

Occupational Therapy Resources for Age-Appropriate Transition Assessment in Intellectual and  
Developmental Disabilities

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The Individuals with Disabilities Education Act (2004) requires that all eligible students over the age of 16 who have disabilities have an Individualized Education Program (IEP) with goals that focus on life after high school. The transition-focused IEP must be based on an Age-Appropriate Transition Assessment (AATA; Neubert & Leconte, 2013). The focus on postsecondary goals is even more critical for young adults with Intellectual and Developmental Disabilities (IDD), who tend to have worse outcomes once they leave high school than their peers without disabilities or even peers with other disabilities (Institute on Disability, 2023).

The AATA includes information on a student's preferences, interests, needs, and strengths related to independent living, working, and learning, and can include formal and/or informal assessments (IDEA, 2004). Occupational Therapists are experts in the assessment of participation and engagement in daily life. Thus, this federal AATA requirement provides an opportunity to contribute data that informs a student's postsecondary IEP goals and services. The federal government requires school districts to report both the percentage of students with disabilities who have appropriate postsecondary goals in their IEPs (i.e., Indicator 13) and the participation rates of graduates in work or school after graduation (i.e., Indicator 14). These postsecondary outcomes are an essential quality indicator for school districts and states and provide the occupational therapist an opportunity to be part of a student's IEP team (Gaumer Erickson et al., 2013).

Occupational therapists have many options when developing evaluation plans for youth and young adults with intellectual and developmental disabilities. Below, we highlight four high-quality AATAs that provide helpful information in the areas of self-determination, work, and functional behavior. Each assessment is valid and reliable, providing scores that can reveal the

utility of transition services and interventions, and falls within the occupational therapy scope of practice.

### **Self-Determination Inventory (SDI)**

The *Self-Determination Inventory* (SDI; Shogren et al., 2018) is grounded in Causal Agency Theory—an extension of the functional model of self-determination—which underscores the importance of self-determination for individuals across all environments, regardless of disability status. The SDI is therefore suitable for youth and young adults with and without disabilities. Self-report data are collected using the *Self-Determination Inventory: Student Report* (SDI:SR) for individuals aged 13 to 22, and the *Self-Determination Inventory: Adult Report* (SDI:AR) for those aged 18 and older. A proxy-report option, the *Self-Determination Inventory: Parent/Teacher Report* (SDI:PTR), captures perceptions of self-determination from parents or teachers.

The SDI is theoretically aligned with the constructs of the Causal Agency Theory—Volitional Action, Agentic Action, and Action-Control Beliefs—which are operationalized as the Do, Act, and Believe domains, respectively. Causal Agency Theory is consistent with socioecological and self-determination theories that support occupational therapy practice. Respondents indicate their level of agreement with SDI items using a continuous scale ranging from 0 (Disagree) to 99 (Agree). Self-Determination Inventory reports generate scores across the Do, Act, and Believe domains and offer actionable recommendations and skill-building strategies aimed at enhancing self-determination. Occupational therapists are well equipped to use these data to develop transition plans focused on improving postsecondary outcomes.

## **Vocational Fit Assessment**

The *Vocational Fit Assessment* (VocFit; Persch et al., 2015) was developed to support employment outcomes for individuals with developmental disabilities, ages 18-26, by offering a reliable and valid, person-centered measure of work-related abilities. VocFit employs data visualization techniques to depict an individual's current functional abilities, align those abilities with potential job opportunities, and measure progress over time. This task analysis-based approach to assessing the fit between personal interests and abilities and occupational and environmental demands is well aligned with core occupational therapy practices and provides another opportunity for occupational therapists to contribute unique information to the transition assessment and planning process.

VocFit includes 133 items organized into 11 subscales: Physical Abilities, Self-Determination, Work Structure, Cognitive Abilities, Computer Skills, Higher and Lower Task Abilities, Communication Skills, Interpersonal Skills, Safety, and General Work Attributes. These items are grounded in the National Longitudinal Transition Study 2 (Newman et al., 2011) and U.S. Department of Labor datasets and were validated by employment experts nationwide. VocFit is designed to assess both the abilities of job seekers and the specific demands of various jobs, facilitating a data-informed approach to vocational matching and development.

The *Demands & Abilities Transforming Algorithm* (DATA) is a key component of VocFit, designed to transform assessment data into actionable insights for clinical and employment planning purposes. Using this algorithm, VocFit automatically generates individualized Job Matching Reports based on a client's expressed job interests. These reports visually depict the alignment between a person's abilities and job demands, highlighting

strengths, potential challenges, and areas for intervention such as targeted training, workplace accommodations, or task modifications.

VocFit's proprietary job bank includes 275 occupations spanning a wide range of industries. Each job is linked to the U.S. Department of Labor's MyNextMove.org, which provides supplementary resources, including job overview videos and real-time listings of available positions by zip code. The information provided through VocFit supports shared decision-making among key stakeholders including individuals with developmental disabilities, families, service providers, and employers who are engaged in the person-centered planning and customized employment process. VocFit data tools inform intervention strategies, identify potential barriers, and track progress over time. Occupational therapists are uniquely qualified to interpret and communicate this information to transition teams.

### **Pediatric Evaluation of Disability Inventory – Patient Reported Outcome**

The *Pediatric Evaluation of Disability Inventory Computer Adaptive Test* (PEDI-CAT; Haley et al., 2011) is well-regarded and widely utilized by pediatric and school-based occupational therapists. The PEDI-CAT assesses the ability to perform functional activities in four domains: (1) daily activities, (2) social/ cognitive, (3) mobility, and (4) Responsibility. It is appropriate for children from birth to young adults up to age 21 and can be used across conditions and settings. Administrative burden is reduced using computerized testing. The first three domains are rated on a four-point scale ranging from “unable” to “easy,” and the Responsibility domain items are rated on a five-point scale to assess transfer of responsibility from parents during adolescence and young adulthood. The PEDI-CAT provides norm-referenced and criterion-referenced scores for each domain. Developed as a caregiver report, the PEDI-CAT provides valuable insights into functional abilities. The *Pediatric Evaluation of*

*Disability Inventory – Patient Reported Outcome* (PEDI-PRO; Kramer et al., 2025). Provides youth and young adults with developmental disabilities, aged 14-22, the opportunity to self-report on their own functional abilities and was designed to complement the PEDI-CAT.

Like the PEDI-CAT, the PEDI-PRO generates criterion-referenced scores for the Daily Activity, Social/Cognitive, and Mobility domains. It's cognitively accessible including simplified language, user-friendly item formatting, realistic visuals, and text-to-speech functionality that enables valid and reliable self-reporting by individuals with developmental disabilities. Items are presented one at a time using a simplified three-point rating scale ("a little hard," "a little easy," "very easy"), and include a skip option for tasks that are not applicable. Administration begins with an instructional module "Learn how to use the PEDI-PRO" which includes guided examples, practice items, and direct feedback to facilitate accurate use of the response categories (Kramer et al., 2025).

Items are contextually grounded in everyday occupations such as cooking a meal and going to the doctor and are systematically linked to the three domains. The PEDI-PRO thereby offers youth and young adults with developmental disabilities a meaningful opportunity to express their functional abilities and preferences during the transition to adulthood. Because most pediatric occupational therapists will be familiar PEDI-CAT, they are ideally suited to recommend use of the PEDI-PRO to transition teams seeking validated self-report AATA. These data can inform collaborative planning efforts among youth and young adults, families, and support teams, helping identify essential occupations supporting successful adult outcomes.

### **Adaptive Behavior Assessment System (Third Edition)**

The Adaptive Behavior Assessment System, Third Edition (ABAS-3; Harrison & Oakland, 2015), is a standardized, norm-referenced rating scale designed to assess adaptive

behavior and daily living skills in individuals ranging from birth to 89 years of age. The ABAS-3 is used in clinical, educational, and research settings to evaluate people with developmental disabilities. The ABAS-3 encompasses a comprehensive range of adaptive functioning domains, including Communication, Community Use, Functional Academics, Health and Safety, Home or School Living, Leisure, Motor, Self-Care, Self-Direction, Social, and Work. Each item is rated based on the frequency with which the individual performs the behavior when needed, using a four-point Likert scale. The assessment typically requires 15 to 20 minutes to complete.

The ABAS-3 yields norm-referenced, scaled, and age-equivalent scores, facilitating comparison with same-age peers and aiding in the identification of both strengths and areas in need of support. It aligns closely with the IDEA, making it a valuable tool for educational planning and transition services. Occupational therapists are well prepared to administer the ABAS-3 and may find it particularly useful in identifying deficits in functional areas such as self-care, community participation, and home management (Sullivan et al., 2024). Additionally, the ABAS-3 can be administered at multiple time points to monitor progress and evaluate changes in adaptive functioning over time.

## **Conclusion**

Schools are one of the largest practice areas for occupational therapy personnel, yet less than 8% of students with IEPs receive occupational therapy services during their last years of high school (Eismann et al., 2017). Our scope of practice and skill set are well aligned with predictors for postsecondary success. The AATA requirement provides an excellent opportunity for occupational therapists to demonstrate their unique value on the IEP team. Occupational therapists may contribute to assessments and interventions that support a focus on life after high school. Each of the four assessments presented in this article fit the criteria for AATA and

provide a mechanism for occupational therapists to play a significant role in supporting postsecondary-focused IEPs that address the real concerns of students with disabilities and their families. The ‘cliff’, once a young adult leaves their free and appropriate public education and transitions into adult life, can be very steep, and outcomes remain poor (Institute on Disability, 2023). A thoughtful, future-focused IEP can help ensure a successful transition into adulthood.

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