

# Rehabilitation Service Providers Needs Assessment for Transition Planning and Interagency Collaboration



RSA Region V CRP-RCEP  
University of Illinois  
at Urbana-Champaign

**Directions:** Please complete this postage-paid Needs Assessment, fold on the dotted lines, and mail to the **RSA Region V CRP-RCEP at Illinois** by **November 30, 2003**. If you have questions, please contact Kim Keller at 217-333-2325 or [kkeller@uiuc.edu](mailto:kkeller@uiuc.edu). Those who respond by November 30, 2003 will receive:

- A \$25.00 discount on one RSA Region V CRP-RCEP training.
- Entry into a drawing for publications of your choice valued up to \$50.00 – three winners.
- Survey results upon request that can help improve your agency’s transition activities..

*Key: For some questions – DK = Don’t Know*

## Agency Information

1. What is your position in the agency? \_\_\_\_\_
2. Check all areas in which your agency provides services.
 

<input type="checkbox"/> Job placement	<input type="checkbox"/> Transportation	<input type="checkbox"/> Academic/functional training
<input type="checkbox"/> Employment support	<input type="checkbox"/> Counseling	<input type="checkbox"/> Health services
<input type="checkbox"/> Living arrangements	<input type="checkbox"/> Leisure activities	<input type="checkbox"/> Volunteer services
<input type="checkbox"/> Person-centered planning	<input type="checkbox"/> Orientation/mobility training	<input type="checkbox"/> Financial training
<input type="checkbox"/> Self-determination/advocacy	<input type="checkbox"/> Other (Please specify) _____	
3. Rank order with number 1 being the highest, the individuals served by your agency who experience the following disabilities.
 

<input type="checkbox"/> Mild to moderate mental retardation	<input type="checkbox"/> Dual diagnosis	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Psychiatric disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Deaf/blind
<input type="checkbox"/> Severe mental retardation	<input type="checkbox"/> Sensory Impairments	
<input type="checkbox"/> Other (Please specify) _____		
4. Rank order with number 1 being the highest, the individuals served by your agency by ethnic populations.
 

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> White, not of Hispanic origin
<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> African American	
<input type="checkbox"/> Other (Please specify) _____		

*Please circle appropriate answer for the following items.*

- |   |         |       |       |              |    |
|---|---------|-------|-------|--------------|----|
| 5. Approximate size of your agency by number of employees.  | 1-10    | 11-20 | 21-50 | 51+          |    |
| 6. Approximate number of employment specialists, job coaches, job placement or job development specialists in your agency.    | 1-5     | 6-10  | 11-15 | 16+          |    |
| 7. Approximate number of community employment placements on a monthly basis.  | 1-5     | 6-10  | 11-15 | 16+          |    |
| 8. Approximate number of people your agency serves on a monthly basis.  | 1-5     | 6-10  | 11-15 | 16+          |    |
| 9. Approximate number of days your agency tracks job placements.  | 90 days | 6 mo  | 1 yr  | More than yr |    |
| 10. Approximate number of individuals with disabilities your agency serves on a monthly basis who come directly from schools. | 1-25    | 26-50 | 51-75 | 76-100       | DK |

## Agency Activities

- |   |     |      |       |    |
|---|-----|------|-------|----|
| 11. Approximate number of student transition planning meetings attended by agency staff on a monthly basis. | 1-5 | 6-10 | 11-20 | DK |
| 12. Does your agency initiate contact with local schools regarding transition planning?                     | Yes | No   | DK    |    |
| 13. Do school staff contact your agency regarding transition planning for students?                         | Yes | No   | DK    |    |

- |   |    |    |    |    |     |       |    |
|---|----|----|----|----|-----|-------|----|
| 14. If there is agency involvement with the schools, what is the age of the student at the initial meeting? | 14 | 15 | 16 | 17 | 18  | 19-21 | DK |
| 15. Does your agency provide any transition services to students before they exit the public school system? |    |    |    |    | Yes | No    | DK |

**Your Perspective**

- |  |     |    |    |
|--|-----|----|----|
| 16. Are you familiar with the transition planning process for students with disabilities?  | Yes | No | DK |
| 17. Are you familiar with the roles rehabilitation service providers play in the transition process?   | Yes | No | DK |
| 18. Do you think your agency should be involved in the transition planning for students while they are still in school?                        | Yes | No | DK |
| 19. Do you think your agency should serve students with disabilities only after they exit the public school system?                            | Yes | No | DK |
| 20. Do you think your agency could improve collaboration with schools regarding the transition process?  | Yes | No | DK |
| 21. Would you like CRP-RCEP staff to contact you about training for your agency to improve transition outcomes for students with disabilities? | Yes | No |    |

22. Please list transition planning topics and processes in which you would like training:

\_\_\_\_\_

\_\_\_\_\_

Please give us the following information if you are interested in being contacted by RSA Region V CRP-RCEP staff about training in the transition planning process and/or if you would like to place your name in the drawing. ***Thank you for returning this by November 30, 2003!***

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_