school-based professionals) than the other. Further analysis is necessary to investigate perceptions of both school-based transition professionals and their counterparts working in the adult sector as separate groups with regards to importance, preparation, and frequency of implementation of family engagement practices in secondary transition.

In addition, special education directors and Vocational Rehabilitation Agency area supervisors were asked to disseminate a link to the survey via professional listservs.

It is unknown if all transition professionals working with transition-age youth with disabilities received an invitation to participate in the study. Also, only those adult service providers who worked for the Vocational Rehabilitation Agency were invited to participate in the study; therefore, perceptions of other transition professionals working with transition-age youth with disabilities (e.g., Centers for Independent Living) were not examined. Further, another issue is associated with nonresponse bias. The perceptions of those transition professionals that chose not to participate in the study could not be examined.

Implications for Further Research

Study data analysis revealed that transition professionals working with transition-age youth with disabilities perceived family engagement practices as important across all three family engagement domains; however, fewer felt that they were ready to perform them, and even less so indicated implementing these activities in practice. These findings call for further investigation in two major areas: (a) given that preparation levels across all three domains were lower than perceived importance of family engagement practices, it is necessary to examine the type and extent of preparation that transition professionals receive in respective areas; and (b) it is important to identify specific factors that contribute to the fact that transitional professionals fail to implement those family engagement practices that they perceive as highly important and feel well-prepared to perform. Also, more information is necessary on the perceived levels of importance, preparation, and implementation of family engagement practices between school-based transition professionals and their colleagues representing adult services. Considering that

some of the practices may be more relevant to one group than the other, more investigation is necessary to reveal the differences between the two groups.

The above-mentioned concerns further lead to practical implications. For example, investigation of specific areas in family engagement that show transition professionals` lack of preparation would allow for considerations regarding potential pre-service and on-the-job training, changes in the college course curricula, and other opportunities for professional development. Further, an examination of factors that negatively affect the level of implementation of family engagement practices despite perceived high importance and preparation may help address existing barriers. In addition, identification of potential differences in perceptions regarding the importance, preparation, and implementation of family engagement practices between two groups of transition professionals – school-based and adult service providers – would increase the opportunities for collaboration in an effort to achieve a common goal – to ensure positive post-school outcomes for youth with disabilities.

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APPENDIX A

SURVEY DISSEMINATION LETTER

Dear _____:

I am contacting you in regard to the research study "Family Engagement in Secondary Transition: Importance, Frequency, and Preparedness Identified by Transition Professionals". The purpose of this study is to examine the transition professionals' perceptions and implementation of family engagement practices in the secondary transition process for youth with disabilities. The study is being conducted by a PhD Candidate Gerda Kumpiene under the direction of Drs. Erik Drasgow and Anthony Plotner at the University of South Carolina.

This study focuses on seven research questions:

1. Is there an underlying factor structure of the proposed family engagement practices?
2. What do transition professionals perceive to be the most important family engagement practices?
3. How frequently do transition professionals report implementing specific family engagement practices?
4. What is the transition professionals' perceived level of preparation to implement specific family engagement practices?
5. Does the transition professionals' perceived level of preparedness to implement specific family engagement practices impact the perceived importance of these practices?
6. Does the transition professionals' perceived level of preparedness to implement specific family engagement practices impact the frequency of implementation?
7. Does the transition professionals' perception of the importance of specific family engagement practices impact how frequently they implement these practices?

You will be asked to reflect on your experience and share perceived level of importance, frequency of use, and level of preparedness to implement specific family engagement practices. The survey consists of two parts: family engagement practices and demographic information. Participation in this survey is voluntary. If for some reason you prefer not to participate, please do not fill out the survey. We would like to assure you that there are no risks associated with your participation in the study. Your responses to the survey questions are anonymous and will be released only as summaries in which individual answers cannot be identified.

The survey will take about 15 minutes to complete. Section 1 consists of questions related to your perceived level of importance, frequency, and preparedness to implement specific family engagement practices in secondary transition. Section 2 consists of questions about your background, work experience, and current employment characteristics. Below is a link to the online survey. The link will be active for two weeks. If you have any questions or comments about this research study, I will be happy to address them via e-mail or by the phone number listed below.

Sincerely,

Gerda Kumpiene

Ph.D. Candidate in Special Education
College of Education, University of South Carolina
Cell: (803) 298-8172
E-mail: kumpiene@email.sc.edu

APPENDIX B

FAMILY ENGAGEMENT IN SECONDARY TRANSITION INVENTORY (FESTI)

1. Survey Introduction

Dear Survey Participant,

As a secondary transition professional, your contribution is extremely valuable. The primary purpose of this survey is to examine the transition professionals` perceptions and implementation of family engagement practices in the secondary transition process for youth with disabilities. You will be asked to reflect on your experience and share your perceived level of importance, frequency of use, and level of preparedness to implement specific family engagement practices. The survey consists of two parts: family engagement practices and demographic information. The study is being conducted by Gerda Kumpiene under the direction of Drs. Erik Drasgow and Anthony Plotner at the University of South Carolina.

Your participation in this survey is voluntary. If for some reason you prefer not to participate, please do not fill out the survey. We would like to assure you that there are no risks associated with your participation in the study. Your responses to the survey questions are completely confidential and will be released only as summaries in which individual answers cannot be identified.

The survey will take about 15 minutes to complete. Section 1 consists of questions related to your perceived level of importance, frequency, and preparedness to implement specific family engagement practices in secondary transition. Section 2 consists of questions about your background, work experience, and current employment characteristics.

If you have any questions or comments about the study, I will be happy to address them via e-mail or by the phone number listed below.

Thanks for your time and contribution!

Sincerely,

Gerda Kumpiene
kumpiene@email.sc.edu
(803) 298-8172

2.

1. Is part of your job responsibility to support transition-age (13-21) youth with disabilities?

- ◯ Yes
- ◯ No

3. Family Engagement Practices

This section consists of questions related to your perceived level of importance, frequency, and preparedness to implement specific family engagement practices in secondary transition. Each numbered question refers to a specific family engagement practice in the secondary transition of youth with disabilities. Please complete all three rows underneath each family engagement practice by checking the appropriate box:

- How IMPORTANT do you feel this practice is? (not at all; a little; moderately; extremely);
- How FREQUENTLY do you perform this practice? (not at all/never; a little/rarely; moderately/often; extremely/very often);
- How PREPARED you feel performing this practice? (not at all; a little; moderately; extremely).

2. Coordinate/lead the pre-IEP planning/preparation meeting with families (e.g., share information, discuss meeting content, address parents' concerns).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

3. Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

4. Explain transition team roles and responsibilities to the families.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

5. Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

6. Ask families to complete formal and informal secondary transition assessments of their child.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

7. Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

8. Explain secondary transition assessment results to families.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

9. Discuss all secondary transition-related decisions with families.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

10. Ensure that IEP meetings are scheduled at convenient time and format for families to attend.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

11. Ensure that student-led IEP meetings are conducted.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

12. Ensure that families are given information that was discussed during an UNATTENDED IEP meeting.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

13. Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

14. Provide family training on secondary transition planning process.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

15. Provide family training on available agencies and services related to secondary transition.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

16. Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

17. Provide family training on promoting self-determination for their child.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

18. Provide family training on available benefits and financial planning.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

19. Organize school-wide informational events for families related to secondary transition (e.g., transition fairs).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

20. Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

21. Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

22. Communicate to families in a way they can understand (e.g., avoid using professional jargon).

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

23. Communicate with other secondary transition team members on how to improve family engagement.

	NOT AT ALL	A LITTLE	MODERATELY	EXTREMELY
How IMPORTANT do you feel this practice is?	○	○	○	○
How FREQUENTLY do you perform this practice?	○	○	○	○
How PREPARED you feel performing this practice?	○	○	○	○

4. Demographics

24. Gender

- ◯ Male
- ◯ Female

25. Age

26. Ethnicity

- ◯ African American
- ◯ Asian/Pacific Islander
- ◯ Caucasian
- ◯ Other (please specify)
- ◯ Hispanic
- ◯ Native American/Alaskan Native

27. Highest Educational Degree

- ◯ High School Diploma/GED
- ◯ Associate`s
- ◯ Bachelor`s
- ◯ Master`s
- ◯ Doctoral

28. Degree Specialty Area (Check all that apply)

- ☐ Special Education
- ☐ General Education
- ☐ Counselor Education
- ☐ Rehabilitation Counselor
- ☐ Education Administration
- ☐ Other (please specify)

29. What is your current work setting?

- ◯ Middle School
- ◯ High School
- ◯ State Vocational Rehabilitation (VR) Department
- ◯ Other (please specify)

30. Please choose the area that best describes your work setting:

- ◯ Urban
- ◯ Suburban
- ◯ Rural

31. What is your current job title?

- ◯ Special Educator
- ◯ School-Based Transition Specialist
- ◯ School-Based Transition Coordinator
- ◯ Other (please specify)
- ◯ General Vocational Rehabilitation (VR) Counselor
- ◯ Transition-Focused Vocational Rehabilitation (VR) Counselor

32. How many years of professional experience do you have working with transition-age (13-21) youth with disabilities?

33. As part of your job, do you engage families of transition-age (13-21) youth with disabilities in the secondary transition services?

- ◯ Yes
- ◯ No

34. Do you serve on the district transition team?

- ◯ Yes
- ◯ No

35. How many hours of training in the secondary transition services of youth with disabilities do you receive per year?

36. How many hours of training related to FAMILY ENGAGEMENT in the secondary transition of youth with disabilities do you receive per year?

37. What type of training in FAMILY ENGAGEMENT to the secondary transition of youth with disabilities have you received? (check all that apply)

- [ ] Workshops
- [ ] On-line courses
- [ ] Conferences
- [ ] University or college training
- [ ] No training
- [ ] Other (please specify)

5. End of Survey

Thank you for your time and contribution!

APPENDIX C

FAMILY ENGAGEMENT PRACTICES

Pre-IEP Family Engagement Practices	
Implement pre-IEP meeting to provide information, discuss IEP-related content, address concerns, and facilitate parent pre-IEP planning input	Shogren & Plotner, 2012; Landmark et al., 2007; Rabren & Evans, 2016; Kohler, 1998; Rowe et al., 2015
Provide transition-related information to parents through a variety of means prior to IEP meeting	NTACT; Kraemer & Blacher, 2001; Landmark et al., 2013; Pleet-Odle et al., 2016
Involve parents/family members in formal and informal student transition assessment	Kohler, 1996, 1998; Plotner et al. 2015, Landmark et al., 2013; Hetherington et al., 2010; Kohler & Field, 2003; Rowe et al., 2015
Use comprehensive assessment process to connect the IPE with the IEP, to create contextualized transition goals	Plotner et al., 2015
Consider transition assessment adaptations that reflect sociocultural and linguistic backgrounds of the family (e.g., identify and engage the designated or assumed decision maker in the family)	Achola & Greene, 2016
Ask CLD families about their family perceptions, role expectations, and perceived responsibilities prior to engaging it into transition planning	Achola & Greene, 2016
Give an opportunity to families from other cultures to discuss their personal belief system in relation to IDEA expectations for transition	Pleet-Odle et al., 2016
Family-Friendly IEP Engagement Practices	
Hold IEP meetings in a comfortable and non-threatening environment	Landmark et al., 2013; Landmark et al., 2007
Adjust IEP meeting time to make it convenient for the parents	Landmark et al., 2007
Increased flexibility in IEP meeting formats (other than face-to-face)	Geenen et al., 2005; Landmark et al., 2013

Actively facilitate parent attendance at IEP/ITP meetings	Kohler, 1996, 1998
Use student-led IEPs to engage families	Pleet-Odle et al., 2016; Noonan et al., 2013
Share transition assessment results with parents so that parents can use the information to provide training for their child at home and the community and identify natural supports	DCT standards; NTACT; Rowe et al. 2015; Summers et al., 2005
Avoid using jargon of special education during transition planning	Landmark et al., 2007; Summers et al., 2005
Provide language supports for IEP meetings (e.g., interpreters)	Landmark et al., 2007; Landmark et al., 2013
Post-IEP Family Engagement Practices	
Provide parents with information discussed during an unattended IEP meeting	Landmark et al., 2013
Involve parents in evaluation of their child's transition program	Kohler et al., 2016; Schoeller & Emanuel, 2003
Family Training Practices	
Organize and disseminate relevant information on during transition workshops/training (GENERAL)	NTACT, Young et al., 2016; Noonan et al., 2008; 2013; Rabren & Evans, 2016
Implement training for parents on transition-related practices (e.g., IEP, ITP, postsecondary goals, secondary transition services, child's participation in special education)	Kohler, 1996 ; Johnson et al., 2002; Rowe & Test, 2010
Training in the secondary transition planning process	Boone, 1992; Rowe & Test, 2010, Young et al. 2016
Implement training for parents about agencies and services.	Kohler, 1996; Rowe et al., 2015; Young et al., 2016; Rowe & Test, 2010

Implement training for parents on legal requirements and issues to maximize parents' knowledge of both the system and their rights (including guardianship and its alternatives)	Kohler, 1996; Johnson et al., 2002; Test et al., 2010; Test et al., 2009; Landmark et al., 2007; Hetherington et al.,2010; Noyes & Sax, 2004; Kohler, 1996; Millar, 2014; Payne-Christensen & Sitlington, 2008; Jameson et al., 2015
Organize training for parents about child's disability.	Landmark et al., 2007
Organize training for parents on supporting age-appropriate social skill development for their child.	Rowe et al., 2015
Implement parent training about promoting self-determination.	Kohler, 1996
Implement parent training about natural supports	Kohler, 1996
Implement parent training about their own empowerment	Kohler, 1996
Implement parent training about employment services and supports	Francis et al., 2013
Training on strategies for person-centered planning	Hagner et al., 2012
Organize joint training for VR, school staff members, parents, and students	Benz et al., 1995
Provide parenting classes and classes on how to prepare students for the transition from school to community	Benz, Lindstrom, & Halpern, 1995; Landmark et al., 2013
Implement parent meetings organized around a specific transition topic with invited guest speaker	Benz, Lindstrom, & Halpern, 1995
Organize reading clubs for parents to explore relevant topics in special education and transition	Ripley, 2009
Organize informal events for parents - Parent nights; parent matching	Kellems & Morningstar, 2010; Ripley, 2009

Use interpreters to communicate with CLD parents	Landmark et al., 2013
Information Dissemination to Families	
Develop materials about transition services, resources, and referral processes	Kohler, 1998
Disseminate information about adult service agencies and transition-related services, and community service programs through written materials (e.g., resource guides, brochures, directories)	NTACT; Young et al., 2016; Rabren & Evans, 2016; Povenmire-Kirk et al., 2015; Kohler, 1998; Johnson et al., 2002; Rowe et al., 2015; Rabren & Evans, 2016; Kohler, 1996; 1998
Provide information to parents on essential health and income maintenance programs.	Johnson et al., 2002
Provide information about parent/family support networks	Kohler, 1998;
Implement transition fairs to disseminate information on adult services, post-school supports in the community (e.g., vocational rehabilitation, mental health resources, post-secondary education institutions and supports), and connect students and families with adult service agencies.	NTACT; Benz, Lindstrom, & Halpern, 1995; Povenmire-Kirk et al., 2015; Noonan et al., 2013; Rowe et al., 2015
Organize parent and student meetings with agencies	Noonan et al., 2008; 2013
Use other ways to disseminate information about adult agencies and services (websites, infomercials, mobile outreach units)	Povenmire-Kirk et al., 2015
Provide information about available social services offering students and their families support in building social relationships with their communities (e.g., community rehabilitation providers, independent living centers, health care providers, and local churches).	Plotner et al., 2015
Disseminate information to parents in their ordinary language	Kohler, 1996; Landmark et al., 2013

Follow-up Practices After Training & Info Dissemination	
Use follow-up practices to assist parents to access needed benefits Provide regular update in a variety of formats	Landmark et al., 2013
Follow-up practices after parent training	Hagner et al., 2012
Assist parents in accessing needed benefits.	Johnson et al., 2002
Develop a plan to support families in following-through with accessing services.	Povenmire-Kirk et al., 2015
Family Referrals	
Link parents to advocacy and parent support groups, peer mentors	NTACT; Timmons et al., 2004; Landmark et al., 2007; Rowe et al., 2015; Bianco et al., 2009; Benz et al., 1995; Kolb, 2003; Geenen et al., 2005
Connect students and families with successful adults with disabilities	Pleet-Odle et al., 2016
Refer to and encourage participation in OSEP Parent Training and Information Centers (PTIs) Refer parents to the workforce development entities (e.g., WIA youth employment programs); encourage participation in state and local workforce development initiatives.	Johnson et al., 2002
Refer parents to relevant community services to meet their basic needs first (e.g., transportation, shelter)	Landmark et al., 2013; Landmark et al., 2007 Povenmire-Kirk et al., 2015
Refer parents to postsecondary and community services (e.g., local universities, therapists)	Landmark et al., 2007; Geenen et al., 2005; Kohler et al., 2016
Active Assistance & Facilitation of Family Engagement	
Explain parents their role in transition planning	Geenen et al., 2005; Noyes & Sax, 2004

Utilize parents/family members in specific roles (e.g., parents as trainers, advocates, instructors, mentors)	Kohler, 1996, 1998; Kohler & Field, 2003; Kohler et al., 2016; Kolb, 2003; Bateman, Bright, & Boldin, 2003
Help families to identify natural supports	Pleet-Odle et al., 2016
Arrange for family members to have a face-to-face contact with adult service agency representatives	Pleet-Odle et al., 2016
Provide additional help for families and students to access supports they needed from the agencies (e.g., vocational counseling)	Povenmire-Kirk et al., 2015; Plotner et al., 2015
Advocate on behalf of families in transition-related practices	Summers et al., 2005
Facilitate parent advisory groups	Noonan et al., 2013
Facilitate parent support groups	Pleet-Odle et al., 2016; Ripley, 2009
Actively engage parents in interagency transition councils.	NTACT; Rowe et al., 2015
Develop and implement structured method to identify parents/family needs	Kohler, 1998
Provide opportunities to access other professionals to guide parents through the transition process (e.g., social worker)	Rabren & Evans, 2016
Establish a welcoming atmosphere in the school by developing a system of ongoing communication and interaction (e.g., e-mail, notes home, home visits, and regularly scheduled meetings in addition to IEP meetings).	Noonan et al., 2013; Rowe et al., 2015; Noyes & Sax, 2004
Other Means of Family Engagement Facilitation	
Encourage family involvement practices at home (e.g., talking with students about school, transition, helping with homework)	Geenen et al., 2001; Landmark et al., 2007; Trainor, 2005; Wagner et al., 2014; Wagner et al., 2012

Encourage family participation in school or class events (e.g., attending sports events, musical performances, back-to-school nights, parent-teacher conferences) Encourage participation in volunteer practices at school (e.g., chaperoning class field trips, serving on school committees, PTA)	
Involve parents in finding vocational placements for their child	Kraemer & Blacher, 2001; Hutchins & Renzaglia, 1998
Include parents in finding residential placement/community living arrangements	Kraemer & Blacher, 2001
Provide transportation for parents to attend meetings that were designed to disseminate information about services the agencies provide.	Povenmire-Kirk et al., 2015
Provide services that facilitate family involvement (interpreters, child care, respite care)	Kohler, 1998; Kohler et al., 2016
Show appreciation of parental knowledge of their children	Hetherington et al., 2010; Geenen et al., 2003; Kohler & Field, 2003
Make parents feel a part of the transition process through more personal interactions with school staff.	Hetherington eta al., 2010; Geenen et al., 2003; Landmark et al., 2007; deFur et al., 2001
Involve parents in transition policy development	Kohler, 1996, 1998; Kohler & Field, 2003; Morningstar & Torrez, 2003
Family Engagement Through Other Professionals	
Ask other professionals for assistance in involving parents	Landmark et al., 2013
Collaborate with other stakeholders to insure and increase effective transition services, supports, and outcomes for individuals with exceptionalities and their families	CDCT; Rabren & Evans, 2016
Other	

Provide comfort and encouragement to parents	Landmark et al., 2013; Summers et al., 2005
Communicate honestly, courteously, and respectfully	Ankeny et al., 2009; Landmark et al., 2013
Make efforts to understand family culture and support system; avoid judgement	Plotner et al., 2015; Summer et al., 2005
Show that parent input is valued and appreciated; listen to parents and incorporate their suggestions	Geenen et al., 2005; Summers et al., 2005
Use person-center planning to involve parents	Landmark et al., 2013; Hagner et al., 2012; Hagner et al., 2014; Flannery et al., 2000; Meadan et al., 2010
Involve families into decision-making related to planning and delivering transition services	Newman, 2005; Kraemer & Blacher, 2001; Johnson et al., 2002; Kohler, 1996, 1998; Kohler & Field, 2003; Schoeller & Emanuel, 2003
Involve parents through student-focused projects and practices	Van Laarhoven-Myers et al., 2016
Encourage students to discuss post-secondary options with family members and to share this information during planning practices	Trainor, 2005; Hetherington et al., 2010
Use knowledge of the professional literature to improve practices with individuals with exceptionalities and their families	DCDT; Summers et al., 2005
Encourage parents to use other parent advocates	Geenen et al., 2005
Talk with members of other cultures for advice on typical expectations	Pleet-Odle et al., 2016
Practice cultural reciprocity – listening to the concerns of families; incorporating their strengths and preferences; providing them with information about transition-related decisions	Trainor, 2005; Rodriguez, 2014

Examine your own behavior in terms of how it facilitates or discourages partnership with CLD parents	Geenen, Powers, & Lopez-Vasquez, 2001
Developing cultural reciprocity by listening to CLD families in a meaningful way that requires transition professionals to temporarily suspend culturally-biased judgements and avoid defending their position	Achola & Greene, 2016; Rodriguez, 2014
Provide staff training on culturally competent transition planning (e.g., recognizing and honoring differences such as ethnic, SES, and values of the family)	NTACT

APPENDIX D

PERCENTAGE OF IMPORTANCE SCORES BY INDIVIDUAL PRACTICE

Domain Practices	*Percentage*			
Family Guidance Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Provide family training on available benefits and financial planning	72.5	20.7	4.2	2.5
Organize school-wide informational events for families related to secondary transition (e.g., transition fairs)	43.8	47.2	5.9	2.9
Provide family training on promoting self-determination for their child	77.1	19.0	2.5	1.3
Communicate with other secondary transition team members on how to improve family engagement	68.7	28.2	2.1	.8
Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures)	70.4	26.5	2.1	.8
Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives)	81.4	13.5	3.8	1.3
Provide family training on available agencies and services related to secondary transition	79.3	18.5	.8	1.3
Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning	82.2	16.9	.4	.4
Ensure that student-led IEP meetings are conducted	74.6	17.7	5.5	2.1
Provide family training on secondary transition planning process	69.6	24.9	4.2	1.3
Family Recognition Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Ensure that IEP meetings are scheduled at convenient time and format for families to attend	92.3	6.3	.4	.8
Ensure that families are given information that was discussed during an UNATTENDED IEP meeting	92.3	5.5	1.3	.8

Communicate to families in a way they can understand (e.g., avoid using professional jargon)	93.2	6.3	.4	
Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters)	95.3	3.4	.4	.8
Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP)	86.8	11.8	.8	.4
Coordinate/lead the pre-IEP planning/preparation meeting with families	85.2	11.4	2.5	.8
Family Partnership Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Explain secondary transition assessment results to families	78.4	18.9	2.5	
Discuss all secondary transition-related decisions with families	82.2	16.0	1.3	.4
Ask families to complete formal and informal secondary transition assessments of their child	40.1	51.8	6.8	1.3
Explain transition team roles and responsibilities to the families	76.7	20.2	2.5	.4
Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination)	86.0	10.1	3.4	.4
Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family	68.7	26.5	3.8	.8

Note: $n = 237$

APPENDIX E

PERCENTAGE OF FREQUENCY SCORES BY INDIVIDUAL PRACTICE

Domain Practices	*Percentage*			
Family Guidance Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Provide family training on available benefits and financial planning	7.6	17.7	45.5	29.1
Organize school-wide informational events for families related to secondary transition (e.g., transition fairs)	9.7	14.8	45.9	29.5
Provide family training on promoting self-determination for their child	15.6	49.8	17.7	16.9
Communicate with other secondary transition team members on how to improve family engagement	20.3	54.8	19.0	5.9
Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures)	21.1	47.6	21.5	9.7
Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives)	18.1	47.6	15.6	18.6
Provide family training on available agencies and services related to secondary transition	22.4	51.4	16.0	10.1
Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning	23.2	53.5	18.6	4.6
Ensure that student-led IEP meetings are conducted	18.1	48.0	15.6	18.1
Provide family training on secondary transition planning process	14.3	19.8	45.1	20.7
Family Recognition Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Ensure that IEP meetings are scheduled at convenient time and format for families to attend	47.7	37.9	4.2	10.1
Ensure that families are given information that was discussed during an UNATTENDED IEP meeting	43.4	40.9	8.0	7.6

Communicate to families in a way they can understand (e.g., avoid using professional jargon)	83.5	14.3	.8	1.3
Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters)	40.9	37.9	7.2	13.9
Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP)	43.8	49.7	4.6	1.7
Coordinate/lead the pre-IEP planning/preparation meeting with families	29.1	47.6	14.3	8.9
Family Partnership Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Explain secondary transition assessment results to families	28.2	51.0	13.1	7.6
Discuss all secondary transition-related decisions with families	29.1	55.2	11.4	4.2
Ask families to complete formal and informal secondary transition assessments of their child	14.8	51.8	17.7	15.6
Explain transition team roles and responsibilities to the families	25.7	58.2	11.8	4.2
Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination)	29.1	52.3	13.5	5.1
Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family	11.8	21.9	46.4	19.8

Note: $n = 237$

APPENDIX F

PERCENTAGE OF PREPARATION SCORES BY INDIVIDUAL PRACTICE

Domain Practices	*Percentage*			
Family Guidance Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Provide family training on available benefits and financial planning	8.9	19.4	43.0	28.7
Organize school-wide informational events for families related to secondary transition (e.g., transition fairs)	14.3	21.5	43.4	20.7
Provide family training on promoting self-determination for their child	20.7	51.4	15.2	12.6
Communicate with other secondary transition team members on how to improve family engagement	23.2	57.3	14.8	4.6
Disseminate informational materials for families about secondary transition-related agencies and services (e.g., resource guides, brochures)	22.8	52.3	17.3	7.6
Provide family training on legal requirements and their rights during secondary transition process (including guardianship and its alternatives)	20.7	47.6	13.5	18.1
Provide family training on available agencies and services related to secondary transition	22.4	53.9	12.2	11.4
Meet with families and discuss their family role expectations and perceived responsibilities in secondary transition planning	26.2	61.9	8.4	3.4
Ensure that student-led IEP meetings are conducted	27.8	49.7	12.2	10.1
Provide family training on secondary transition planning process	18.6	47.6	16.5	17.3
Family Recognition Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Ensure that IEP meetings are scheduled at convenient time and format for families to attend	80.1	11.4	2.5	5.9
Ensure that families are given information that was discussed during an UNATTENDED IEP meeting	78.0	13.5	2.9	5.5

Communicate to families in a way they can understand (e.g., avoid using professional jargon)	85.6	13.1	.4	.8
Ensure that professionals are invited to IEP meetings to support language needs for families, if needed (e.g., interpreters)	48.5	38.8	6.3	6.3
Utilize various means to maintain ongoing communication with families (e.g., e-mail, notes home, phone calls, home visits, meetings other than IEP)	78.8	19.0	1.2	.8
Coordinate/lead the pre-IEP planning/preparation meeting with families	32.0	57.3	8.0	2.5
Family Partnership Domain Practices	Extremely (4)	Moderately (3)	A Little (2)	Not at All (1)
Explain secondary transition assessment results to families	31.2	53.5	8.9	6.3
Discuss all secondary transition-related decisions with families	29.1	56.5	11.0	3.4
Ask families to complete formal and informal secondary transition assessments of their child	21.9	56.9	12.6	8.4
Explain transition team roles and responsibilities to the families	30.8	56.1	8.4	4.6
Discuss the role of a student in the secondary transition planning with student family (including such concepts as person-centered planning and self-determination)	30.8	57.3	7.6	4.2
Make adaptations to secondary transition assessments to reflect sociocultural and linguistic background of the family	11.4	22.8	48.0	17.7

Note: $n = 237$